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DLN: 93493108004091

$_{\text{Form}}990$

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

Form **990** (2009)

		2009 ca pplicable	_	r, or tax year beginning C Name of organization		and ending 06-30-2	2010	D Employer i	dentification number		
	dress cl		Please use IRS label or	Wıllıam Mıtchell College o	f Law			41-05187			
┌ Na	me cha	inge	print or	Doing Business As				E Telephone	number		
┌ Inı	tıal retu	ırn	type. See Specific	Number and street (or P	O box if mail is	not delivered to street a	Idress) Room/suit	(651) 227			
Гте	mınate	ed	Instruc- tions.	875 Summit Av				G Gross receip	ts \$ 31,997,731		
_	ended			City or town, state or cou St Paul, MN 55105	intry, and ZIP +	4	_				
 Ap	plicatioi	n pending									
				ne and address of princi ′PANCIERA	ıpal officer			this a group retu liates?	urn for □ Yes 🔽 No		
			875 SL	JMMIT AVENUE			dill	nates?	j tes j• No		
			SIPAL	JL,MN 55105			1	all affiliates incl			
Ta	x-exen	npt status	▼ 501(c)) (3) 4 (insert no)	947(a)(1) or 「	- 527		No," attach a lis oup exemption i	st (see instructions) number >		
J W	ebsit	e: 🕨 WW	/W WMITCI	HELL EDU							
K For	m of or	ganızatıon	Corporat	tion Trust Association	Other 🟲		L Year of	formation 1900	M State of legal domicile		
Pa	rt I	Sumi	mary						MN		
Governance	2	HIGHEI AND PF STATE: PROGR	R LEARNIN REPARED F S, AND TH AMS FOR	ELL COLLEGE OF LAW NG IN WHICH PERSON FOR ADMISSION TO P E UNITED STATES AL LAWYERS, OTHER PRO	S ARE TAUC RACTICE TI SO, TO COI DESSIONA	GHT THE PRINCIPLE HE PROFESSION OF NDUCT GRADUATE LS, AND MEMBERS (ES OF LAW AN LAW IN THE DEGREE AND OF THE PUBLI	D ALLIED FIEL COURTS OF MI NON-DEGREE C	NNESOTA, OTHER EDUCATIONAL		
න් ණ	3		•	members of the governir					3 3:		
¥#	4		_	ndent voting members o					4 3		
Activities	5			nployees (Part V, line 2			,		5 76		
•	6	Total nu	umber of vo	olunteers (estimate if ne	cessary) .		6 58				
	1	Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12							7a 18,53		
	b	Net unr	elated busi	iness taxable income fro	om Form 990	I-T, line 34			7b -1,48		
		Cambri	h	d	1 6 \		P	rior Year	Current Year		
ā	8			d grants (Part VIII, line revenue (Part VIII, line			•	1,275,896	1,818,008 29,521,060		
Rayenue	10	· · · · · · · · · · · · · · · · · · ·						644,438	508,704		
Ě	11	Other	revenue (P	art VIII, column (A), lır	nes 5, 6d, 8c	, 9c, 10c, and 11e)		66,051	69,316		
	Total revenue—add lines 8 through 11 (must equa 12)				•	, ,,,	line	31,891,270	31,917,088		
	13			ar amounts paid (Part I)				5,622,020			
	14	Benefi	ts paid to c	or for members (Part IX,	column (A),	line 4)			0		
ø	15		es, other co	ompensation, employee	benefits (Pa	rt IX, column (A), line	es 5-	17,024,004	17,623,383		
Expenses	16a	10) a Professional fundraising fees (Part IX, column (A), line 11e)						157,519	85,411		
×De	ь										
Ш	17			(Part IX, column (A), lin			<u> </u>	7,707,337	7,580,927		
	18	Total	expenses A	Add lines 13–17 (must	equal Part I	X, column (A), line 25	5)	30,510,880	32,023,336		
	19	Reven	ue less exp	penses Subtract line 18	3 from line 12	2		1,380,390	-106,248		
Not Assets or Fund Balances							Beginn	ing of Current Year	End of Year		
55.0 9.85.0	20	Total	assets (Par	rt X, line 16)				54,143,205	55,349,195		
P. A.	21			Part X, line 26)				20,623,823	20,939,454		
	22	_		d balances Subtract Ir	ne 21 from lir	ne 20		33,519,382	34,409,741		
Pa	rt II	_	enalties of pe	ock equry, I declare that I have e	examined this re	eturn, including accompan	ying schedules and	statements, and to	o the best of mv knowledge		
				correct, and complete Declar							
Sign		****						11-04-18			
Here		KATI		VICE PRESIDENT OF FINANC	CE		Dat				
			or print nam		-		1				
Б		Preparer signature				Date 2011-04-18	Check if self-	Preparer's idei (see instructio	ntıfyıng number ns)		
Paid			<u> </u>	- h p-1 = " · · · ·			empolyed 🕨	_			
Prep Use	arer's Onlv	ıf self-er	ame (or yours nployed),		use LLP			EIN Þ			
	- · · · · y	address,	and ZIP + 4	225 S 6th St Ste 2300				Phone no 🕨	Phone no (612) 876-4500		
M = :	+h - * ^	. ـ . ـ .		Minneapolis, MN 55402 rn with the preparer sho		noo inchiistii			▼ Yes		

(Expenses \$

Total program service expenses►\$

Part III Statement of Program Service Accomplishments

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

Did the organization undertake any significant program services during the year which were not listed on

