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Form **990** 2

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 2	2008 ca	lendar yea	r, or tax year beginning 07	-01-2008 and ending 06-30-200	9			
B Ch	eck if a	pplicable	Please	C Name of organization William Mitchell College of La	w		D Employer	identification number	
☐ Add	iress ch	ange	use IRS label or	Doing Business As			41-0518		
☐ Nai	ne cha	nge	print or type. See	Doing business as		E Telephone number			
┌ Init	ial retu	rn	Specific	Number and street (or P O b	ox if mail is not delivered to street addre	ss) Room/suite	(651) 22		
Г _{Тег}	mınatıo	n	Instruc- tions.	875 Summit Av			G Gross rec	eipts \$ 32,052,110	
┌ Am	ended :	return		City or town, state or country	, and ZIP + 4		-		
_		pending		St Paul, MN 55105	,				
i Uhi	neation	i penang i			10.5	ı			
				ne and address of Principal ′PANCIERA	Officer		ns a group ret ates?	urn for ┌ Yes	
			875 SL	JMMIT AVENUE		allilli	ates	j fes j♥ No	
				UL, MN 55105		H(b) Are a	ll affiliates incl	uded?	
<u>I</u> 1a	x-exem	pt status	 ✓ 501(c)) (3) ◀ (insert no)	(a)(1) or 527	1		ist See instructions)	
J W	eb sit	e: 🕨 WW	/W WMITCH	HELL EDU		H(c) Gro	up Exemption	Number 🕨	
<u>К</u> Тур	e of org	janization	✓ Corporat	tion trust association of	her ►	L Year of Fo	ormation 1900	M State of legal domicile	
	rt I			ne organization's mission o	r most significant activities				
Governance	See A	dditiona	al Data Tab	ole					
Ē	2	Check	this box 🗀	ıf the organızatıon dıscont	inued its operations or disposed o	of more than	25% of its as	sets	
ove	3	Numbe	r of voting	members of the governing	body (Part VI, line 1a)			31	
	4	Numbe	r of indepe	ndent voting members of th	ne governing body (Part VI, line 1	b)		431	
Activities &	5	Total n	umber of e	mployees (Part V , line 2a)				5 755	
Ħ.	6	Total n	umber of v	olunteers (estimate if nece	ssary)			6 500	
듄	7a	Totalg	ross unrela	ated business revenue from	n Part VIII, line 12, column (C)			7a 15,420	
₫	b	Netun	related bus	iness taxable income from	Form 990-T, line 34			7b -2,783	
						Pri	or Year	Current Year	
-	8	Contri	butions and	d grants (Part VIII, line 1h)		1,460,512	1,275,896	
venue	9	Progra	ım service	revenue (Part VIII, line 2g)		29,459,386	29,904,885	
Вэче	10	Invest	tment incor	me (Part VIII, column (A),	lines 3, 4, and 7d)		1,426,608	644,438	
ш	11	Other	revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		57,384	66,051	
	12		revenue—a	dd lines 8 through 11 (mus	t equal Part VIII, column (A), lin	e	32,403,890	31,891,270	
	13	12)	and cimils	ar amounts paıd (Part IX, c	olumn (A.) lunes 1 – 3.)		4,976,268		
	14						4,370,200	0	
	15								
\$	15	10)	es, other ec	ompensation, employee bei	^	15,461,790	17,024,004		
Expenses	16a	Profes	sional fund	lraısıng fees (Part IX, colur			157,519		
ੜੇ	ь	(Total f	undraising ex	penses, Part IX, column (D), line	25 1,109,885)				
ш	17			(Part IX, column (A), lines			9,372,185	7,707,337	
	18	Total	expenses—	-add lines 13–17 (must eq	ual Part IX, line 25, column (A))		29,810,243	30,510,880	
	19	Reven	ue less exp	penses Subtract line 18 fro	om line 12		2,593,647	1,380,390	
<u>8</u> 8						Beginn	ing of Year	End of Year	
Not Assets or Fund Balances	20	Totala	assets (Par	rt X, line 16)			56,674,812	54,143,205	
Ass 18a	21			Part X, line 26)			19,339,436	 	
<u> </u>	22		,	nd balances Subtract line 2	1 from line 20		37,335,376	 	
	12 II		ature Blo		.1 110111111111 20		37,333,37	33,313,302	
Plea		Under p	enalties of pe	erjury, I declare that I have exam	nined this return, including accompanying in of preparer (other than officer) is base	d on all informa I	ition of which pre		
Sign		Signa	ature of office	er		2010 Date)-05-14 :		
Here	2	KATI	HY PANCIEDA	VICE PRESIDENT OF FINANCE					
			e or print nam						
		Droparar	'c h		Date	Check If	Preparer's PT	TIN (See Gen Inst)	
Paid		Preparer signature			2010-05-14	self-		,,	
Prepa	arer'e	Firm's rs	me /or your	c h Bakar Tilly Virchou Kraisa		empolyed 🕨			
Use (ıf self-er	ame (or yours nployed),	· • • • • • • • • • • • • • • • • • • •	LLF		EIN Þ		
	- · · · · y	address,	and ZIP + 4	225 S 6th St Ste 2300			Phone no	(612) 876-4500	
				Minneapolis, MN 55402			THORE IIU		
May	he IR	S discus	s this retu	rn with the preparer shown	above? (See instructions)			✓ Yes No	

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

1	Briefly describe the organization's mission				
See A	dditional Data Table				
2	Did the organization undertake any side the prior Form 990 or 990-EZ? If "Yes," describe these new services		ices during the ye	ar which were not listed on	┌ Yes ┌ No
_	,		h h k -		
3	Did the organization cease conducting services?	g or make significant c	nanges in now it c	onducts any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			·
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ns and 4947(a)(1) tru	sts are required to	o report the amount of grants	
4a	(Code) (Expenses \$ THE COLLEGE IS ORGANIZED AS AN INSTITUTION KNOWLEDGE AND PREPARED FOR ADMISSION THE COLLEGE ALSO CONDUCTS GRADUATE E PUBLIC THROUGH ITS CLINICS, IT PROVIDE EXPERIENCES TO DELIVER LEGAL SERVICES.	TION OF HIGHER LEARNING N TO PRACTICE THE PROFE DEGREE AND NON-DEGREE S LAW STUDENTS, SUPERVI	ESSION OF LAW IN TH EDUCATIONAL PROGR ISED BY LAWYERS, TH	E COURTS OF MINNESOTA, OTHER AMS FOR LAWYERS, OTHER PROFI	LAW AND ALLIED BRANCHES OF STATES, AND THE UNITED STATES ESSIONALS, AND MEMBERS OF THE
4b	(Code) (Expenses \$	202,999 II	ncluding grants of \$	0) (Revenue s	179,608)
40	THROUGH ITS 110-YEAR HISTORY, MITCHEL NEED TO PROVIDE PRO BONO LEGAL ASSISTA	L HAS INTEGRATED PRACTI	ICAL WISDOM WITH TI	RADITIONAL LEGAL THEORY, AND F	· · ·
4c	(Code) (Expenses \$ MITCHELL IS COMMITTED TO PUBLIC SERVIC THIS POSSIBLE, THE COLLEGE CONTRIBUTES LOWER-PAYING PUBLIC SERVICE POSITIONS THIS CAREER PATH	CE AND ENCOURAGES INTER FUNDS TO AN ORGANIZAT	ION DEDICATED TO H	ELPING REDUCE STUDENT LOANS	ER GRADUATION TO HELP MAKE FOR THOSE DESIRING TO GO INTO
4d	Other program services (Describe ii	n Schedule O)			
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses \$	25,284,408	Must equal Part 1	X, Line 25, column (B).	

