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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning 06-01	-2008 and ending 05-31-200 ⁶	9			
B Che	eck ıf a	pplicable	Please	C Name of organization Law College Association of The			D Employer ider	ntification number	
☐ Add	lress ch	nange	use IRS label or	University of Arizona Doing Business As			86-6037148 E Telephone nu		
☐ Nar	ne cha	nge	print or type. See	Doing business As		·			
┌ Inıt	ıal retu	rn	Specific	Number and street (or P O box i	f mail is not delivered to street addre	ss) Room/suite	(520) 621-3		
┌ Ter	mınatıd	on	Instruc- tions.	PO Box 210176			G Gross receipts	s \$ 4,432,073	
┌ Am	ended	return		City or town, state or country, ar	nd ZIP + 4		1		
☐ Apr	lication	n pending		Tucson, AZ 85721					
, , ,		,		L ne and address of Principal O	fficor	l			
				Phillips	incer	H(a) Is thi affilia	s a group return tes?	for □ Yes ▽ No	
				(210176					
	x-exen	npt status		1,AZ 857210176 ((3) ◀ (insert no)	1) or $\ \ \ \ \ \ \ \ $	1	l affiliates include		
				(1) (1) (1) (1) (1) (1) (1)			o," attach a list p Exemption Nur	See instructions)	
J W	eb sit	e: ► N/A	4			H(c) Grou	p Exemption Nui	iliber 🗜	
K Type	e of or	ganızatıon	Corporat	on trust association other	F	L Year of Fo	rmation 1967 M S	State of legal domicile AZ	
Da	rt I	Sum	mary						
гa	1		mary describe th	e organization's mission or mo	ost significant activities				
e e	-			-	Law of the University of Arizon	a by funding	various scholars	hips, fellowships,	
Ě				academic pursuits	,	,		, , , , , , , , , , , , , , , , , , , ,	
Governance									
§ 6	2	Check	this box 🦵	if the organization discontinue	ed its operations or disposed o	f more than 2	5% of its assets		
	3		_		y (Part VI, line 1a)			61	
Activities &	4				overning body (Part VI, line 1t)		61	
Ě	5			nployees (Part V, line 2a) .			_	0	
ਹਿੰ ਹ	6			lunteers (estimate if necessa	• •		_	30	
q.		_			rt VIII, line 12, column (C)	•	_	0	
	ь	Net unr	elated busi	ness taxable income from For	m 990-1, line 34		7b		
		Comtra		d anama (Dant VIII line 1h)		Pric	or Year	Current Year	
ē	8		Contributions and grants (Part VIII, line 1h)				7,202,720	2,542,506	
ē	9 10		Investment income (Part VIII, inite 2g)				305,757	-573,602	
Reven	11		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				-51,110	12,514	
	12				qual Part VIII, column (A), line	e	31,110	12,514	
		12)					7,310,684	1,981,418	
	13	Grants	s and simila	ar amounts paid (Part IX, colu	mn (A), lines 1-3)		5,132,788	2,702,191	
	14	Benefi	ts paid to c	r for members (Part IX, colum	nn (A), line 4)			0	
82	15	Saları 10)	es, other co	ompensation, employee benefi	ts (Part IX, column (A), lines 5	5-		0	
<u>š</u>	16a	,	sional fund	raising fees (Part IX, column	(A) line 11e)				
Expenses	ь			penses, Part IX, column (D), line 25					
Ω	17	•	_	(Part IX, column (A), lines 11	·		1,173,111	475,575	
	18			• • • • • • • • • • • • • • • • • • • •	·		6,305,899	3,177,766	
	19		al expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) venue less expenses Subtract line 18 from line 12				1,004,785	-1,196,348	
ຮ ^ም					····	Beginni	ing of Year	End of Year	
9 G	20	Total	assets (Par	t X, line 16)			39,549,696	37,908,135	
8.5	21		-	Part X, line 26)			63,675	26,108	
Net Assets or Fund Balances	21				From June 20		,	· · ·	
				d balances Subtract line 21 f	Tom line 20		39,486,021	37,882,027	
Pal	t II		ature Blo		d this return, including accompanying	schedules and s	tatements and to th	no host of my knowledge	
					f preparer (other than officer) is base				
Plea		***				2010	-04-15		
Sign Here		Sign	ature of office	er		Date			
пеге	=		en Phillips Tre						
		Тур	e or print nam	e and title					
		Preparer)o\/rios		Check if self-	Preparer's PTIN (See Gen Inst)	
Paid		signatur	e Mike D	peviles		empolyed 🕨 🦵			
Prepa			ame (or yours	DeVries CPAs of Arizona PC		·	EIN L		
Use (Only	If self-employed), address, and ZIP + 4 4349 East Fifth Street							
				Tucson, AZ 857112025			Phone no 🕨 (52	20) 298-6200	
May t	he IR	.S discus	ss this retu	· · · · · · · · · · · · · · · · · · ·	ove? (See instructions)			┌ Yes ┌ No	

Part III Statement of Program Service Accomplishments (See the instructions.)