including grants of \$

26,865,395

	the prior Form 990	or 990-EZ?	· · · · · · · · · · · · · · · · · · ·		s 🔽 No
	If "Yes," describe	these new services on Sch	edule O		
3	Did the organization	on cease conducting, or ma	ke significant changes in how it cond	ducts, any program	s 🔽 No
	If "Yes," describe	these changes on Schedule	: O		
4	Section 501(c)(3)	and 501(c)(4) organization	for each of the organization's three lans and section 4947(a)(1) trusts are revenue, if any, for each program se	e required to report the amount of	
4a	(Code) (Expenses \$	26,541,796 including grants of \$	6,728,615) (Revenue \$	29,574,948)
	KNOWLEDGE AND PR THE COLLEGE ALSO C PUBLIC THROUGH IT	EPARED FOR ADMISSION TO PRA CONDUCTS GRADUATE DEGREE A IS CLINICS, IT PROVIDES LAW ST	HIGHER LEARNING IN WHICH PERSONS ARE ICTICE THE PROFESSION OF LAW IN THE CO ND NON-DEGREE EDUCATIONAL PROGRAMS UDENTS, SUPERVISED BY LAWYERS, THE OP RESERVED PEOPLE IN THE COMMUNITY	URTS OF MINNESOTA, OTHER STATES, A FOR LAWYERS, OTHER PROFESSIONALS,	ND THE UNITED STATES AND MEMBERS OF THE
4b	(Code) (Expenses \$	323,599 including grants of \$) (Revenue \$	
40	THROUGH ITS 110-Y	EAR HISTORY, MITCHELL HAS INT	TEGRATED PRACTICAL WISDOM WITH TRADI ROUGH ITS NATIONALLY RANKED CLINICAL P	TIONAL LEGAL THEORY, AND REACHED O	UT TO COMMUNITIES IN
	(Code) (Expenses \$	including grants of \$	5,000) (Revenue \$)
	MITCHELL IS COMMIT THIS POSSIBLE, THE	TTED TO PUBLIC SERVICE AND EF COLLEGE CONTRIBUTES FUNDS T	NCOURAGES INTERESTED STUDENTS TO TAK TO AN ORGANIZATION DEDICATED TO HELPIN RADUATION THE FUNDING THE COLLEGE PR	E JOBS IN THIS SECTOR AFTER GRADUANG REDUCE STUDENT LOANS FOR THOSE	DESIRING TO GO INTO
4d	Other program se	ervices (Describe in Sched	ule O)		

) (Revenue \$

Part TV	Checklist	of De	auired	Schedul	0
	CHECKHOL	UI NC	uuncu	Julieuui	_ :

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school 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 United States?	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 United States? <i>If</i> " <i>Yes,"</i> 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 U S? 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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	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	Section 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% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Complia

			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		103	110
	1a 79			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	•		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	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	
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	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		Νο
Ь	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f _		Νο
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
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			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	vear 126	1		

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

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

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body						
ь	Enter the number of voting members of the governing body						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any						
_	other officer, director, trustee, or key employee?	2		Νo			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο			
6	Does the organization have members or stockholders?	6		Νo			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			110			
	venue Code.)						
			Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?						
11	1 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
11A	LA Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
c	to conflicts?	12b	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?						
	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b		Νo			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο			
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					
Se	ection C. Disclosure						
17	List the States with which a copy of this Form 990 is required to be filed ►MN						
18	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. Another'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	ie orga	nızatıor	ı F			
	KATHLEEN M PANCIERA						

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	eek		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations				
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 43

			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		Νo		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	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	_		NI -		
	, , , , , , , , , , , , , , , , , , ,	, 5 '		No No		

Section B. Independent Contractors

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 PO BOX 77026 MINNEAPOLIS, MN 554807726	HEALTH INSURANCE	1,511,905
WEST GROUP PO BOX 64833 ST PAUL, MN 55164	LIBRARY MATERIALS SUPPLIER	287,516
THE MAGUIRE AGENCY PO BOX 64316 ST PAUL, MN 55164	INSURANCE BROKER	275,623
TRANE PO BOX 98167 CHICAGO, IL 60693	CHILLER EQUIPMENT PROVIDER	182,984
Egan Companies PO Box 1150-27 MinnEAPOLIS, MN 554801150	Chiller installation	122,396
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶9	who received more than	

Form 99								Page 9
Part V	<u>/+++</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
इस	1a	Federated cam	paigns 1a					
호호	ь	Membership du	es 1b					
Contributions, gifts, grants and other similar amounts	c	Fundraising eve	ents 1c	11,867				
	d		rations 1d					
	е	Government grant		444,111				
erio C.	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	1,362,030				
ē€	g	E	butions included in 6,263					
ŠĒ	h	iines ra-rr \$ _		▶	1,818,008			
				Business Code				
anue.	2a	TUITION REVENUE		900,099	29,147,212	29,147,212		
Program Serwce Revenue	ь	PUBLIC HEALTH LA	W CENT	611,710	124,226	124,226		
	С	SUPPORT SERVICE	:S	611,710	109,691	109,691		
ē. Z	d	BOOKSTORE		611,710	47,182	47,182		
S =	e	CAREER DEVELOP	MENT	611,710	38,799	38,799		
<u>z</u>	f	All other progra	am service revenue		53,950	53,950		
Ě	g	Total. Add lines	s 2a – 2f		29,521,060			
	3	Investment inc	ome (including dividend	ls, interest				
			ar amounts)	-	505,645			505,645
	4 5		stment of tax-exempt bond p	proceeds				
		Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	,	, ,				
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d		me or (loss)					
	(i) Securities		(II) O ther					
	7a	Gross amount from sales of assets other than inventory	55,564	3,758				
	ь	Less cost or other basis and	56,263					
	c	sales expenses Gain or (loss)	-699	3,758				
	d	Net gaın or (los	s)		3,059			3,059
	8a	Gross income f	_					
Other Revenue		of contributions	,867 s reported on line 1c)					
щ		See Part IV, lin	ne 18 a	21,275				
her	ь	Less direct ex	penses b	24,380				
ᅙ	С		(loss) from fundraising e		-3,105			-3,105
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19					
	b c		penses b (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	b	Less cost of a	oods sold b					
	с	_	(loss) from sales of inve	ntory ►				
		Miscellaneou	s Revenue	Business Code				
	11a	-	AND FAX INCO	611,710	32,913	32,913	4= a /-	
	b	PARKING LOT		812,930 611,710	15,240 12,475	12,475	15,240	
	, c	-	AL-STUDENTS	611,710	11,793	8,500	3,293	
	d e	All other reven	L		· .	3,300	3,233	
	12		See Instructions	.	72,421	20 53 1 5 1		
	ı				31,917,088	29,574,948	18,533	505,599