Form **990** (2008)

27111V Checklist of Required Schedule:	art IV	Checkli	st of 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)? <i>If "Yes,"</i> 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		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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		Νο
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, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	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		No
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		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
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		No
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	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
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		No
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 VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	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)? <i>If "Yes," complete Schedule L, Part</i>			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part <i>IV</i>	28b		Νo
С	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? <i>If</i> " <i>Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
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 "Yes," complete Schedule N, Part II</i>	32		Νο
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? If "Yes," complete Schedule R, Part I	33		Νο
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	Yes	
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	Yes	
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	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νo

Pa	rt 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	79		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
_	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	755		
h	If at least one is reported in 2a, did the organization file all required federal employment tax returns?	733		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	,		
	return?	. 3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь	Yes	
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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibit Tax Shelter Transaction?	ed 5c		
6a	Did the organization solicit any contributions that were not tax deductible?	. 6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or were not tax deductible?	gifts 6b	Yes	
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		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require			
	file Form 8282?	. 7c		No
d	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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	. 7h		No
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 a section $509(a)(3)$	ave		
	excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

2

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

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 Schedule O. See instructions

	processes, or changes in Schedule O. See instructions.	, acsembe the cheamstance.	٠,
1a	Enter the number of voting members of the governing body	1a	3

)	Enter the number of voting members that are independent	1b		31
	Did any officer, director, trustee, or key employee have a family relationship or a but	sıness	relationsh	p with any
	other officer, director, trustee, or key employee?			

	,	,	,	, ,	•	
3	Did the organiza	atıon deleg	ate contr	olove	management duties customarily performed by or under the d	ırect
	supervision of o	fficers, dire	ectors or	truste	es, or key employees to a management company or other per	son?

supervision of officers, unectors 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?	

	- 1
Did the organization become aware during the year of a material diversion of the organization's assets?	Ĺ
December of the company of the compa	

Does the organization		114 4 6	members	, 0, 3	COCKI	ioiac		•			•	•		•	•	•	•			•
Does the organization	on I	have	members	s, sto	ckho	lders	, or c	ther	per	sons	who	may	elec	t one	or r	nore	me	mbe	rs of	the
governing body? .																				

Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during the	ıe

Did the organization contemporaneously document the meetings held or written actions undertaken during the
year by the following
the governing heady?

а	the governing body?			•	•	•	•			•	•		•	•		•	•	•	•	•	•	•		•	
Ь	each committee with	autl	hori	ty to	оас	t or	ı be	half	of t	he ç	gove	erni	ng b	ody	7										

9a	Does the organization have local chapters, branches, or affiliates?										•		
Ь	If "Yes," does the organization have written policies and procedures	go	vern	ing	the	act	ıvıtı	es	ofs	uch	cha	pte	rs,

	anniates, and branches to ensure their operations are consistent with those of the organization.	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	s
	must describe in Schedule O the process if any the organization uses to review the Form 990	

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who car	not	be i	eac	hed	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	•			•	

8a	Yes	
8b	Yes	
9a		Νo
9b		
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	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MN
- 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. vanisher's website.
- 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

KATHLEEN M PANCIERA 875 SUMMIT AVENUE ST PAUL, MN 55105 (651) 290-7522

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

The check this box in the organization and i		Posit	(C) chec	(E)	(F)			
(A) Name and Title	(B) Average hours per week	(B) Verage ours per Off Dec			(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations			
						-			

Part VII Continued

			(tion that a			all			(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)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			1							
			1							
				ļ						
									_	
			+		_		\vdash			
			+							
1b Total						ı		1,449,202		222,606

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►8

			Yes	No					
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	3		N o					
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such								
	ındıvıdual	4	Yes						
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	Yes						

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

(A) Name and business address	(B) Description of services	(C) Compensation
HEALTH PARTNERS P O BOX 77026 MINNEAPOLIS, MN 554807726	HEALTH INSURANCE	1,396,049
WEST GROUP P O BOX 64833 ST PAUL, MN 55164	LIBRARY MATERIALS SUPPLIER	415,544
THE MAGUIRE AGENCY PO BOX 64316 ST PAUL, MN 55164	INSURANCE BROKER	356,244
SEXTON PRINTING 250 E LOTHENBACH AVENUE ST PAUL, MN 55118	PRINTING CONTRACTOR	162,941
UNIT 4 AGRESSO P O BOX 632946 CINCINNATI, OH 452632946	COMPUTER SOFTWARE	137,759
2 Total number of independent contractors (including those in 1) who re from the organization	·	12

				(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	1a	Federated campaigns 1a			Revenue		512, 513, or 514
रु द		. •					
gifts, grants lar amounts	Ь	Membership dues 11	· ———				
ts, g a∭i	С	Fundraising events 10					
	d	Related organizations 10	I				
£, <u>≡</u>	e	Government grants (contributions) 16	·				
utio er s	f	All other contributions, gifts, grants, and similar amounts not included above	954,371		ĺ		
Contributions, gifts, grants and other similar amounts	g	16 Noncash contributions included in					
ΣË		lines 1a-1f \$					
Ų .~	h	Total (Add lines 1a-1f)	<u>.</u>	1,275,896			
			Business Code				
e E	2a	TUITION REVENUE	900,099	29,004,483	29,004,483		
.wer	ь	WORK STUDY REIMBURSEME	611,710	408,116	408,116		
- B	c	PUBLIC HEALTH CENTER E	611,710	120,000	120,000		
JC.	d	CAREER DEVELOPMENT	611,710	89,107	89,107		
33	e	CILE	611,710	75,000	75,000		
Ē	f		- 	·	<u>'</u>		
Program Service Revenue	•	All other program service revenue		208,179	208,179		
<u>&</u>	g	Total. Add lines 2a-2f					
	3	Investment income (including div	ıdends, ınterest				
		other similar amounts)		746,138	746,138		
	4	Income from investment of tax-exempt l	oond proceeds				
	5	Royalties					
	.	(i) Real	(II) Personal				
	6a	Gross Rents Less rental					
	ь	expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount 29,212					
		from sales of assets other					
	ь	than inventory Less cost or 30,726	102,534				
		other basis and sales expenses					
	c	Gain or (loss) -1,514	-100,186				
	d	Net gain or (loss)	. ▶	-101,700	-101,700		
	8a	Gross income from fundraising					
Other Revenue		s 16,105 of contributions reported on line 1c) See Part IV, line 18					
Pè		Attach Schedule G If total exceeds \$15,000	8,905				
-	ь	Less direct expensesb	0,303				
흕	с	Net income or (loss) from fundrais		-11,475	-11,475		
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
	b	Less direct expensesb					
	С	Net income or (loss) from gaming	activities >				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	с	Net income or (loss) from sales o					
		Miscellaneous Revenue	Business Code				
	11a	PHOTOCOPY AND FAX INCO	611,710	41,061	41,061		
	ь	LOCKER RENTAL-STUDENTS	611,710	12,545	12,545		
	С	PARKING LOT INCOME	812,930	12,160		12,160	
	d	All other revenue		11,760	8,500	3,260	
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g,	\$ 77,526 3, 4, 5, 6d, 7d,	31,891,270	30,599,954	15,420	0
		8c, 9c, 10c, and 11e					
	j 	oc, roc, and rre	· · · [Form 990 (2008)