	Briefly describe the organization's mission To help support the James E Rogers College of Law of the University of Arizona by funding various scholarships, fellowships, merit awards and academic pursuits
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 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 \$ 94,146 including grants of \$ 69,362) (Revenue \$) Student Activities - Awards for student excellence, work/study programs, reimbursement for travel expenses and other reimbursements and expenses
4b	(Code) (Expenses \$ 1,039,884 including grants of \$ 602,332) (Revenue \$) Faculty - Professorships, summer research, conferences and faculty recruitment
4c	(Code) (Expenses \$ 153,809 including grants of \$ 103,000) (Revenue \$) College Programs - Clerical awards and association operations
4d	Other program services (Describe in Schedule O)
4 -	(Expenses \$ 1,796,123 including grants of \$ 1,607,497) (Revenue \$) Total program service expenses \$ 3,083,963 Must equal Part IX, Line 35, column (B)

art IV	Checklist o	f Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D. Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		Yes	
12	Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII. Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	12	1 0 3	N o
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	13 14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G,	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	Tt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 52			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		Νο
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		N o
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
- 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		Νο
6a	Did the organization solicit any contributions that were not tax deductible?	6a		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		Νο
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νο
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
	file Form 8282?	7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		N o
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the	8		Νο
	year?			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		No_
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	·			

2

10

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7b

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

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances
processes or changes in Schodulo O. See instructions

	rol each les response to lines 2-7 below, and rol a no response to lines 8 of 9b below	, uesc	ilide tile circullistalic	æ,
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a		6

	Enter the number of voting members of the governing body	1a	D
b	Enter the number of voting members that are independent	1b	6:
	Did any officer, director, trustee, or key employee have a family relationship or a bu	siness	relationship with any

	other officer, director, trustee, or key employee?											
3	Did the organization delegate control over management d	uties	usto	marıly	/ per	form	ed by	oru	ınde	rthe	dır	ect
	supervision of officers, directors or trustees, or key emplo	oyees	toar	manag	eme	nt co	mpa	ny o	r oth	nerp	ers	on?

supervision of officers, directors of trustees, or key employees to a management company of other person?	•
Did the organization make any significant changes to its organizational documents since the prior Form 990	was
filed?	

	filed?		
5	Did the organization become aware during the year of a material diversion of the organization's assets?		

Does the organization have members or stockholders?
Does the organization have members, stockholders, or other persons who may elect one or more members of the
governing hody?

	governing body?	•	•	•		•			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
b	Are any decisions	of	the	gov	erning	g bo	dу	subje	ectto	оар	pro	vall	by n	nem	ber	s,s	tock	chol	der	s, o	r oth	ner	pers	ons	?	•

Did the organization contemporaneously document the meetings held or written actions i	undertaken during the
year by the following	

3	the governing body?																					
Ь	each committee with	auth	norit	tv to	оас	t on	bel	half	of t	he o	10 V 6	ernii	na b	odv	?							

	Does the organization have local chapters, branches, or affiliates?													
b	If "Yes," does the organization have written policies and procedures	go	verr	nıng	the	act	ıvıtı	ıes	of s	uch	c ha	pte	rs,	

affiliates, and branches	to ensure their o	operations are cor	isistent with t	those of the orga	nization?	
Was a copy of the Form	າ 990 provided to	the organization's	s governing b	ody before it was	filed? All organization	ns

	must describe in schedule of the process, if any, the organization uses to review the Form 550	•		•	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot	t be	reac	:hed	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .				

8a	Yes	
8b	Yes	
9a		Νo
9b		No
10	Yes	
11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		Νο
		100		140

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AZ
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

The corporation 1201 E Speedway Tucson, AZ 85721 (520) 621-3783

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

🔽 Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

		(C) Position (check all that apply) (E)						(5)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations

Part VII	Continue	a
rait vii	Continue	u

		(C) Position (check all that apply) (E)					(F)	(F)		
(A) Name and Title	(B) Average hours per week	Individual Trustæ or Drector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
-										
							┝	<u> </u>		<u> </u>
			•			•		1		
Total number of individuals (including compensation from the organization)		a) who	recei	ved	mo	re thai	า \$1	UU,UUU in reportabl	e	

			res	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo
4	For any individual listed online 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			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section	R	Inde	nendent	Contra	ctors
36661011	υ.	THUC	penaent	Contra	CLUIS

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

	(A) Name and business address	(B) Description of services	(C) Compensation
	Name and business dudiess	Description of services	Соптрепзацоп
_	Total number of independent contractors (including these in 1) who received more than #	100 000 in compansation	

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

.. . . .