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, p, 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	5,000	5,000		
2	Grants and other assistance to individuals in the				
	U S See Part IV, line 22	6,728,615	6,728,615		
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	692,519	207,853	456,246	28,420
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	13,448,854	9,702,486	3,225,086	521,282
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	778,966	543,048	201,147	34,771
9	Other employee benefits	1,629,979	957,441	595,475	77,063
10	Payroll taxes	1,073,065	739,524	290,555	42,986
11	Fees for services (non-employees)		,		
а	Management				
ь	Legal	45,117		45,117	
c	Accounting	125,543		125,543	
d	Lobbying	,		,	
e	Professional fundraising See Part IV, line 17	85,411			85,411
f	Investment management fees	62,753		62,753	· · · · · · · · · · · · · · · · · · ·
g	Other	50,760	4,225	46,535	_
12	Advertising and promotion	263,907	126,189	134,279	3,439
13	Office expenses	1,317,449	930,526	350,051	36,872
14	Information technology	264,945		264,945	
15	Royalties				
16	Occupancy	323,702	1,375	322,327	
17	Travel	329,097	276,661	20,114	32,322
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	341,180	222,801	111,088	7,291
20	Interest	480,144		480,144	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,176,296	427,073	1,749,223	
23	Insurance	184,797	24,576	160,221	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of				
а	total expenses shown on line 25 below) OUTSIDE SERVICES	377,593	236,170	46,694	94,729
h	EQUIPMENT REPAIR	301,257	3,893	297,319	45
c	EXPENDITURES - MINOR EQ	205,771	107,452	91,663	6,656
d	DUES & MEMBERSHIPS	150,267	88,598	60,010	1,659
e	RECRUITING	143,175	110,490	32,685	1,037
f	All other expenses	437,174	5,421,399	-5,100,087	115,862
25	Total functional expenses. Add lines 1 through 24f	32,023,336	26,865,395	· · · ·	1,088,808
26	Joint costs. Check here ► ☐ If following SOP 98-2	32,023,330	20,003,333	7,009,133	1,000,000
	Complete this line only if the organization reported in				
	column (B) joint costs from a combined educational				
	campaign and fundraising solicitation		<u> </u>		

Pa	rt X	Balance Sheet								
					(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			8,617,548	1	6,297,817			
	2	Savings and temporary cash investments				2				
	3	Pledges and grants receivable, net			794,536	3	631,162			
	4	Accounts receivable, net			792,253	4	724,002			
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and						
		Schedule L				5				
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		1 4958(f)(1)) and						
Assets		Schedule L				6				
	7	Notes and loans receivable, net	s and loans receivable, net							
	8	Inventories for sale or use	ories for sale or use							
⋖	9	Prepaid expenses and deferred charges			302,337	9	194,670			
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	45,193,757	7					
	b	Less accumulated depreciation	10b	24,452,549	21,812,625	10c	20,741,208			
	11	Investments—publicly traded securities			16,406,109	11	21,310,951			
	12	Investments—other securities See Part IV, line 11	1,086,759	12	1,066,291					
	13	Investments—program-related See Part IV, line 11		13						
	14	Intangible assets		14						
	15	Other assets See Part IV, line 11	1,063,629	15	901,700					
	16	Total assets. Add lines 1 through 15 (must equal line 34)			54,143,205	16	55,349,195			
	17	Accounts payable and accrued expenses .			1,800,528	17	2,001,314			
	18	Grants payable		18						
	19	Deferred revenue	Deferred revenue							
	20	Tax-exempt bond liabilities	11,840,000	20	11,565,000					
<u>0</u>	21	Escrow or custodial account liability Complete Part IV of Schedul		21						
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified								
ï		persons Complete Part II of Schedule L		•		22				
	23	Secured mortgages and notes payable to unrelated third parties		•		23				
	24	Unsecured notes and loans payable to unrelated third parties				24				
	25	Other liabilities Complete Part X of Schedule D			6,357,752	25	6,915,011			
	26	Total liabilities. Add lines 17 through 25			20,623,823	26	20,939,454			
ري ط		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e l	ines 27						
ž		through 29, and lines 33 and 34.			22 504 270		22 422 245			
Fund Balance	27	Unrestricted net assets			22,591,370		22,136,245			
ă	28	Temporarily restricted net assets		2,007,945		2,646,435				
ĭ	29	Permanently restricted net assets			8,920,067	29	9,627,061			
Ţ		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d com	iplet e						
ō	30	Capital stock or trust principal, or current funds				30				
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31						
455	32	Retained earnings, endowment, accumulated income, or other fu	· · ·		32					
Net #	33	Total net assets or fund balances			33,519,382	33	34,409,741			
ž	34	Total liabilities and net assets/fund balances			54,143,205		55,349,195			
ı ——		rotal nabilities and het assets/land palatices			54,145,205	34	JJ,J43, 133			

Part XI Financial Statements and Reporting

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

Form **990** (2009)

N: 93493108004091

0000

2009

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Inspection

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

41-0518750 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove	on in ed in rning	(v) Did you not organizati col (i) of suppor	on ın your	(vi) Is the organizati col (i) orga	(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 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						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 41-0518750

Name: William Mitchell College of Law

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours		(C tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARY CULLEN YEAGER CHAIR	1 00	x		х				0	0	0
KATHLEEN FLYNN PETERSON VICE CHAIR	1 00	Х		Х				0	0	0
HON ELIZABETH HOENE MARTIN SECRETARY	1 00	Х		х				0	0	0
JAMES C MELVILLE TREASURER	1 00	Х		х				0	0	0
LOUIS L AINSWORTH TRUSTEE	1 00	Х						0	0	0
LYNN M ANDERSON TRUSTEE	1 00	Х						0	0	0
LA WRENCE 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	X						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
JOHN H HOOLEY TRUSTEE	1 00	Х						0	0	0
MARTIN LUECK TRUSTEE	1 00	X						0	0	0
MARK METZ TRUSTEE	1 00	X						0	0	0
STEPHEN R LEWIS JR TRUSTEE	1 00	X						0	0	0
DAVID M LILLY JR TRUSTEE	1 00	X						0	0	0
BEN I O MO RO GBE TRUSTEE	1 00	Х						0	0	0
RUTH A MICKELSEN TRUSTEE	1 00	X						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	Х						0	0	0
THOMAS W TINKHAM TRUSTEE	5 00	Х						4,800	0	0
ERIC C TOSTRUD TRUSTEE	1 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours	Posi t	((tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
WILLIAM A VAN BRUNT TRUSTEE	1 00	Х						0	0	0
HON WILHELMINA M WRIGHT 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
MARSCHALL I SMITH TRUSTEE	1 00	Х						0	0	0
GREGORY J STENMOE TRUSTEE	1 00	Х						0	0	0
JOSEPHS MICALLEF TRUSTEE	1 00	Х						0	0	0
ERIC JANUS PRESIDENT/DEAN	50 00			х				244,106	0	28,825
KATHY PANCIERA VP FINANCE	50 00			х				157,246	0	15,723
NIELS SCHAUMANN VICE DEAN FACULTY	50 00				х			182,154	0	33,421
KENNETH PORT PROF OF LAW	40 00					х		197,987	0	35,983
MICHAEL K STEENSON PROF OF LAW	40 00					х		168,126	0	22,345
NANCY VER STEEGH VP DEAN ACADEMIC PROGRAM	50 00					х		172,818	0	17,120
JOHN O SONSTENG PROF OF LAW	40 00					х		181,516	0	33,585
LINDA K BERG VP INSTITUTIONAL ADVANCEME	50 00					х		173,651	0	23,024