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 r	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	52,000	52,000						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,570,020	5,570,020						
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	623,844	235,611	388,233					
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	13,131,886	9,386,392		574,302				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	771,796	559,904	180,029	31,863				
9	Other employee benefits	1,443,308	867,292	527,188	48,828				
10	Payroll taxes	1,053,170	717,711	289,418	46,041				
11	Fees for services (non-employees)								
а	Management								
b	Legal	35,748		35,748					
c	Accounting	131,229		131,229					
d	Lobbying								
e	Professional fundraising See Part IV, line 17	157,519			157,519				
f	Investment management fees	30,000		30,000					
g	Other	247,481	9,949	237,532					
12	Advertising and promotion	100,073	1,317	98,657	99				
13	Office expenses	1,361,795	923,003	392,452	46,340				
14	Information technology	582,110	92,304	469,033	20,773				
15	Royalties								
16	Occupancy	435,519	180	435,339					
17	Travel	315,982	250,300	39,388	26,294				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials								
19	Conferences, conventions and meetings	315,145	231,501	79,118	4,526				
20	Interest	485,937		485,937					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	2,115,127	426,081	1,689,046					
23	Insurance								
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)								
а	OUTSIDE SERVICES	377,918	366,974	8,112	2,832				
b	EQUIPMENT REPAIR	297,931		297,931	<u> </u>				
c	DUES & MEMBERSHIPS	205,395	136,068	61,462	7,865				
d	EXPENDITURES - MINOR EQ	148,517	56,337	86,139	6,041				
e	BOND EXPENSE	118,249		118,249	<u> </u>				
f	All other expenses	403,181	5,401,464	-5,134,845	136,562				
25	Total functional expenses. Add lines 1 through 24f	30,510,880	25,284,408	4,116,587	1,109,885				
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,		.,	_,				

Part X	Balance	Shoot

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			-383,262		8,617,548
	2	Savings and temporary cash investments			6,276,318	2	
	з	Pledges and grants receivable, net		1,055,094	3	794,536	
	4	Accounts receivable, net				4	792,253
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S	ction	4958(f)(1)) and		6	
	7	Notes and loans receivable, net			4,113,681	7	3,235,051
	8	Inventories for sale or use			22,482	8	32,358
Ø,	9	Prepaid expenses and deferred charges			153,911	9	302,337
ě	10a						
Assets		Land, buildings, and equipment cost basis	10a	44,109,761			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b	22,297,136	22,620,824	100	21.812.625
	11	Investments—publicly traded securities	100	22,201,100	21,695,868		17,492,868
	12	Investments—other securities See Part IV, line 11 Complete Pa	rt VII	of	21,000,000	12	17,402,000
	13	Investments—program-related See Part IV, line 11 Complete Part IV, line	I		13		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		1,119,896		1,063,629	
	•	D	1,110,000	15	1,000,020		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			56,674,812	16	54,143,205
	17	Accounts payable and accrued expenses .	1,248,667	17	1,800,528		
	18	Grants payable				18	
	19	Deferred revenue			720,828	19	625,543
	20	Tax-exempt bond liabilities			12,105,000	20	11,840,000
<u>.</u>	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					
- 2		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	5,264,941	25	6,357,752		
	26	Total liabilities. Add lines 17 through 25			19,339,436	26	20,623,823
<u>"</u>]	Organizations that follow SFAS 117, check here ► 🗸 and comp	lete lii	nes 27			
ψ		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			25,184,588	27	22,591,370
B	28	Temporarily restricted net assets			2,864,295	28	2,007,945
Fund	29	Permanently restricted net assets		9,286,493	29	8,920,067	
or Fu		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d com	olete			
9	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .		31			
AS	32	Retained earnings, endowment, accumulated income, or other fu		32			
₩	33	Total net assets or fund balances			37,335,376	33	33,519,382
	34	Total liabilities and net assets/fund balances			56,674,812	34	54,143,205
Pa	rt XI	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		Νo	
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	Yes		
3а	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	Yes		
h	If "Yes" did the organization undergo the required audit or audits?	3h	Yes		

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As Filed Data -

DLN: 93493134034160

Employer identification number

OMB No 1545-0047

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

William	Mitche	ell College of Li	aw									
									-0518750			
Par	_			harity Status (to be co					Instruct	ions)		
	rganız —		•	ation because it is (Please		-						
1	<u> </u>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).										
2	<u> </u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	<u>_</u>	•	•	e hospital service organizati			-		• •		•	
4	ı		-	zation operated in conjuncti	on with a l	hospital d	escribed ii	n Section	170(Ь)(1)	(A)(iii). E	nter the	
	_		name, city, and									
5	ı			or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desci	rıbed ın	
	_			(Complete Part II)								
6	<u> </u>	•	· -	overnment or governmental								
7	1			ally receives a substantial p		support fro	m a gove	rnmental ı	ınıt or fron	n the gene	ral public	
	_	described i	n Section 170(b))(1)(A)(vi) (Complete Par	tII)							
8	<u></u>		•	ed in Section 170(b)(1)(A)		•	•					
9	ļ	_		ally receives (1) more than					•			S S
		•		ated to its exempt functions	-		•	, ,	•			
			-	estment income and unrelate			,			() from bu	sinesses	
	_		-	on after June 30, 1975 See			•		•			
10	<u> </u>	=	=	and operated exclusively to	-		•				-	
11		_	-	and operated exclusively fo					•	•		
				orted organizations describe type of supporting organiza						Section 5	U9(a)(3).	Спеск
		a T				- Function			'' d	Гтуре	III - Oth	ner
e	Γ	By checkin	g this box, I ce	rtify that the organization is	not contro	olled direc	tly or ındı	rectly by o	one or mor	e disquali	fied perso	ons
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons (described	ın section	1509(a)(:	1) or
		section 50										
f		check this		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organiz	ation,
g				as the organization accepted	d any gift	or contrib	ution from	any of the	<u></u>			'
_		following pe										
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	ogether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) bel	ow, the governi	ng body of the the supported	d organiza	tion?				11g		
			•	erson described in (i) above						11g(
				ty of a person described in (11g(iii)	
h		Provide the	following inforr	nation about the organizatio	ns the org	ganızatıon	supports					
							I				I	
		ame of oorted	(ii) EIN	(iii) Type of organization (described on lines 1-9		s the	`	ou notify	l	s the	(vii) A m supp	
		nization		above or IRC section		ation in listed in	_	nızatıon) of your		ation in rganized	Supp	011.
				(See Instructions))		verning		ort?		US?		
	document?											
		Yes No Yes No Yes No										

Total

Part II	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.)

Pι	ıblic Support		, ,	,				
Cale	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							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	▶ □
	ınstructions							F-1

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						▶ □
	manufaction of Dublic Compact 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

► 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.