	<i>'</i>		
Sta	tement	of	Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
20	1a	Federated camp	paigns 1a	1				311
E E	Ь	Membership du	es					
ಕ್ಷ	c	Fundraising eve	ents 1c					
gifts, grants illar amounts	d		ations 1d					
<u>2,≅</u>	e	Government grants						
Sign Sign	f	All other contribution	ons, gifts, grants, and 1f					}
音声	'	sımılar amounts no						
Contributions, and other simi	g		butions included in					
25	h	_	s 1a-1f)	.	2,542,506			
O 46	"	Total (Add IIIc.						
<u>a-</u>	22			Business Code				
ē.	2a	-						
Program Serwoe Revenue	Ь							
	C							
ē. E	d							
ა ნ	e							
ograf	f	All other progra	ım service revenue					
<u>Ā</u>	g	Total. Add lines	2a-2f	▶ \$				
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
			nounts)		222,268			222,268
	4		tment of tax-exempt bond		0			
	5	Royalties		1	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents Less rental						
	b	expenses						
	c	Rental income or (loss)						
	d	, ,	me or (loss)		0			
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	1,607,795					
		assets other						
	Ь	than inventory Less cost or	2,403,665					
		other basis and sales expenses						
	c	Gain or (loss)	-795,870					
	d	Net gaın or (los	s)		-795,870			-795,870
	8a	Gross income fi events (not incl	-					
Other Revenue		of contributions See Part IV , lin Attach Schedule	G if total exceeds					
č			a					
<u>ā</u>	b		penses b		12,514			12,514
ಕ	9a	Gross income fi See part IV , lin Complete Schedu	loss) from fundraising rom gaming activities e 19 ule G if total exceeds	events F	12,317			12,314
	b	\$15,000 Less directex	a penses b					
	С	Net income or (loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold b					
	С	Net income or (loss) from sales of inv	entory 🕨	0			
		Miscellaneous	Revenue	Business Code				
	11a							
	ь							
	c							
	_	All other recent						
	d	All other revenu	ue : 11a-11d					
	12		Add lines 1h, 2g, 3, 4,		1,981,418			-561,088
	**	9c, 10c, and 11	Addiines In, 2g, 3, 4, le	, 5, 0u, 7u, oc, 	_,,,			

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).							
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	2,382,191	2,382,191				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	320,000	320,000				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0					
4	Benefits paid to or for members	0					
5	Compensation of current officers, directors, trustees, and key employees	0					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0					
7	Other salaries and wages	0					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0					
9	Other employee benefits	0					
10	Payroll taxes	0					
11	Fees for services (non-employees)						
а	Management	0					
b	Legal	0					
c	Accounting	0					
d	Lobbying	0					
e	Professional fundraising See Part IV, line 17	0					
f	Investment management fees	0					
g	Other	0					
12	Advertising and promotion	0					
13	Office expenses	0					
14	Information technology	0					
15	Royalties	0					
16	Occupancy	0					
17	Travel	0					
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0					
19	Conferences, conventions and meetings	0					
20	Interest	0					
21	Payments to affiliates	0					
22	Depreciation, depletion, and amortization	4,047		4,047			
23 24	Insurance	0					
а	Student Activities	24,784	24,784				
	LCA operations	55,925	16,708	27,810	11,407		
	Faculty	117,552	117,552		·		
	College conferences/programs	81,135	50,809	23,688	6,638		
e	Clinics/ Lectures	148,201	148,201		· ·		
f	All other expenses	43,931	23,717		20,214		
25	Total functional expenses. Add lines 1 through 24f	3,177,766	3,083,962	55,545	38,259		
26	Joint Costs. Check fif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. , -	5-7, -1	<u> </u>		