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
TUITION REVENUE	900,099	29,147,212	29,147,212		
PUBLIC HEALTH LAW CENT	611,710	124,226	124,226		
SUPPORT SERVICES	611,710	109,691	109,691		
BOOKSTORE	611,710	47,182	47,182		
CAREER DEVELOPMENT	611,710	38,799	38,799		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
OUTSIDE SERVICES	377,593	236,170	46,694	94,729
EQUIPMENT REPAIR	301,257	3,893	297,319	45
EXPENDITURES - MINOR EQ	205,771	107,452	91,663	6,656
DUES & MEMBERSHIPS	150,267	88,598	60,010	1,659
RECRUITING	143,175	110,490	32,685	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493108004091

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

F Attaci	i to Form 990. F See separate instructions.		Illope	
Name of the organization William Mitchell College of Law		Empl	oyer identification num	ber
		41-0	518750	
Organizations Maintaining Donorganization answered "Yes" to For	or Advised Funds or Other Similar	Funds	or Accounts. Compl	ete ıf the
organization answered res to ror	(a) Donor advised funds	(b) Funds and other acco	unts
Total number at end of year				
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and dono funds are the organization's property, subject t			sed Yes	☐ No
Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit		•		┌ No
art II Conservation Easements. Comp	plete if the organization answered "Yes	" to Form	990, Part IV, line 7.	
Preservation of land for public use (e g , re Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a easement on the last day of the tax year	Preservation of	facertified	cally importantly land ai historic structure nservation	re a
			Held at the End of th	e Year
Total number of conservation easements		2a		
b Total acreage restricted by conservation easer	nents	2b		
Number of conservation easements on a certifi	ed historic structure included in (a)	2c		
d Number of conservation easements included in	(c) acquired after 8/17/06	2d		
Number of conservation easements modified, to the taxable year ▶			e organization during	
Number of states where property subject to cor	nservation easement is located 🛌			
Does the organization have a written policy reg enforcement of the conservation easements it		andling of	violations, and Yes	┌ No
Staff and volunteer hours devoted to monitoring				
A mount of expenses incurred in monitoring, ins			the year > \$	
Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			┌ Yes	┌ No
In Part XIV, describe how the organization repo balance sheet, and include, if applicable, the te the organization's accounting for conservation	xt of the footnote to the organization's financ			
	ections of Art, Historical Treasure ered "Yes" to Form 990, Part IV, line 8.		er Similar Assets.	
If the organization elected, as permitted under art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote to	s held for public exhibition, education or rese	earch in fur		ce,
If the organization elected, as permitted under historical treasures, or other similar assets hel provide the following amounts relating to these	d for public exhibition, education, or research		•	
(i) Revenues included in Form 990, Part VIII,	line 1		► \$	
(ii) Assets included in Form 990, Part X			► \$	
If the organization received or held works of art following amounts required to be reported unde		s for financ		
a Revenues included in Form 990. Part VIII. line	1		▶ - \$	

b Assets included in Form 990, Part X

Part	Organizations Maintaining Coll	ections of Art, Hi	storical Tre	asures, or C	the	r Similar A	Asse	ts (co	ntinued)
3	Using the organization's accession and other items (check all that apply)	records, check any of t	_				etior	1	
а	Public exhibition	d	Loan or	exchange prog	rams				
b	Scholarly research	e	┌ Other						
c	Preservation for future generations								
4	Provide a description of the organization's coll Part XIV	ections and explain ho	ow they further	the organization	ı's ex	empt purpos	e in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					ular	Г	Yes	┌ No
Par	t IV Escrow and Custodial Arrange				d "Y	es" to Form	ı 990),	
	Part IV, line 9, or reported an amo	·	•			L			
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?			ons or other ass	ets r	not	Γ	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the follo	wing table	Г			A mou		
_				-	_		4 mou	.nt	
C ~	Beginning balance			-	1c				
d	Additions during the year			-	1d				
e	Distributions during the year			-	1e				
f	Ending balance			L	1 f				
2a	Did the organization include an amount on For	m 990, Part X, line 21	?				Г	Yes	Г No
	If "Yes," explain the arrangement in Part XIV								
Pai	t V Endowment Funds. Complete if		<u>swered "Yes'</u> (b) Prior Year	" to Form 990, (c)Two Years Bac				NEOUR V	ears Back
1a	Beginning of year balance	16,866,432	20,396,993	(C) TWO TEATS BAC	K (u	Jilliee fears ba	CK (e)FOUL TO	sais back
ь	Contributions	600,264	694,728		+		+		
c	Investment earnings or losses	1,967,214	-3,609,841		+		+		
d	Grants or scholarships	354,959	283,616		+		+		
e	Other expenditures for facilities	407,666	331,832		+		+		
_	and programs	,	,						
f	Administrative expenses								
g	End of year balance	18,671,285	16,866,432						
2	Provide the estimated percentage of the year	end balance held as							
а	Board designated or quasi-endowment	14 090 % %							
ь	Permanent endowment ► 55 910 % %								
	Term endowment ► %								
c 3a	Are there endowment funds not in the possess	ion of the organization	that are held :	and administere	d for	the			
	organization by					_		Yes	No
	(i) unrelated organizations					3	Ba(i)		No
	(ii) related organizations					3	a(ii)		No
	If "Yes" to 3a(II), are the related organizations	•			•		3b		<u> </u>
4	Describe in Part XIV the intended uses of the			0 Doort V June	10				
Par	t VI Investments—Land, Buildings,	and Equipment.		1			\top		
	Description of investment		(a) Cost or ot basis (investm			(c) Accumulat depreciation		(d) Boo	ok value
1 a l	and			281	.,700		ightharpoonup		281,700
b E	Buildings			25,525	,593	9,947,	143	1!	5,578,450
c l	easehold improvements						ightharpoonup		
d E	Equipment			18,559	,838	13,852,	287		4,707,551
	Other				,626	653,	119		173,507
Total	.Add lines 1a-1e (Column (d) should equal Fori	n 990, Part X, column (E	3), line 10(c).)		•	•	Ш		0,741,208
						Schedule	aD(F	orm 9	90) 2009