Supplemental Financial Statements

Name of the organization

Employer identification number William Mitchell College of Law 41-0518750 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$

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

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

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.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

► \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Treasu</u>	res, or Othe	er Similar	<u>Asset</u> :	S (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	lowing that are	a a significant	use of its coll	ection		
а	Public exhibition		d	Γ	Loan or excl	nange program:	S			
b	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further the o	rganızatıon's e	xempt purpos	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,			mılar	Γ γ	es	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					nızatıon ansv	vered "Yes"	to For	m 99	₹0,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributions c	or other assets	not	┌ ⋎	es	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е				T	_		
								A moun	<u>t</u>	
C	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 Fo	orm 990, Part X, line	21?					⊢ Υ.	es	☐ No
	If "Yes," explain the arrangement in Part XIV									
Pai	t V Endowment Funds. Complete	f the organizatior (a)Current Year)Prior		Form 990, Pa o Years Back (d			our Va	are Pack
1a	Beginning of year balance	17,718,735	(L	PHOL	rear (c)	o fears back (a	Jilliee feats ba	ск (е)г	bur re	ars back
ь	Contributions	645,030								
c	Investment earnings or losses	-3,523,418								
d	Grants or scholarships	333,525								
e	Other expenditures for facilities and programs	226,730								
f	Administrative expenses	0								
g	End of year balance	14,280,092								
_	,	, ,								
2	Provide the estimated percentage of the yea	rend balance neld a 52 800 %	ıs							
a	Board designated or quasi-endowment	32 000 70								
Ь	Permanent endowment ► 47 200 %									
С	Term endowment ► 0 %									
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ition	thata	are held and a	dministered fo	r the	Г	Yes	No
	(i) unrelated organizations						[3a(i)		No
	(ii) related organizations							Ba(ii)	\neg	No
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	on S	ched	ule R?			3b	Ī	
4	Describe in Part XIV the intended uses of th	e organization's end	lowm	ent fu	nds					
Par	t VI Investments—Land, Building:	s, and Equipme	nt. S	ee F	orm 990, Pa	rt X, line 10	1			
	Description of investment) Cost or other is (investment)	(b)Cost or other basis (other)	(c) Depreciati	on (c	1) Boo	k value
1a	and				281,700					281,700
Ь	Buildings				25,169,013		9,169,	187	1!	5,999,826
c l	easehold improvements									0
d I	Equipment				17,853,934		12,502,	294	ļ.	5,351,640
e (Other				805,114		625,	655		179,459
Tota	. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colun	ın (B,), line	10(c).)				21	1,812,625
	·						Schedul	e D (Fo	rm 9!	90) 2008

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.		
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products		2032 01 0114 01	y car market variet
Closely-held equity interests			
Other			
O their			
Table (California (h) abaseld associations 000 Dark V and (D) beautiful to			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part X	T I		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
ANNUITIES PAYABLE	345,838		
INTEREST RATE SWAP-FMV	957,343		
CONDITIONAL ASSET RETIREMENT RESERVE-FIN 47	483,525		
GOVERNMENT GRANT REFUNDABLE	3,316,511		
DUE TO PUBLIC HEALTH LAW CENTER, INC	906,762		
TUITION DEPOSITS	209,611		
DUE TO CILE	138,162		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	6,357,752		

31,891,270

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	31,891,27
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	30,510,88
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,380,39
4	Net unrealized gains (losses) on investments	4	-4,456,80
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-739,57
9	Total adjustments (net) Add lines 4 - 8	9	-5,196,38
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,815,99
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial	_	27,741,16
	statements	1	
2	A mounts 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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,571,69
3	Subtract line 2e from line 1	3	26,169,46
4	A mounts 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	5,721,80
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	31,891,27
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	turn
1	Total expenses and losses per audited financial statements	1	26,383,08
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		
c	Losses reported on Form 990, Part IX, line 25 2c		
d	Other (Describe in Part XIV) 2d 1,562,223		
e	Add lines 2a through 2d	2e	1,562,22
3	Subtract line 2e from line 1	3	24,820,86
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 5,690,020]	
c	Add lines 4a and 4b	4c	5,690,02
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	30,510,88

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

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 X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE INTENDED USES OF THE ENDOWMENT FUNDS ARE TO PROVIDE SCHOLARSHIPS, ENDOWED FACULTY CHAIRS AND TO PROVIDE BETTER PROGRAMS AND FACILITIES FOR THE STUDENTS AT THE COLLEGE
		PART XI, LINE 8 - OTHER ADJUSTMENTS CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -243,236 PART XII, LINE 2D - OTHER ADJUSTMENTS PUBLIC HEALTH LAW CENTER REVENUE 1,473,500 STUDENT BAR ASSOCIATION REVENUE 70,616 EXPENSES OF FUNDRAISING 27,580 PART XII, LINE 4B - OTHER ADJUSTMENTS SCHOLARSHIPS 5,570,020 REALIZED DIVIDENDS IN EXCESS OF SPENDING POLICY 31,782 PUBLIC HEALTH LAW CENTER - INTERCOMPANY PAYMENT 120,000 PART XIII, LINE 2D - OTHER ADJUSTMENTS PUBLIC HEALTH LAW CENTER EXPENSES 1,467,631 EXPENSES OF FUNDRAISING 27,580 STUDENT BAR ASSOCIATION EXPENSES 67,012 PART XIII, LINE 4B - OTHER ADJUSTMENTS SCHOLARSHIPS 5,570,020 PUBLIC HEALTH LAW CENTER - INTERCOMPANY PAYMENT 120,000

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Schools

Name of the organization William Mitchell College of Law

Employer identification number

41-0518750

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain	3	Yes	
	SCHOLARSHIPS ARE AWARDED TO ENROLLED STUDENTS WHO DEMONSTRATE FINANCIAL NEED ACCORDING TO CURRENT FEDERAL FINANCIAL AID REGULATIONS STUDENTS MAY ALSO QUALIFY FOR MERIT-BASED SCHOLARSHIPS THAT ARE BASED ON A VARIETY OF CRITERIA RELATED TO ACADEMIC PERFORMANCE AND DEMONSTRATED LEADERSHIP SKILLS THIS NON DISCRIMINATORY POLICY IS PUBLICALLY COMMUNICATED, VIA OUR WEBSITE IN THE ADMISSIONS SECTION, THE STUDENT HANDBOOK AND OUR BROCHURES ADDRESSING ADMISSION TO THE COLLEGE			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
5	Does the organization discriminate by race in any way with respect to			
	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νο
С	Employment of faculty or administrative staff?	5c		Νο
d	Scholarships or other financial assistance?	5d	Yes	
			100	
е	Educational policies?	5e		Νo
	Hannette address 2	_		
т	Use of facilities?	5f		N o
g	Athletic programs?	5g		Νo
h	Other extracurricular activities?	5h		Νo
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
	WE BELIEVE THAT IN ORDER TO MAXIMIZE THE QUALITY OF THE LEARNING EXPERIENCE IT IS IMPORTANT TO CREATE A DIVERSE STUDENT BODY LIKEWISE, AN EFFECTIVE LEGAL PROFESSION MUST REFLECT THE DIVERSITY OF MODERN SOCIETY TO THAT END, OUR SCHOLARSHIP POLICY TAKES INTO ACCOUNT MANY FACTORS, INCLUDING MERIT (AS DEMONSTRATED BY LSAT SCORES AND UNDERGRADUATE GPA), SOCIO-			
	ECONOMIC BACKGROUND, CULTURE, RACE, CAREER PLANS UPON GRADUATION, AND OTHER FACTORS SUGGESTING THAT A STUDENT WILL BOTH BENEFIT HIS OR HER FELLOW STUDENTS AND THE LEGAL PROFESSION			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
	If you answered "Yes" to either 6a or b, please explain using an attached statement 🍠			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	7	Yes	

SCHEDULE F

Name of the organization

William Mitchell College of Law

(Form 990)

Part I General Information on Activities Outside the United States. Complete if the organization answered

Statement of Activities Outside the United States

DLN: 93493134034160 OMB No 1545-0047

2008

▶ Attach to Form 990. Complete if the organization answered "Yes" to Department of the Treasury Form 990, Part IV, line 14b. Internal Revenue Service