Dart V	Balance	Shoot
Part X	l Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			Beginning of year	1	Cild Of year
	2	Savings and temporary cash investments	•		2,218,273		3,085,417
	3	Pledges and grants receivable, net			31,727,727	3	29,901,402
	4	Accounts receivable, net			31,727,727	4	23,301,402
	-	,				-	
	5	Receivables from current and former officers, directors, trustees other related parties <i>Complete Part II of Schedule L</i>				5	0
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6	0
	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use	•		8	0	
\$	9	Prepaid expenses and deferred charges				9	0
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	236,059			
	ь	Less accumulated depreciation Complete Part VI of		,			
	"	Schedule D	10b	129,557	111,149	10c	106,502
	11	Investments—publicly traded securities			5,134,258	11	4,664,607
	12	Investments—other securities See Part IV, line 11 Complete Pa	rt VII of			12	0
	13	Investments—program-related See Part IV, line 11 Complete Part IV, line IV,	art VIII			13	0
	14	Intangible assets		14	0		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	358,289	15	150,207		
		D			39,549,696		37,908,135
	16	Total assets. Add lines 1 through 15 (must equal line 34)			63,675		
	17	Accounts payable and accrued expenses .	65,675	17	26,108		
	18	Grants payable			18		
	19	Deferred revenue				19	
S	20	Tax-exempt bond liabilities				20	
Ę	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable 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				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			63,675	26	26,108
.л		Organizations that follow SFAS 117, check here 🕨 🔽 and comp	lete lines	s 27			
<u>⊕</u>		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			1,322,854	27	311,087
8	28	Temporarily restricted net assets			34,388,714	28	33,650,722
2	29	Permanently restricted net assets			3,774,453	29	3,920,218
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d comple	te			
s or	30	Capital stock or trust principal, or current funds			30		
र्ष	31	Paid-in or capital surplus, or land, building or equipment fund			31		
Assets	32	Retained earnings, endowment, accumulated income, or other fu		32			
Net	33	Total net assets or fund balances			39,486,021	33	37,882,027
ž —	34	Total liabilities and net assets/fund balances			39,549,696		37,908,135
Da	~L VT	Financial Statements and Reporting					

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Νο
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		No

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As Filed Data -

DLN: 93493105001110

OMB No 1545-0047

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		Association of T Arizona	he					86	-6037148	3		
Par	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo					
				ation because it is (Please								
1	Γ	A church, c	onvention of ch	iurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)((A)(i).			
2	Γ	A school de	escribed in Sect	ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descril	bed in Sec	tion 170(Ł	o)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4	Г	A medical i	research organı	zation operated in conjuncti	on with a l	hospital de	escribed ii	Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's r	name, city, and	state		·						
5	굣	•	, ,,	or the benefit of a college or	universit	y owned o	r operated	by a gove	rnmental	unıt desc	rıbed ın	
				(Complete Part II)		•	·					
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Ė	•	· -	ally receives a substantial p						n the gene	eral public	:
	·)(1)(A)(vi) (Complete Par			-			J	•	
8	Г		-	ed in Section 170(b)(1)(A)	•	nplete Pari	tII)					
9			•	ally receives (1) more than		•	•	ontribution	ns, membe	rship fees	s, and gro	SS
		receipts fro	om activities rel	ated to its exempt functions	-subject	to certair	exceptio	ns, and (2) no more	than 331/	/3% of	
		•		stment income and unrelate	-			, ,	•			
			-	on after June 30, 1975 See			,			•		
10	Г		_	and operated exclusively to			•		•	e instruc	tions)	
11		=	=	and operated exclusively fo	-		•				-	ses of
	·	one or more	e publicly suppo	orted organizations describe	d ın sectio	on 509(a)	(1) or sec	tıon 509(a	a)(2) See	Section 5	09(a)(3).	Check
				type of supporting organiza					_			
	_	a	• •			- Function			d	, ,,	III - Otl	
e	ı	•		rtify that the organization is agers and other than one or			•				•	
		section 50		agers and other than one or	more publ	псту заррс	orteu orga	ilizations (aescribeu	ili sectioi	1303(a)(1) 01
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organiz	ation,
		check this										Г
g		Since Augu following pe		as the organization accepted	d any gift	or contribi	ution from	any of the	!			
				r indirectly controls, either a	alone or to	aether wit	th persons	describe	d in (ii)		Yes	No
			•	ng body of the the supported		_				11g	_	
			· -	erson described in (i) above	_					11g(
			•	ty of a person described in (bove?				11g(
h				nation about the organizatio			supports				-71	<u> </u>
			3	J =====								
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) Am	nount of
		orted		(described on lines 1-9		ation in	_	nızatıon		atıon ın	supp	ort?
(Organ	ıızatıon		above or IRC section		listed in) of your		rganized		
	(See Instructions)) your governing support? in the U.S.?											
		Yes No Yes No Yes No										
					1.03	110	,					
									<u> </u>			

Total

Support Schedule for Organizations Described in IRC 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.)