Part VII	Investments-Other Securities. See	Form 990, Part X, line 12	2.	-
(;	a) Description of security or category	(b)Book value		od of valuation
	(including name of security)	(B)Book value	Cost or end-o	f-year market value
Financial de				
	d equity interests			
Other				
Total. (Colum	n (b) should equal Form 990, Part X, col (B) line 12) 🕒			
Part VIII	Investments—Program Related. See	Form 990, Part X, line		
	(a) Description of investment type	(b) Book value		od of valuation
		, ,	Cost or end-o	f-year market value
Total. (Colum	n (b) should equal Form 990, Part X, col (B) line 13)			
	Other Assets. See Form 990, Part X, lin			
	(a) Descrip	tion		(b) Book value
Total (Colum	mn (b) should equal Form 990, Part X, col.(B) line 1	<u> </u>	<u>.</u>	
	Other Liabilities. See Form 990, Part X			I
1	(a) Description of Liability	(b) A mount		
		(b) Amount		
Federal Inc		***		
ANNUITIES		321,891		
	RATE SWAP-FMV	1,526,481		
	NAL ASSET RETIREMENT RESERVE-FIN 47	502,537		
	ENT GRANT REFUNDABLE	3,399,008		
	BLIC HEALTH LAW CENTER, INC	816,631		
TUITION D		181,400		
DUE TO CI	LE	167,063		
	<u> </u>			
Total (Colum	n (b) should equal Form 990, Part X, col (B) line 25) 🖫	6,915,011		

Sche	dule D (Form 990) 2009		Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	31,917,088
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,023,336
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-106,248
4	Net unrealized gains (losses) on investments	4	1,546,023
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-549,416
9	Total adjustments (net) Add lines 4 - 8	9	996,607
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	890,359
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	27,135,517
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 2,168,572		
e	Add lines 2a through 2d	2e	2,168,572
3	Subtract line 2e from line 1	3	24,966,945
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 62,753		
b	Other (Describe in Part XIV) 4b 6,887,390		
c	Add lines 4a and 4b	4c	6,950,143
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	31,917,088
Par	XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial	1	26,945,325
	statements	-	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		
a b		1	
_		1	
c d		1	
	Other (Describe in Part XIV)	1	1,872,132
e	•	2e 3	
3	Subtract line 2e from line 1	-	25,073,193
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 62,753		
a b	Other (Describe in Part XIV)	-	
	Add lines 4a and 4b	4c	6,950,143
с 5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	32,023,336
3	rotal expenses. And lines 3 and 4c. (This should equal form 990, Part 1, line 10)		32,023,336

Part XIV Supplemental Information

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

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 X	Description of Uncertain Tax Positions Under FIN 48	WILLIAM MITCHELL, PHLC AND SBA QUALIFY AS TAX- EXEMPT NONPROFIT ORGANIZATIONS OTHER THAN PRIVATE FOUNDATIONS UNDER SECTION 501(C)(3) OR (4) OF THE INTERNAL REVENUE CODE AND SIMILAR STATUTES OF MINNESOTA LAW WILLIAM MITCHELL AND ITS AFFILIATES (COLLECTIVELY, THE COLLEGE) FILE INCOME TAX RETURNS IN THE US FEDERAL JURISDICTION AND IN THE STATE OF MINNESOTA WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS MAY BE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF TAX LIABILITY THAT MIGHT ULTIMATELY BE ASSESSED SIGNIFICANT TAX POSITIONS TAKEN BY THE COLLEGE INCLUDE MAINTENANCE OF TAX-EXEMPT STATUS AND ACCURATE DETERMINATION AND REPORTING OF UNRELATED BUSINESS INCOME SUBJECT TO TAXATION AS OF JUNE 30, 2010, AND FOR THE YEAR THEN ENDED, THERE ARE NO MATERIAL UNRECOGNIZED/DERECOGNIZED TAX BENEFITS OR TAX PENALTIES OR INTEREST WITH FEW EXCEPTIONS, THE COLLEGE IS NO LONGER SUBJECT TO US FEDERAL OR STATE INCOME TAX EXAMINATIONS BY AUTHORITIES FOR
		PART XI, LINE 8 - OTHER ADJUSTMENTS CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 19,728 CHANGE IN VALUE OF THE FINANCIAL DERIVATIVE -569,144 PART XII, LINE 2D - OTHER ADJUSTMENTS PUBLIC HEALTH LAW CENTER REVENUE 1,764,629 STUDENT BAR ASSOCIATION REVENUE 51,383 EXPENSES OF FUNDRAISING 24,380 SPENDING POLICY IN EXCESS OF REALIZED DIVIDENDS 328,180 PART XII, LINE 4B - OTHER ADJUSTMENTS SCHOLARSHIPS 6,728,615 INTERNATIONAL LAW EXPENSE RECLASSIFIED 34,549 PUBLIC HEALTH LAW CENTER - INTERCOMPANY PAYMENT 124,226 PART XIII, LINE 2D - OTHER ADJUSTMENTS PUBLIC HEALTH LAW CENTER EXPENSES 1,801,066 EXPENSES OF FUNDRAISING 24,380 STUDENT BAR ASSOCIATION EXPENSES 46,685 PART XIII, LINE 4B - OTHER ADJUSTMENTS SCHOLARSHIPS 6,728,615 PUBLIC HEALTH LAW CENTER - INTERCOMPANY PAYMENT 124,226 INTERNATIONAL LAW EXPENSE RECLASSIFIED 34,549

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

William Mitchell College of Law

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

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? Yes 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 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 THE NON DISCRIMINATORY POLICY IS PUBLICALLY COMMUNICATED, VIA OUR WEBSITE IN THE ADMISSIONS SECTION. THE STUDENT HANDBOOK AND OUR BROCHURES ADDRESSING ADMISSION TO THE COLLEGE 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 Does the organization maintain the following? a 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 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, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5с Νo d Scholarships or other financial assistance? 5d Yes e Educational policies? 5e Νo f Use of facilities? 5f Νo 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, use Schedule O (Form 990) 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 6a 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 line 6a or line 6b, explain on Schedule O (Form 990) 🦸 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," explain on Schedule O (Form Yes 990)