Open to Public Inspect ion

Employer identification number

41-0518750

'Yes" to For<u>m 990, Part IV, line 14b.</u> For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award Г For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (b) Number of (c) Number of region (by type) (i e , (f) Total expenditures in is a program service, (a) Region offices in the employees or fundraising, program services, describe specific type of agents in region grants to recipients located in region region the region) service(s) in region AS A MEMBER OF THE CONSORTIUM FOR CILE LONDON PROGRAM 0 O PROGRAM SERVICES -0 EDUCATIONAL CURRICULUM INNOVATIVE LEGAL EDUCATION, INC. (CILE) THE COLLEGE PROVIDES COURSES AND CURRICULUM IN I O N D O N F O R I A W STUDENTS TO OBTAIN AN INTERNATIONAL PERSPECTIVE IN THE APPLICATION OF THE LAW THREE OTHER COLLEGES ARE ALSO EQUAL MEMBERS OF CILE AND THEY ALSO PROVIDE INTERNATIONAL COURSES IN OTHER PARTS OF THE WORLD THE COURSE REVENUE AND EXPENSES ARE INCURRED BY CILE AND A LLO W THESE INDEPENDENT LAW COLLEGES THE OPPORTUNITY TO PROVIDE BROADER EXPERIENCES TO THEIR STUDENTS THAN ANY ONE COLLEGE COULD PROVIDE

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
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	_							
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	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Part IV Supplemental Info		ired in Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 NO GRANTS ARE MADE OUTSIDE OF THE UNITED STATES
Method Used to Acccount for Expenditures		Schedule F, Part I, Line 3 THE COLLEGE TRACKS THE COURSE REVENUE AND EXPENSES AND PROVIDES AN ACCOUNTING TO CILE AT THE END OF EACH PROGRAM ANY EXCESS REVENUE OVER EXPENSES IS PAID TO CILE AND ANY EXCESS EXPENSES OVER REVENUE ARE REIMBURSED BY CILE TO THE SCHOOL
_		

Software ID:

Software Version:

EIN: 41-0518750

Name: William Mitchell College of Law

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
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efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134034160

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Total

(Form 990 or 990-EZ)

Name of the organization William Mitchell College of Law

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public Inspection

Employer identification number

41-0518750

Pa	rt I Fundraising A	ctivities. Complete ıf t	he orga	nızatıon	answered "Yes" to	Form 990, Part IV,	line 17.
a b c d	Mail solicitations Figure Email solicitations Phone solicitations	anızatıon raısed funds thro	ugh any c	of the foll e f g	_	n-government grants vernment grants	
2a b	or key employees listed If "Yes," list the ten high	e a written or oral agreeme in Form 990, Part VII) or e est paid individuals or enti ast \$5,000 by the organiza	ntity in c	onnectio Iraisers)	n with professional fun pursuant to agreement	draising activities? s under which the fund	
	(i) Name of Individual or entity (fundraiser)	(ii) Activity	fundrais custo	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
MAG	GNET MARKETING	DIRECT MAIL, E-MAIL AND TELEMARKING		No	223,032	67,163	155,869
ARI	A COMMUNICATIONS	PHONE BANK OPERATION		No	89,588	36,365	53,223

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

A L, A K, CT, D C, GA, HI, IL, KS, KY, LA, ME, MI, MO, MS, N C, N D, N M, N Y, O H, O K, O R, PA, RI, SC, T N, U T, V A, WI

Ca) Event #1	Pai	rt II	Fundraising Events. Comp more than \$15,000 on Form					repor	ted
Company Control Cont					(b) Event #2	(c) O ther Events	(Add co	(a) th	
Section of the organization operate gaming activities in each of these states? 16, 16, 105 17 Or organization operate gaming activities in each of these states? 16 Non-cash Prizes 17 Other direct expenses 18 Direct expense summary Add lines 4 through 7 in column (d) 19 Not income summary Combine lines 3 and 5 in column (d) 10 Other direct expense summary Add lines 4 through 7 in column (d) 10 Other gaming (c) Other gaming (d) Trough column (d) 11 Gross revenue 12 Cash prizes 13 Non-cash prizes 14 Rent/facility costs 15 Other direct expenses 16 Volunteer labor 17 Direct expenses summary Add lines 2 through 5 in column (d) 18 Net gaming income summary Combine lines 1 and 7 in column (d) 19 Enter the state(s) in which the organization operates gaming activities in each of these states? 10 Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 Were any of the organization operate gaming activities with nonnembers? 11 Does the organization operate gaming activities with nonnembers? 11 Does the organization operate gaming activities with nonnembers? 11 Does the organization operate gaming activities with nonnembers? 11 Does the organization operate gaming activities with nonnembers? 11 Does the organization operate gaming activities with nonnembers? 12 Does the organization operate gaming activities with nonnembers? 11 Does the organization operate gaming activities with nonnembers? 12 Does the organization operate gaming activities with nonnembers?					(event type)	(total number)		. (-,,	
3 Gross revenue (line 1 16,105 16, more cash Prizes	₽	1	Gross receipts	25,010				2	5,010
3 Gross revenue (line 1 16,105 16, more cash Prizes	Зече	2	Less Charitable	8,905	;				8,905
Source of Prizes		3	•	16,105				1	6,105
So Non-cash Prizes		4	Cash Prizes	C					
8 Direct expense summary Add lines 4 through 7 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summa	နှ	5	Non-cash Prizes	С					
8 Direct expense summary Add lines 4 through 7 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net income summary Combine lines 3 and 8 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summary Combine lines 1 and 7 in column (d). 9 Net gaming income summa	Sens	6	Rent/Facility costs	15,349	1			1	5,349
9 Net income summary Combine lines 3 and 8 in column (d). Saming. 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. Quantification Quantifi	ă	7	Other direct expenses	12,231				1	2,231
9 Net income summary Combine lines 3 and 8 in column (d). Saming. 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. Oscillation Column Col	₹ ĕ	8	Direct expense summary Add line	s 4 through 7 in column	(d)			2	7,580
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 coline (a) through coline bingo/progressive bingo (d) Total gaming (d) Total gaming (d) Total gaming (d) (e) through coline bingo/progressive bingo (d) Total gaming (d) Total gaming (d) (e) through coline bingo/progressive bingo (d) Total gaming (d) Total gaming (d) Total gaming (d) (e) through coline bingo/progressive bingo (e) Other gaming (d) Total g				_				-1	1,475
(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming (oc) (a) through col (b) pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming (oc) (a) through col (a) through col (b) pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming (c) (a) through col (a) th	Par	t II	I Gaming. Complete if the org	ganization answered			orted mo	re thar	า
Topic texpense summary Add lines 2 through 5 in column (d). Sheet the state(s) in which the organization operates gaming activities in each of these states? Sheet any of the organization is gaming licenses revoked, suspended or terminated during the tax year? If "Yes," Explain Topic texpense summary and lines 2 through 5 in column (d). Possible organization operate gaming activities in each of these states? Topic texpense summary Add lines 2 through 5 in column (d). Possible organization licensed to operate gaming activities in each of these states? Topic texpense summary Add lines 2 through 5 in column (d). Possible organization licensed to operate gaming activities in each of these states? Topic texpense summary Add lines 2 through 5 in column (d). Possible organization licensed to operate gaming activities in each of these states? Topic texpense summary Add lines 2 through 5 in column (d). Possible organization licensed to operate gaming activities in each of these states? Topic texpense summary Add lines 2 through 5 in column (d). Possible organization licensed to operate gaming activities in each of these states? Topic texpense summary Add lines 2 through 5 in column (d). Possible organization licensed to operate gaming activities in each of these states? Topic texpense summary Add lines 2 through 5 in column (d). Possible organization licensed to operate gaming activities in each of these states? Topic texpense summary Add lines 2 through 5 in column (d). Possible organization licensed to operate gaming activities in each of these states? Topic texpense summary Add lines 2 through 5 in column (d). Possible organization licensed to operate gaming activities in each of these states? Topic texpense summary Add lines 2 through 5 in column (d). Possible organization licensed to operate gaming activities in each of these states? Topic texpense summary Add lines 2 through 5 in column (d). Possible organization licensed to operate gaming activities in each of these states? Topic texpen	venue		\$13,000 OH FORM 330 EZ, IIII		bingo/progressive	(c) O ther gaming			
2 Cash prizes	æ								
3 Non-cash prizes		1	Gross revenue						
6 Volunteer labor	es	2	Cash prizes						
6 Volunteer labor	ben	3	Non-cash prizes						
6 Volunteer labor	ញ ក្ត	4	Rent/facility costs						
7 Direct expense summary Add lines 2 through 5 in column (d)	ă	5	Other direct expenses						
8 Net gaming income summary Combine lines 1 and 7 in column (d)		6	Volunteer labor	┌ Yes <u> </u>	•	I '			
P Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?		7	Direct expense summary Add lines	2 through 5 in column (d)				
9 Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states?		8	Net gaming income summary Comb	oine lines 1 and 7 in colu	ımn (d)				
b If "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers?	9	Ent	er the state(s) in which the organizat	tion operates gaming ac	tivities			Yes	No
b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers?			-	gaming activities in each	n of these states?		• <u>9a</u>		
				censes revoked, suspen	ded or terminated during	g the tax year?	10a	1	
	11		oc the organization operate coming o	ctivities with nonmarks	re 2				
	11 12		, , ,				11		