	Complete only if you clied	keu the box o	11 lille 5, 7, 01	o or Part 1.)				
	iblic Support		(1) 2005	() 2006	/ N 2007		2000	(f) T
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	4,799,677	2,808,064	4,378,955	7,202,720		2,542,506	21,731,922
	include any "unusual grants ")	4,755,077	2,000,004	1,570,555	7,202,720		2,542,500	21,731,322
2	Tax revenues levied for the organization's							
2	benefit and either paid to or expended on							0
	its behalf							
3	The value of services or facilities							
_	furnished by a governmental unit to the							0
	organization without charge							
4	Total. Add line 1-3	4,799,677	2,808,064	4,378,955	7,202,720		2,542,506	21,731,922
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							10,880,691
	on line 1 that exceed 2% of the amount							, ,
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							10,851,231
	4							
	otal Support	() 2004	(1) 2025	() 2 2 2 5	(Daga = 1		2000	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006 4,378,955	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	4,799,677	222,295	4,3/8,955	7,202,720		2,542,506	21,731,922
8	Gross income from interest, dividends,							
	payments received on securities loans,	126,954	222,295	279,837	305,757		222,268	1,157,111
	rents, royalties and income from similar sources							
9	Net income from unrelated business							
9	activities, whether or not the business is							0
	regularly carried on							
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in							0
	Part IV)							
11	Total Support (Add lines 7 through 10)							22,889,033
12	Gross receipts from related activities, etc	(See instruction	s)			12		267,304
13	First Five Years. If the Form 990 is for the	organization's fii	rst. second. third	d. fourth, or fifth	tax vear as a 5	01(c)(·3)	-
	organization, check this box and stop here	J	, ,	, ,	,	. , ,		▶ ┌
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		47.410 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		51.030 %
	33 1/3% Test - 2008. If the organization did			and line 14 is 23	1/20/- or more		thic hox	321030 70
IUa	and stop here. The organization qualifies as				1/3/0 Of Hiore,	CHECK	tills box	▶ ▽
b	33 1/3% Test - 2007. If the organization di		-		5 is 33 1/3% o	r more	. check thi	•
_	box and stop here. The organization qualified			,			,	` ▶□
17a	10% Facts and Circumstances Test - 2008.				3, 16a, or 16b a	nd lin	e 14 ıs 10	% or
	more, and if the organization meets the "fac	-						
	organization meets the "facts and circumst	ances" test The	e organization qu	ualifies as a pub	licly supported	organı	zation	► □
ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							► □
18	Private Foundation. If the organization did	not check the bo	ox on line 13, 16	a, 16b, 17a or :	17b, check this	box a	nd see	. –
	instructions							▶ ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** Law College Association of The University of Arizona

Pa	rt I C	Organizations Maintaining Donor Ac	dvised Funds or Other Similar Fu	unds or Accounts. Complete if the
		rganızatıon answered "Yes" to Form 99	0, Part IV, line 6.	·
			(a) Donor advised funds	(b) Funds and other accounts
1		mber at end of year		
2		te Contributions to (during year)		
3	Aggrega	te Grants from (during year)		
4	Aggrega	te value at end of year		
5		organization inform all donors and donor advi e the organization's property, subject to the	_	or advised Yes No
6	used on	organization inform all grantees, donors, and ly for charitable purposes and not for the ben ssible private benefit?		may be
Par	tIII C	Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part IV, line 7.
1	Pre	(s) of conservation easements held by the oi servation of land for public use (e g , recreati tection of natural habitat servation of open space	on or pleasure)	historically importantly land area rtified historic structure
2	Complet	:e lines 2a–2d if the organization held a quali ast day of the tax year	fied conservation contribution in the form	of a conservation easement
				Held at the End of the Yea
а	Total n	umber of conservation easements		2a
b	Total a	creage restricted by conservation easement	s	2b
С	Numbe	r of conservation easements on a certified hi	storic structure included in (a)	2c
d		r of conservation easements included in (c) a		2d
3		of conservation easements modified, transfe	•	
,		ble year -	rred, released, extinguished, or terminate	a by the organization during
	the taxa	ble year F		
4	Number	of states where property subject to conserva	ation easement is located 🟲	
5		e organization have a written policy regarding nent of the conservation easements it holds?		ations, and Yes No
6	Staff or	volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
7	A mount	of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
8		ch conservation easement reported on line 2 4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion Yes No
9	balance	XIV, describe how the organization reports co sheet, and include, if applicable, the text of t nization's accounting for conservation easen	he footnote to the organization's financial	•
Par		Organizations Maintaining Collectio Complete if the organization answered '		or Other Similar Assets.
1a	art, hist	ganization elected, as permitted under SFAS orical treasures, or other similar assets held in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	historica	ganization elected, as permitted under SFAS al treasures, or other similar assets held for j the following amounts relating to these items	oublic exhibition, education, or research ii	·
	(i) Reve	nues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Asse	ets included in Form 990, Part X		► \$
2		ganization received or held works of art, histo g amounts required to be reported under SFA	· · · · · · · · · · · · · · · · · · ·	or financial gain, provide the
а	Revenue	es included in Form 990, Part VIII, line 1		► \$