DLN: 93493108004091

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

Open to Public Inspection

Internal Revenue Service Name of the organization William Mitchell College of Law

Employer identification number

41-0518750

	"Yes" to Form 9	90, Part IV, lın	ie 14b.		·						
1	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 the grants or assistance?										
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of grant funds outsid	e the					
3	Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)										
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region					
CILE	E LONDON PROGRAM			PROGRAM SERVICES - EDUCATIONAL CURRICULUM	AS A MEMBER OF THE CONSORTIUM FOR INNOVATIVE LEGAL EDUCATION, INC (CILE) THE COLLEGE PROVIDES COURSES AND CURRICULUM IN LONDON FOR LAW 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 ALLOW THESE INDEPENDENT LAW COLLEGES THE OPPORTUNITY TO PROVIDE BROADER EXPERIENCES TO THEIR STUDENTS THAN ANY ONE COLLEGE COULD PROVIDE						
-											
-											
		0	0								

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete If the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ ☐ Use Schedule F-1 (Form 990) if additional space is needed.											
1 (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)			
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►				
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009			

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Complete this part to	provide the information required	ın Part I, line 2, and any addıtıonal ınformation.
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

As Filed Data -

DLN: 93493108004091

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

MAGNET MARKETING

Total .

ARIA COMMUNICATIONS

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public Inspection

Employer identification number

Will	iam Mitchell College of Lav	V							41-0518750	ı
Pa	_	ctivities. Complete ers are not required		_				to Form	າ 990, Part IV	', line 17.
1	Indicate whether the orga	anızatıon raısed funds	through a	•			-			
a b	Mail solicitations Internet and e-mail s	olicitations		e f	!	굣	Solicitation of noi Solicitation of gov	vernmen	t grants	
c d	Phone solicitations In-person solicitation	ns		g	l	 	Special fundraisir	ng event	s	
2a	Did the organization have or key employees listed i			•			•	•		✓ Yes ✓ No
Ь	If "Yes," list the ten higher to be compensated at lea	•		•			_			
	(ii) Name of individual or entity (fundraiser) (ii) Activity (iii) Activity custody or control of contributions Yes No		er have dy or ol of		-) Gross receipts from activity	(or r	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		DIRECT MAIL, E-	1		\dagger					

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

Νo

Νo

AL,AK,CT,DC,GA,HI,IL,KS,KY,LA,ME,MI,MO,MS,NC,ND,NM,NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WI

195,013

39,164

234,177

59,451

25,960

85,411

MAIL AND

TELEMARKING PHONE BANK

OPERATION

254,464

65,124

319,588

		<u> </u>				,000.		
			(a) Event #1 GOLF TOURNAMENT	(b) Event #2	(c) O ther Events	(d) Tot		
			(event type)	(event type)	(total number)		(=)/	
<u>₹</u>	1	Gross receipts	33,142	2			33	3,142
Revenue	2	Less Charitable contributions	11,867	7			11	1,867
	3	Gross income (line 1 minus line 2)	21,27!	5			21	1,275
	4	Cash prizes						
မှ	5	Non-cash prizes						
- Sus	6	Rent/facility costs	21,81!	5			21	1,815
Expenses	7	Food and beverages	2,310				Ž	2,310
Direct	8	Entertainment						
<u></u>	9	Other direct expenses .	25!	5				255
	10	Direct expense summary Add lir	es 4 through 9 ın columr	(d)			24	4,380
	11	Net income summary Combine li	nes 3, column d, and line	10		•	- 3	3,105
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted mor	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co	_	_
~	1	Gross revenue						
S	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	Г Yes	☐ Yes% ☐ No	│ Yes% │ No	_		
	7	Direct expense summary Add line	s 2 through 5 ın column ((d)				
	8	Net gaming income summary Com	ibine lines 1, column d, a	nd line 7				
9 a b	Ent Is t	er the state(s) in which the organiz the organization licensed to operate	ation operates gaming ac	tivities		· 9a	Yes	No
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10a		
11	Doe	es the organization operate gaming	activities with nonmembe	ers?		11		
12		the organization a grantor, beneficia ned to administer charitable gaming				. 12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493108004091

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

William Mitchell College of Law							
	tion on County					41-0518750	
 1 Does the organization maint the selection criteria used to 2 Describe in Part IV the organization 	ain records to subst o award the grants o	antiate the amount of th					⊬ Yes ⊢
Part II Grants and Othe Form 990, Part IV,	line 21 for any re	Governments and ecipient that received) if additional space i	more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOAN REPAYMENT ASSISTANCE PROGRAM OF MINNESOTA INC600 NICOLLET MALL MINNEAPOLIS, MN 55402	411694745	501(C)(3)	5,000				ASSIST WITH THEIR MISSION OF REDUCING STUDENT LOANS FOR THOSE ATTORNEYS THAT GO INTO PUBLIC SERVICE EMPLOYMENT
2 Enter total number of sectio 3 Enter total number of other of							

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV	line 22.
	Use 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
Tuition Scholarship	368	6,728,615		Book	
See Additional Data Table					

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	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: 93493108004091

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

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

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	t he	organizat ion
William	Mıt	chell	College of Law

Employer identification number

41-0518750

Pai	Tt I Questions Regarding Compensation	1					
					Yes	Νo	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items						
	First-class or charter travel	Γ	Housing allowance or residence for personal use				
	Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees				
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain						
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply						
	Compensation committee	V	Written employment contract				
	Independent compensation consultant		Compensation survey or study				
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization						
а	Receive a severance payment or change-of-control payment?						
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo	
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.						
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of						
а	a The organization?					Νo	
b	b Any related organization?					Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line ${f 1a}$, did the organization pay or accrue any compensation contingent on the net earnings of						
а	a The organization?						
b	b Any related organization?						
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III						
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was						
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III					No	
9	If "Yes" to line 8 did the organization also follow the	rahutt	able presumption procedure described in Regulations	8			
•	section 53 4958-6(c)?	. rebutt	able presumption procedure described in Regulations	9			