			
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 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 📂 💲		

Software ID: Software Version:

EIN: 41-0518750

Name: William Mitchell College of Law

Form 990 Schedule G - Licensed States	
Lic	ensed States
·	

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DLN: 93493134034160 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public **Inspection**

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?	Name of the organization	Employer identi	Employer identification number					
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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed	William Mitchell College of Law	41-0518750						
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed	Part I General Inform	nation on Gran	ts and Assistance				•	
organization or government LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA INC600 NICOLLET MALL MINNEAPOLIS, MN 55402 MINNEAPOLIS, MN 55402 MINNEAPOLIS, MN 55402 MISSISTANCE PROGRAM OF MINESOTA INC600 SERVICE MINNEAPOLIS, MN 55402	the selection criteria used Describe in Part IV the org Part II Grants and Oth Form 990, Part IV Part IV and Sche	to award the grant ganization's proces er Assistance V, line 21 for an edule I-1 if additi	ts or assistance? dures for monitoring the to Governments a y recipient that rece onal space is	use of grant funds in the trans of trans of the trans of tran	in the United States in the United State 00. Check this box	tes. Complete if the of	organization answere than \$5	ed "Yes" on
ASSISTANCE PROGRAM OF MINNESOTA INC600 NICOLLET MALL MINNEAPOLIS, MN 55402 MINNEAPOLIS, MN 55402 MINOLLET MALL ATTORNEYS THAT GO INTO PUBLIC SERVICE	organization	(b) EIN	1	' '	cash	(book, FMV, appraisal,		1
	ASSISTANCE PROGRAM OF MINNESOTA INC600 NICOLLET MALL	41-1694745	501(C)(3)	52,000				MISSION OF REDUCING STUDENT LOANS FOR THOSE ATTORNEYS THAT GO INTO PUBLIC SERVICE
2 Enter total number of section 501(c)(3) and government				1				1
organizations	3 Enter total number of othe	r organizations .						<u> </u>

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "Ye	s" on Form 990,	Part 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

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								
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 SCHOLARSHIPS AWARDS ARE MERIT-BASED AND ARE USED TO PAY FOR THE PROGRAM TUITION STUDENT GRADES ARE MONITORED TO ENSURE COMPLIANCE WITH SCHOLARSHIP REQUIREMENTS								

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DLN: 93493134034160

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

2008

Open to Public Inspection

Name of the organization William Mitchell College of Law **Employer identification number**

41-0518750

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
Ь	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I			1b		
2	Did the organization require substantiation prior to	reımbur	sing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive	e Dırect	or, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t					
	Compensation committee	<u> </u>				
	▼ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	⊸	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	ompensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide tl	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	•	·	8		No

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name			f W-2 and/or 1099-MIS		(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	reported in prior Form
		(i) Base compensation	incentive (iii) Other compensation					990 or Form 990-EZ
ERIC JANUS	(I) (II)				18,340	14,401	274,170	131,671
KATHY PANCIERA	(ı) (ıı)				1,512	4,414	155,652	75,189
NIELS SCHAUMANN	(ı) (ıı)				14,103	17,370	203,231	98,533
KENNETH PORT	(ı) (ıı)	191,528			15,039	23,009	229,576	111,617
MICHAEL K STEENSON	(I) (II)	174,763			13,228	13,881	201,872	96,635
HERBERT M KRITZER	(ı) (ıı)				14,161	12,125	202,034	98,974
FRANCIS M MILEY	(ı) (ıı)			40,408	11,205	22,709	205,369	90,998
LINDA K BERG	(ı) (ıı)				13,228	13,881	199,904	97,029
	(i)	1				1		
	(ii)					Ī		1
	(i)	1				1		1
	(ii)						'	1
	(i)	1					1	1
	(ii)						1	1
	(i)					<u> </u>	<u></u>	
	(ii)				, 	1	'	1

Part III Supplemental Information

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

Identifier Return Explanation	
Part I, Line 4a FRANCIS M MILEY - SEVERANCE - \$40,408	

DLN: 93493134034160

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury

William Mitchell College of Law

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Internal Revenue Service Name of the organization

Employer identification number 41-0518750

Р	art I Bond Issues (Require	ed for 2008)												
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issu	e Price	(f) Description of		Purpose	(g) Defeased		Beh	On alf of suer
											Yes	No		
Α	MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY	41-0988525	60416HBG8	10-02-	10-02-2003		15,800,000		BUILDING AN ADDITION ONTO THE COLLEGE AND REMODELING OLDER CLASSROOMS			х		х
Pā	ert III Proceeds (Optional fo	r 2008)		_		_				,				
1	Total Proceeds of Issue			-	Α	1	3	1	<u> </u>	D			E	
2	Gross Proceeds in Reserve Fund													
3	Proceeds in Refunding or Defeasance Escrows													
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures fro	om Proceeds												
7	Capital Expenditures from Proce	eds												
8	Year of Substantial Completion							L		L		L		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	f a current refunding is:	sue?											
10	Were the bonds issued as part of	f an advance refunding	ıssue?											
11	Has the final allocation of procee	eds been made?												
12	Does the organization maintain a final allocation of proceeds?													
Pa	rt IIII Private Business Use	e (Optional for 2008)							1				
				<u> </u>	A	-	3 I	-	C I	D			<u>E</u>	
_	Was the organization a partner in	a a partnership or a me	ambar of an II.C	Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1	Was the organization a partner in which owned property financed b		ember of all LLC,											
2	Are there any lease arrangement which may result in private busir													
For	Panerwork Reduction Act Notice see t	he Instructions for Forn	. 000			Cat No. 501	193E			Sc	hedule K	(Form 99	0) 2008	1

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		Α		В		C		D		I	E
		Yes	No								
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	С		D		ı	Ε
		Yes	No								
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	b Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493134034160

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization William Mitchell College of Law Employer identification number