b Assets included in Form 990, Part X

Sch	dule D (Form 990) 2008									Page 2
Par	Organizations Maintaining C	Collections of Art	, His	tori	cal Tre	easur	es, or Othe	r Similar Asse	ts (co	ontinued)
3	Using the organization's accession and oth items (check all that apply)	ner records, check any	of th	e foll	owing th	nat are	a sıgnıfıcant u	se of its collection	า	
а	Public exhibition		d	Γ	Loan o	rexcha	ange programs			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's Part XIV	collections and expla	ın how	they	further	the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solici assets to be sold to raise funds rather than								Yes	┌ No
Pa	Trust, Escrow and Custodia Part IV, line 9, or reported an a						nization answ	ered "Yes" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?						other assets 1	not $ au$	Yes	┌ No
b	If "Yes," explain why in Part XIV and comp	lete the following tabl	le							
								A mou	int	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on	Form 990, Part X, line	21?					Г	Yes	
ь	If "Yes," explain the arrangement in Part X	IV								
Pa	rt V Endowment Funds. Complete	e if the organization	n ans	were	d "Yes	" to F	orm 990, Par	t IV, line 10.		
		(a)Current Year	(b)	Prior `	Year 💮	(c)Two	Years Back (d)	Three Years Back (e	Four Y	ears Back
1a	Beginning of year balance	4,052,025								
b	Contributions	159,234								
c	Investment earnings or losses	-761,447								
d	Grants or scholarships									
e	Other expenditures for facilities and programs	33,390								
f	Administrative expenses	15,539								
g	End of year balance	3,400,883								
2	Provide the estimated percentage of the ye	ear end balance held a	is							
а	Board designated or quasi-endowment 🕨									
Ь	Permanent endowment 🕨 99 400 %									
c	Term endowment ▶ 0600 %									
За	Are there endowment funds not in the poss	ession of the organiza	ation t	hat a	re held	and ad	ministered for	the		
	organization by							[a, (i)	Yes	No
	(i) unrelated organizations			•				3a(i) 3a(ii)		No No
Ь	(ii) related organizations				 D2 ماري	•		3a(II)	<u> </u>	l No
4	Describe in Part XIV the intended uses of	•				•		50		
Pa	t VI Investments—Land, Buildin					0, Pai	rt X, line 10.			
	Description of investment			(a) Cost or sis (invest	other	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ook value
	Land		•			6,600		1		6,600
	Buildings					,)		
	Leasehold improvements									
	Equipment						66,975	66,975		
	Other						162,484	<u> </u>		99,902
	I. Add lines 1a-1e (Column (d) should equal			, line	10(c).)		· ·	· · · · · · · · · · · · · · · · · · ·		106,502
		·						Schedule D (I	orm 9	90) 2008

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1	_	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	าtร	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,981,418
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,177,766
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,196,348
4	Net unrealized gains (losses) on investments	4	-402,521
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-5,125
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-407,646
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,603,994
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	1,606,273
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-422,135
3	Subtract line 2e from line 1	3	2,028,408
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-46,990
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,981,418
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	3,205,142
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	46,990
3	Subtract line 2e from line 1	3	3,158,152
4	A mounts 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 19,614		
b	Other (Describe in Part XIV)		
с _	Add lines 4a and 4b	4c	19,614
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,177,766

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 XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Special event expense \$46990
Part V, Line 4	Part V , Line 4 Intended uses of the endowment fund	LCA's endowments consist of several individual donor- restricted funds established for specific purposes

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DLN: 93493105001110

10 1545 004

2008

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17. 18. or 19. and by organizations that enter more than \$15.000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