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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
ERIC JANUS	(ı) (ıı)	244,106 0		0	19,453 0	9,372 0	272,931 0		
KATHY PANCIERA	(ı) (ıı)	157,246 0	0	0	12,172 0	3,551 0	172,969 0		
NIELS SCHAUMANN	(ı) (ıı)	182,154 0	0	0	14,336 0	19,085 0	215,575 0		
KENNETH PORT	(ı) (ıı)	197,987 0	0	0	15,224 0	20,759 0	233,970		
MICHAEL K STEENSON	(I) (II)	168,126		0	,	8,918 0	190,471		
NANCY VER STEEGH	(ı) (ıı)	172,818 0	0	0	13,560 0	3,560 0	189,938 0		
JOHN O SONSTENG	(ı) (ıı)	181,516 0	0	0	,	20,647 0	215,101		
LINDA K BERG	(I) (II)	173,651	0	0	14,058 0	8,966 0	196,675 0		
	_								
	+								

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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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DLN: 93493108004091

OMB No 1545-0047

Schedule K (Form 990)

William Mitchell College of Law

Supplemental Information on Tax Exempt Bonds

20

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

41-0518750

										41-051	.0/30			
Pa	art I Bond Issues									•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Des	(f) Description of P		(g) De	feased	Beh	On alf of suer
											Yes	No	Yes	No
Α	MINNESOTA HIGHER EDUCATION FACILITIES AUTHORITY					x		Х						
Pa	rt III Proceeds			_										
				<u> </u>	Α	E	3			D			E	
1	Total proceeds of issue			1	5,800,000									
2	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasan	ice escrows												
4	Other unspent proceeds													
5	5 Issuance costs from proceeds				416,693									
6	Working capital expenditures from	n proceeds												
7	Capital expenditures from proceed	ds		1	5,383,307	7								
8	Year of substantial completion			20	05			'		•				
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding is	sue?		х									
10	Were the bonds issued as part of	an advance refunding	ıssue?		Х									
11	Has the final allocation of proceed	ds been made?		Х										
12	2 Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Pai	TTTT Private Business Use													
				Ą	E	3	- (D			<u>, E</u>		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in which owned property financed by		ember of an LLC,		Х									
2	A re there any lease arrangements with respect to the financed property which may result in private business use?				х									
For F	Privacy Act and Paperwork Reduction A	ct Notice, see the Instr	ructions for Form 990).		Cat No 50)193E				Schedule	K (Form	990) 20	009

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		,	A		3		С	[)		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	Х									
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х								
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?		x								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		1 100 %								
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 section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5		1 100 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х									
Pai	TIV Arbitrage										

Part IV Arbitrage

		-	4		В		С	D			E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		х								
2	Is the bond issue a variable rate issue?	Х									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider	US BANK NA	A								
С	Term of hedge	28 3000	00000000								
4a	Were gross proceeds invested in a GIC?		Х								
ь	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?		х								
6	Did the bond issue qualify for an exception to rebate?	х									

DLN: 93493108004091

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Open to Public Inspection

Employer identification number Name of the organization William Mitchell College of Law 41-0518750 Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line ıf revenues applicable 1 g 1 Art-Works of art . . 2 Art—Historical treasures 3 Art-Fractional interests 4 Books and publications 5 Clothing and household goods Cars and other vehicles Boats and planes . . . Intellectual property Securities—Publicly traded . 9 56,263 FMV DATE OF GIFT 10 Securities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . Oualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . 25 Other ► (__ Other ►(__ 26 27 Other ►(__ 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? No 30a **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? 32a Yes b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

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.

Ident if ier	Return Reference	Explanation
Third Party Use	,	STOCKS RECEIVED AS DONATIONS ARE SOLD BY A BROKERAGE HOUSE UNRELATED TO THE COLLEGE

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 41-0518750

Name: William Mitchell College of Law

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As Filed Data -

DLN: 93493108004091

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Open to Public Inspection

OMB No 1545-0047

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

41-0518750

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		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		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 the President and Dean's office and any potential conflicts of interest are referred to the Board Chair or to the President and Dean, as appropriate. Where appropriate under the college's policy an officer, trustee or key employee with a conflict of interest may be required to abstain from decisions that might be influenced by that conflict of interest.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15a		The Human Resource office 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 for the President and Dean and guidelines for compensation for the rest of the College. Compensation for other employees is set by the President and Dean in consultation with Human Resources using comparability data provided by outside consultants and performance reviews.

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

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C	COMMITTEE RESPONSIBLE FOR AUDIT OVERSIght	THERE HAS BEEN NO CHANGE IN AUDIT OVERSIGHT PROCESS IN THE PAST YEAR

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

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

DLN: 93493108004091

Schedule R (Form 990) 2009

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

William Mitchell College of Law

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number**

41-0518750 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (d) (c) (e) Name, address, and EIN of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (d) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity (if section 501(c)(3)) or foreign country) entity PUBLIC HEALTH LAW CENTER INC CONDUCTS RESEARCH, LEGAL WILLIAM MITCHELL 875 SUMMIT AVENUE TECHNICAL ASSISTANCE AND MN501(c)3 11A COLLEGE OF LAW EDUCATION ON PUBLIC HEALTH ST PAUL, MN 55105 41-1896367 STUDENT BAR ASSOCIATION OF WILLIAM MITCHELL COLLEGE OF LAW PROMOTES UNDERSTANDING WILLIAM MITCHELL 875 SUMMIT AVENUE BETWEEN STUDENTS, FACULTY MN501(c)4 COLLEGE OF LAW AND ENHANCES NETWORKING ST PAUL, MN 55105 23-7163182 Consortium for Innovative Legal Education Inc PROVIDES EXPANDED 154 Stuart Street EDUCATIONAL PROGRAMS ON MΑ 501(c)3 11B N/A A NATIONAL AND Boston, MA 02116 INTERNATIONAL BASIS 41-1884496

Cat No 50135Y

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)		
(a) Name, address, and EIN o	f related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of total income		Sh end-	(g) nare of -of-year issets	(h) Percentag ownership		
									1				
									1				

Schedule R (Form 990) 2009		Pa	age 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1 c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	10		No
p Reimbursement paid by other organization for expenses	1р	Yes	+
F Remisalsement para by earler expenses	F		+
q O ther transfer of cash or property to other organization(s)	1 q		No
r Other transfer of cash or property from other organization(s)	1r	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
2 If the answer to any of the above is Tes, see the histractions for information on who must complete this line, including covered relationships and transaction thresholds			