					41-0518750			
Pa	rt I Types of Property	1		<u> </u>				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermı	ning	
1	Art-Works of art			_				
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	9	30,724	FMV DATE OF GIFT	Γ		
	Securities—Closely held stock .			,				
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
L7	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other (describe)							
	Other (describe)							
27	Other (describe)							
28	Other (describe)				<u> </u>			
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
30a	During the year, did the organiza					 	Yes	No
	least three years from the date of			not required to be used for (exempt purposes			NI-
	for the entire holding period? .					30a		No
b 31	If "Yes", describe the arrangement			rovious of any non-standard	e o ntributio no 2	31	Yes	
	Does the organization have a gif					<u> </u>	162	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
b	If "Yes", describe in Part II							
33	If the organization did not report checked, describe in Part II	revenues i	n Column (c) for a type of p	roperty for which Column (a	ı) ıs			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. Identifier ReturnReference Explanation Third Party Use Part I, Line 32b STOCKS RECEIVED AS DONATIONS ARE SOLD BY A BROKERAGE HOUSE UNRELATED TO THE COLLEGE

OMB No 1545-0047

Open to Public

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Name of the organization William Mitchell College of Law

Inspection **Employer identification number**

41-0518750

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Section A, line 10		THE AUDIT AND FINANCE COMMITTEE BY AUTHORITY OF THE BOARD OF TRUSTEES, IS RESPONSIBLE FOR REVIEWING THE RETURN AN ADVANCE COPY OF THE RETURN IS DISTRIBUTED TO MEMBERS OF THE COMMITTEE A WEEK BEFORE THE MEETING PRECEDING THE FILING OF THE RETURN THE COMMITTEE REVIEWS AND ACCEPTS THE RETURN AND PASSES IT ON TO THE BOARD EACH MEMBER OF THE FULL BOARD RECEIVES A COPY PRIOR TO FILING					

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Section B, line 12c	1	Annually, The Officers, Trustees and Key Employees are required to complete a questionaire related to conflicts of interest that they might have with the College. This document is reviewed by Human Resources and any potential conflicts of interest are resolved by abstention from involvement in those areas of conflict.					

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		HR gathers comparability data from outside independent sources and provides this information to the board, which allows them to set compensation in line with the market data

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT NORMALLY AVAILABLE FROM THE COLLEGE WWW GUIDESTAR ORG, AN UNRELATED ORGANIZATION, PROVIDES A SUBSCRIPTION SERVICE THAT IT POPULATES WITH NONPROFIT DOCUMENTS THAT IT OBTAINS FROM THE INTERNAL REVENUE SERVICE WILLIAM MITCHELL INFORMATION IS AVAILABLE THROUGH THIS SERVICE

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C	COMMITTEE RESPONSIBLE FOR AUDIT OVERSIGHT	THE AUDIT AND FINANCE COMMITTEE IS SELECTED BY THE COLLEGE'S BOARD OF TRUSTEES FROM WITHIN ITS MEMBERSHIP AND IS RESPONSIBLE FOR THE SELECTION OF THE AUDITORS, OVERSIGHT OF THE AUDIT PROCESS, AND DISCUSSING THE AUDIT FINDINGS WITH THE AUDITOR AND THE FINANCE DEPARTMENT THE COMMITTEE REPORTS ITS ACTIVITIES TO THE FULL BOARD OF TRUSTEES

ldentifier	Return Reference	Explanation
SCHEDULE J, PART II, COLUMN F	COMPENSATION REPORTED IN PRIOR FORM 990	THE AMOUNTS IN COLUMN F REPRESENT A CHANGE IN COMPENSATION REPORTING REQUIRED BY THE 2008 FORM 990 PRIOR TO THIS YEAR, THE COMPENSATION REPORTED BY THE COLLEGE FOR OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHLY COMPENSATED EMPLOYEES WAS CALCULATED ON THE FISCAL YEAR OF THE COLLEGE THE 2008 FORM 990 REQUIRES THAT THE COMPENSATION BE THAT FOR THE CALENDAR YEAR END THAT FALLS DURING THE FISCAL YEAR OF THE ENTITY AS A RESULT, PART OF THE COMPENSATION REPORTED ON THIS FORM 990 WERE ALSO INCLUDED IN THE REPORTED COMPENSATION LAST YEAR AND IN ACCORDANCE WITH THE INSTRUCTIONS ARE THEREFORE ALSO RECORDED IN COLUMN F

ldentifier	Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	THE TWO FUNDRAISERS ARE PAID BY CONTRACT FOR FUNDRAISING EXPERTISE AND SYSTEMS THAT ARE NOT AVAILABLE WITHIN THE COLLEGE THE COLLEGE DETERMINED THAT OUTSOURCING THE FUNDRAISING FUNCTION WOULD BE MORE ECONOMICAL TO THE COLLEGE

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization William Mitchell College of Law		Employer identification number				
Part I Identification of Disregarded Entities				41-0518750		
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organi	zations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (sta or foreign country	te Exempt Code sect	(E) Public charity st (if section 501(c)	(F) Direct controlling entity	
PUBLIC HEALTH LAW CENTER INC 875 SUMMIT AVENUE ST PAUL, MN55105 41-1896367	CONDUCTS RESEARCH, LEGATECHNICAL ASSISTANCE AND EDUCATION ON PUBLIC HEALTH	AL O MN	501(c)3	11A	WILLIAM MITCHELL COLLEGE OF LAW	
STUDENT BAR ASSOCIATION OF WILLIAM MITCHELL COLLEGE OF LAW 875 SUMMIT AVENUE ST PAUL, MN55105 23-7163182	PROMOTES UNDERSTANDING BETWEEN STUDENTS, FACUL AND ENHANCES NETWORKIN	TY MN	501(c)4		WILLIAM MITCHELL COLLEGE OF LAW	
Consortium for Innovative Legal Education Inc 154 Stuart Street Boston, MA02116 41-1884496	PROVIDES EXPANDED EDUCATIONAL PROGRAMS OF A NATIONAL AND INTERNATIONAL BASIS	N MA	501(c)3	11B	N/A	

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity		(E) Predominant income(related, investment, unrelated)		(F) e of total income	(G) Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
Part V	iransactions with Related Organizations

Par	Transactions with Related Organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			7	Yes	No
1 Du	ırıng the tax year, dıd the orgranızatıon engage ın any of the following transactıons with	one or more related organizations listed in Parts II-IV	,			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	а		No
b	Gift, grant, or capital contribution to other organization(s)		11:	p '	Yes	
С	Gift, grant, or capital contribution from other organization(s)		10	ΞT		No
d	Loans or loan guarantees to or for other organization(s)		10	d ,	Yes	
e	Loans or loan guarantees by other organization(s)		16	<u> </u>		No
f	Sale of assets to other organization(s)			F		No
g	Purchase of assets from other organization(s)		19	9		No
h	Exchange of assets		11	h		No
i	Lease of facilities, equipment, or other assets to other organization(s)		11	1		No
j	Lease of facilities, equipment, or other assets from other organization(s)			<u>+</u>		No
k	Performance of services or membership or fundraising solicitations for other organizati	on(s)	11	k '	Yes	
ı	Performance of services or membership or fundraising solicitations by other organization	on(s)	11			No
m	Sharing of facilities, equipment, mailing lists, or other assets		11	m '	Yes	
n	Sharing of paid employees		1r	n '	Yes	
0	Reimbursement paid to other organization for expenses		10	+		No
p	Reimbursement paid by other organization for expenses		1,	P,	Yes	
а	O ther transfer of cash or property to other organization(s)		10	+		No
-	Other transfer of cash or property from other organization(s)		11	_		No
2	If the answer to any of the above is "Yes," see the instructions for information on who n	nust complete this line, including covered relationships	and transaction thresholds			
	(A) Name of other organization(s)	(B) Transaction	(C) Amount Involved			