Internal Revenue Service		, ,		,	,	Inspection																						
Name of the organization Law College Association of University of Arizona	The				Employer ider 86-6037148	ntification number																						
Part I Fundraising	Activities Complete	e if the oi	rnanizat	ion answered "Yes" i																								
	· · · · · · · · · · · · · · · · · · ·		_		·	, iiie 17.																						
	organization raised funds	through ar	ny ortne																									
a Mail solicitations b Email solicitations	-			e Solicitation of r	jovernment grants																							
c Phone solicitation				g Special fundrais																								
d In-person solicita	· -			g , opecial landra.	oning events																							
	nave a written or oral agre ed in Form 990, Part VII					Γ _{Yes} Γ _{No}																						
b If "Yes," list the ten h to be compensated at	ighest paid individuals or least \$5,000 by the orga																											
(i) Name of individual		(iii) Did fundraiser have custody or control of contributions?		fundraiser have		fundraiser have		fundraiser have		fundraiser have		fundraiser have		fundraiser have		fundraiser have		fundraiser have		fundraiser have		fundraiser have		fundraiser have		(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A mount paid to
or entity (fundraiser)	(ii) Activity			from activity	fundraiser listed in	(or retained by) organization																						
		Yes	No		""																							
Total					I .	1																						

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

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ed
			(a) Event #1 Annual dinner (event type)	(b) Event #2 Other events (event type)	(c) O ther Events 1 (total number)	(Add col	tal Ever (a) thr l (c))	
Φ	1		40,741		· · · · · · · · · · · · · · · · · · ·			9,504
Revenue		Gross receipts Less Charitable	,	,	, , , , , , , , , , , , , , , , , , ,			
Rev	2	contributions						
	3	Gross revenue (line 1 minus line 2)	40,741	12,760	6,003		59	,504
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
g e	6	Rent/Facility costs						
Direct Expenses	7	Other direct expenses	46,990					5,990
5	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)			46	,990
	9	Net income summary Combine li						2,514
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	rt IV, line 19, or repoi	rted mor	e than	
Revenue		,,	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) the		
	1	Gross revenue						
see.	2	Cash prizes						
Çben	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
ă	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes				
	7	Direct expense summary Add line	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌			
9 a		er the state(s) in which the organiza he organization licensed to operate		-		· 9a	Yes	No
b	If"	No," Explain						
10a b		re any of the organization's gaming l Yes," Explain	ıcenses revoked, suspen	ded or terminated during	the tax year?	10a		
11		es the organization operate gaming a	activities with nonmarks	rc 7				
12		he organization a grantor, beneficia				11		
		ned to administer charitable gaming				12		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide 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?	15a	
Ь	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		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493105001110

OMB No 1545-0047

2008

Department of the Treasury

Schedule I

(Form 990)

Governments and Individuals in the U.S.

Grants and Other Assistance to Organizations,

Open to Public

Department of the Treasury Internal Revenue Service	Complete	if the organization ansv	wered "Yes," on Form 99	0, Part IV, lines 21 or 2	22. Attach to Form 990.		Inspect ion
Name of the organization	_					Employer identif	ication number
Law College Association of The University of Arizona	e 					86-6037148	
Part I General Infor	mation on Grar	nts and Assistance)				
 Does the organization mathematical the selection criteria use Describe in Part IV the organization 	d to award the gran	its or assistance?					▼ Yes □
Form 990, Part Part IV and Sch	IV, line 21 for an edule I-1 if addit	y recipient that rece ional space is	eived more than \$5,00	00. Check this box if	es. Complete if the of no one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Arizona - College of LawPO Box 210066 Tucson, AZ 85721	74-2652689	School	2,382,191	0			Support of the College of Law
2 Enter total number of seconganizations							1
3 Enter total number of oth						<u>.)</u>	• 0

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Pa	irt IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Summer Research Grants	28	320,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		The grants are given to faculty members based on their proposals to the Dean of the James E Rogers College of Law The Dean receives a report from each member detailing the research done

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DLN: 93493105001110

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public

Inspection

Name of the organization
Law College Association of The
University of Arizona

Employer identification number

86-6037148

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19		Governing documents are available through the Arizona Corporation Commission Other documents are available upon request

ldentifier	Return Reference	Explanation
, , , , , , , , , , , , , , , , , , , ,	•	The treasurer or the chair of the investment committee signs each check and monitors transactions for conflict of interest

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	The primary review comes from the Treasurer who is a tax attorney

ldentifier	Return Reference	Explanation
Form 990, Part	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Law Library - Maintenance of facility for use by students and faculty OTHER PROGRAM SERVICES 5 To benefit the Law College of the University of Arizona by funding various scholarships, fellow ships, merit awards, academic pursuits and building support funds

Software ID: Software Version:

EIN: 86-6037148

Name: Law College Association of The University of Arizona

Form 990, Part VII - Section Aaa

	Form 990, Part VII - Section Ada									
		Posit t	(C non (hat a	chec		I		(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Estimated amount of other compensation from the organization and related organizations
William G Ridenour , Director	1 00	Х						0	0	0
Timothy Berg , Director	1 00	Х						0	0	0
Ted Schmidt , Director	1 00	Х						0	0	0
Susanne Ingold , Director	1 00	Х						0	0	0
Susan Lagerman , Director	1 00	Х						0	0	0
Susan Freund , Dır-Emeritus	1 00	Х						0	0	0
Steven Phillips , Treasurer	1 00	Х		Х				0	0	0
Steven Hirsch , Director	1 00	Х						0	0	0
Stephen Golden , Director	1 00	Х						0	0	0
Stephanie Nichols-Young , Director	1 00	Х						0	0	0
Selma Paul Marks , Dır-Emeritus	1 00	Х						0	0	0
Scott Schwartz , Director	1 00	Х						0	0	0
Rita Meiser , Director	1 00	Х						0	0	0
Peter Gianas , Dir-Emeritus	1 00	Х						0	0	0
P Robert Fannın , Dır-Emerıtus	1 00	Х						0	0	0
Mıchael Walker , Dırector	1 00	Х						0	0	0
Michael King , Director	1 00	X						0	0	0
Mary Grier , Director	1 00	Х						0	0	0
Margaret LaBıanca , Dırector	1 00	Х						0	0	0
Margaret Houghton , Dır-Emeritus	1 00	Х						0	0	0
M Roxanne Veliz , Director	1 00	Х						0	0	0
M Bridget Minder , Director	1 00	Х						0	0	0
Leigh H Bernstein , Director	1 00	Х						0	0	0
Leesa Morrison , Director	1 00	Х						0	0	0
Kevın Boyle , Dırector	1 00	Х						0	0	0
Kerı B Sılvyn , Dırector	1 00	Х						0	0	0
Kathryn M Hackett , Director	1 00	Х						0	0	0
Jonelle H Vold , Dırector	1 00	Х						0	0	0
John Hinderaker , Director	1 00	Х						0	0	0
Jennifer Dubay , Director	1 00	Х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C :ion (hat a	chec					(E)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	
Jeff Sımmons , President	1 00	Х		Х				0	0	0
Janıce Wezelman , Dırector	1 00	Χ						0	0	0
James McNulty , Dır-Emeritus	1 00	Х						0	0	0
James Bush , Dır-Emeritus	1 00	Х						0	0	0
James Bialac , Dir-Emeritus	1 00	Х						0	0	0
J William Brammer , Dir-Emeritus	1 00	Х						0	0	0
Hon Thomas Zlaket , Director	1 00	Х						0	0	0
Hon Theodore B Borek , Director	1 00	Х						0	0	0
Hon Stephen McNamee , Director	1 00	Х						0	0	0
Hon Sarah Sımmons , Dırector	1 00	Х						0	0	0
Hon Randall Warner , Director	1 00	Х						0	0	0
Hon Nikki Chayet , Director	1 00	Х						0	0	0
Hon Eileen Hollowell , Director	1 00	Х						0	0	0
Gregory W Falls , Director	1 00	Х						0	0	0
Gordon Waterfall , Director	1 00	Х						0	0	0
Gordon Lewis , Director	1 00	Х						0	0	0
Gloria Goldman , Director	1 00	Х						0	0	0
Eva Bacal , Director	1 00	Х						0	0	0
Eric Button , Investmt Chair	1 00	Х		Х				0	0	0
Elizabeth Hall-Lipsy , Director	1 00	Х						0	0	0
Earl Carroll , Dır-Emeritus	1 00	Х						0	0	0
Dev Sethi , Vice President	1 00	Х		Х				0	0	0
David Paige , Director	1 00	Х						0	0	0
Dale Danneman , Director	1 00	Х						0	0	0
Christine Thompson , Director	1 00	Х						0	0	0
Charles Whitehill , Dir-Emeritus	1 00	Х						0	0	0
Charles W Wirken , Director	1 00	Х						0	0	0
C Bradley Vynalek , Secretary	1 00	Х		Х				0	0	0
Burton Kinerk , Dir-Emeritus	1 00	Х						0	0	0
Bruce Heurlin , Director	1 00	Х						0	0	0

Form 990, Part VII - Section Aaa

		Posi ¹	(C tion (hat a	ched					(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Brian Laird , Director	1 00	Х						0	0	0