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	PUBLIC HEALTH LAW CENTER INC	Р	120,000
(2)	STUDENT BAR ASSOCIATION OF WILLIAM MITCHELL COLLEGE OF LAW INC	D	122,807
(3)	OTHER FUNCTIONS PERFORMED ARE COMMON TO BOTH ORGANIZATIONS		
(4)	CONSORTIUM FOR INNOVATIVE LEGAL EDUCATION INC	В	20,000
(5)	ConSORTIUM FOR INNOVATIVE LEGAL EDUCATION INC	С	75,000
(6)	Consortium for innovative legal education inc	0	1,332

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No		
			•	•		•		Cabadul	D / Form			

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	PUBLIC HEALTH LAW CENTER INC	Р	120,000
(2)	STUDENT BAR ASSOCIATION OF WILLIAM MITCHELL COLLEGE OF LAW INC	D	122,807
(3)	OTHER FUNCTIONS PERFORMED ARE COMMON TO BOTH ORGANIZATIONS		
(4)	CONSORTIUM FOR INNOVATIVE LEGAL EDUCATION INC	В	20,000
(5)	ConSORTIUM FOR INNOVATIVE LEGAL EDUCATION INC	С	75,000
(6)	Consortium for innovative legal education inc	0	1,332

Software ID: Software Version:

EIN: 41-0518750

Name: William Mitchell College of Law

Form 990, Part VII - Section Aaa

Torin 990, Part VII - Section Ada	(C) Position (check all that apply)								(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	
MARY CULLEN YEAGER , CHAIR	1 00	Х						0	0	0	
KATHLEEN FLYNN PETERSON , VICE CHAIR	1 00	Х						0	0	0	
HON ELIZABETH HOENE MART , SECRETARY	1 00	Х						0	0	0	
JAMES C MELVILLE , TREASURER	1 00	Х						0	0	0	
LOUIS L AINSWORTH , TRUSTEE	1 00	X						0	0	0	
LYNN M ANDERSON , TRUSTEE	1 00	X						0	0	0	
LAWRENCE T BELL , TRUSTEE	1 00	Х						0	0	0	
STEPHEN R BERGERSON , TRUSTEE	1 00	Х						0	0	0	
STEPHEN B BONNER , TRUSTEE	1 00	Х						0	0	0	
PATRICIA ANN BURKE , TRUSTEE	1 00	Х						0	0	0	
MARY C CADE , TRUSTEE	1 00	Х						0	0	0	
JEFFREY P CAIRNS , TRUSTEE	1 00	Х						0	0	0	
RICHARD R CROWL , TRUSTEE	1 00	Х						0	0	0	
MARY LOU DASBURG , TRUSTEE	1 00	Х						0	0	0	
MARTIN LUECK , TRUSTEE	1 00	Х						0	0	0	
MARK METZ , TRUSTEE	1 00	Х						0	0	0	
STEPHEN R LEWIS JR , TRUSTEE	1 00	Х						0	0	0	
DAVID M LILLY JR , TRUSTEE	1 00	Х						0	0	0	
BEN I OMOROGBE, TRUSTEE	1 00	Х						0	0	0	
RUTH A MICKELSEN , TRUSTEE	1 00	Х						0	0	0	
DANIEL P O'KEEFE , TRUSTEE	1 00	Х						0	0	0	
PETER M REYES JR , TRUSTEE	1 00	Х						0	0	0	
WILLIAM R SIEBEN , TRUSTEE	1 00	X						0	0	0	
THOMAS W TINKHAM , TRUSTEE	1 00	X						0	0	0	
ERIC C TOSTRUD , TRUSTEE	1 00	X						0	0	0	
WILLIAM A VAN BRUNT , TRUSTEE	1 00	Х						0	0	0	
HON WILHELMINA M WRIGH , TRUSTEE	1 00	Х						0	0	0	
DONALD F ZIBELL , TRUSTEE	1 00	Х						0	0	0	
LENORE A SCHEFFLER , TRUSTEE	1 00	Х						0	0	0	
MARSHALL I SMITH , TRUSTEE	1 00	X						0	0	0	

Form 990, Part VII - Section Aaa

Torin 550, Fart VII Section Add										
		(C) Position (check all that apply)								(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
GREGORY J STENMOE , TRUSTEE	1 00	Χ						0	0	0
ERIC JANUS , PRESIDENT/DEAN	50 00			Х				241,429	0	32,741
KATHY PANCIERA , VP FINANCE	50 00				Х			149,726	0	5,926
NIELS SCHAUMANN , VICE DEAN FACULTY	50 00				х			171,758	0	31,473
KENNETH PORT , PROF OF LAW	40 00					Х		191,528	0	38,048
MICHAEL K STEENSON , PROF OF LAW	40 00					Х		174,763	0	27,109
HERBERT M KRITZER , PROFESSOR	40 00					Х		175,748	0	26,286
FRANCIS M MILEY , V P A DMINISTRATION	50 00					Х		171,455	0	33,914
LINDA K BERG , VP INSTITUTIONAL ADVANCE	50 00					х		172,795	0	27,109

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a TUITION REVENUE	900,099	29,004,483	29,004,483		
b WORK STUDY REIMBURSEME	611,710	408,116	408,116		
c PUBLIC HEALTH CENTER E	611,710	120,000	120,000		
d CAREER DEVELOPMENT	611,710	89,107	89,107		
e CILE	611,710	75,000	75,000		

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

WILLIAM MITCHELL COLLEGE OF LAW IS ORGANIZED TO ESTABLISH, MAINTAIN, AND CONDUCT AN INSTITUTION OF HIGHER LEARNING IN WHICH PERSONS ARE TAUGHT THE PRINCIPLES OF LAW AND ALLIED FIELDS OF KNOWLEDGE AND PREPARED FOR ADMISSION TO PRACTICE THE PROFESSION OF LAW IN THE COURTS OF MINNESOTA, OTHER STATES, AND THE UNITED STATES. ALSO, TO CONDUCT GRADUATE DEGREE AND NON-DEGREE EDUCATIONAL PROGRAMS FOR LAWYERS, OTHER PROFESSIONALS, AND MEMBERS OF THE PUBLIC.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

WE SERVE THE LAW. WE TEACH IT, STUDY IT, PRACTICE IT, AND WORK TO MAKE IT JUST. THIS IS OUR MISSION. OUR STUDENTS COME TO WILLIAM MITCHELL WITH DIVERSE TRAITS, TALENTS, AND EXPERIENCES, YET THEY HAVE IN COMMON A DESIRE TO TRANSFORM THEMSELVES INTO SKILLED AND ETHICAL LEGAL PROFESSIONALS. THEY LEARN FROM US AND FROM EACH OTHER. WE CHALLENGE AND SUPPORT THEM, AND WE ARE RESPONSIVE TO THEIR FAMILY AND CAREER COMMITMENTS. WE STUDY LAW AND THE LEGAL PROFESSION AS CRITICAL OBSERVERS AND ACTIVE PARTICIPANTS. OUR LEGAL EDUCATION INCORPORATES SCHOLARSHIP AND PRACTICE, MAINTAINS A STRONG CONNECTION TO THE PROFESSION, IS INTELLECTUALLY RIGOROUS, AND INSTILLS AN ETHIC OF SERVICE TO CLIENTS AND COMMUNITY. OUR STUDENTS GRADUATE WITH THE PRACTICAL WISDOM TO PUT THE LAW TO WORK.