O ther transfer of cash or property to other organization(s) O ther transfer of cash or property from other organization(s)											
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds											
(a) Name of other organization	(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	119,203									
(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	Р	33,299									
(6) PUBLIC HEALTH LAW CENTER INC - RENT	R	4,226									

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Forn 1065)	(H Gene mana part	agın tner?
			Yes	No		Yes	No		Yes	N
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Software ID: Software Version:

EIN: 41-0518750

Name: William Mitchell College of Law

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	119,203
(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	Р	33,299
(6)	PUBLIC HEALTH LAW CENTER INC - RENT	R	4,226

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493108004091

OMB No 1545-0172

Form **4562**

Part Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part I/ before you complete Part I.	nternal Revenue Service	•	See separate instruction	s. 🕨 Attach	to your tax retu	rn.		Sequence No 67	
Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Namma manufacture See the mixture of see in history and submissess 1 250,000 2 Total cost of section 179 property placed in service (see instructions) 3 800,000 3 Reduction of settle 179 property placed in service (see instructions) 3 800,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0 5 5 5 Dollar limitation for tax year Subtract line 4 from line 1 if zero rises, enter -0 6 6 6 6 6 6 6 6 6	Name(s) shown on return		Business or a	ctivity to which	this form relate	s Id	ent if y ir	ng number	
Mote: If you have any listed property, complete Part V before you complete Part V.	William Mitchell College	orLaw	Form 990 Pa	ge 10		41	-0518	750	
1		•				ete Part I.			
3 Reduction inimitation Subtract line 3 from line 2 Hzero rises, enter-0- 4							1	250,000	
4 Reduction in limitation Subtract line 3 from line 2 if zero or less, enter -0 4 5 Dollar limitation for its year Subtract line 4 from line 1 fearo or less, enter -0 If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) 6 (c) Elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Bouness morne limitation frints the smaller of liboness morne (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction to 2010 Add lines 9 and 10, less line 12 13 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 14 Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 15 15 Property subject to section 164(f)(1) election 15 16 Other depreciation (including ACRS) 16 2,155,413 17 If you are electing to group any assets placed in service during the tax year into one or more general assets accounts, check here	2 Total cost of section	179 property plac	ced in service (see instru	ctions) .			2		
5 Dollar limitation for tax year. Subtract line 4 from line 1. if zero or less, enter-0 If married filing separately, see instructions. 6 (a) Description of property (b) Cost (business use only) 7 Usited property. Enter the amount from line 2.9 7 Usited property. Enter the amount from line 2.9 7 Usited property. Enter the amount from line 2.9 7 Usited property. Enter the amount from line 2.9 7 Usited property. Enter the amount from line 2.9 8 Prentative deduction. Enter the smaller of line 5 or line 8. 9 Usiness income immediate the smaller of line 5 or line 8. 9 Usiness snown immediate the smaller of line 5 or line 8. 9 Usiness snown immediate the smaller of line 5 or line 8. 9 Usiness snown immediate the smaller of line 5.0 or line 8. 9 Usiness snown immediate the smaller of line 5.0 or line 8. 9 Usiness snown immediate the smaller of line 5.0 or line 8. 9 Usiness snown immediate the smaller of line 5.0 or line 8. 9 Usiness snown immediate the smaller of line 5.0 or line 8. 10 Scarryover of disallowed deduction. Add lines 9 and 10, but do not enter more than line 1. 11 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 1. 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 1. 13 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 1. 14 Special depreciation allowance and Other Depreciation (Do not include listed property.) (See instructions). 15 Section 179 expense deduction. Add lines 9 and 10, but do not include listed property.) (See instructions). 15 Property subject to section 168 (f)(1) elaction. 15 Section 3. 17 MACRS deductions for assets placed in service in tax years beginning before 2009. 17 In Section 3. 18 If you are electing to group any assets placed in service during the tax year into one or more depreciation of the property service. 19 Section 4. 19 Section 4. Section 4. 19 Section 5. Section 6. 10 Section 6. 10 Section 7. Section 6. 10 Section 7. Section 6. 10 Se	3 Threshold cost of se	ction 179 property	y before reduction in limit	atıon (see ınstr	uctions) .		3	800,000	
Separately, see instructions	4 Reduction in limitation	on Subtract line 3	from line 2 If zero or les	s, enter - 0 -			4		
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6.	separately, see instr	uctions					. 5		
6.							'		
7 Listed property Enter the amount from line 29	6 (a) Description of pr	roperty			(c) Electe	d cost		
**Tusted property Enter the amount from line 29	6				offity)			-	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7								7	
9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	7 Listed property Ente	r the amount from	ı lıne 29		. 7			T '	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation inter the smaller of business income (not less than zero) or line 5 (see instructions) 12 Carryover of disallowed deduction 10 2010 Add lines 9 and 10, but do not enter more than line 11	8 Total elected cost of	section 179 prop	erty Add amounts in col	umn (c), lines 6	and 7		. 8	1	
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13	11 Business income limitation	n Enter the smaller of	business income (not less tha	n zero) or line 5 (s	ee instructions)		11		
Second Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14	12 Section 179 expense	e deduction Add I	ines 9 and 10, but do not	enter more tha	n line 11 •		12		
Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14	13 Carryover of disallov	ved deduction to 2	010 Add lines 9 and 10,	less line 12	.▶ 13		•		
A Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 16 15 16 16 16 16 16	Note: Do not use Par	t II or Part III t	below for listed proper	ty. Instead, u	ise Part V.				
14 15 15 15 15 15 15 15								y) (See instructions)	
15 Property subject to section 168 (f)(1) election			lified property (other thar	ı lısted property) placed in servi	ce during th			
MACRS Depreciation (Including ACRS) Section A			ala akia w				-		
### MACRS Depreciation (Do not include listed property.) (See instructions.) Section A Section A			erection					2.155.413	
Section A 17					· · · · ·	` .	. 16	2,155,413	
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						<u> </u>		2,155,413	
		•		t year, enter th	e 23				

Form 4562 (2009) Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation ar	nd Other I	nforma	tion (C	aution	: See	the i	nstruct	ions for	limit	s for p	asseng	er au	tomol	biles.)
24a Do you have evidence	e to support	the business/in	vestment ι	use claimed	d? ┌Yes	Гпо		24	lb If "Yes,	" is the	ev idenc	e written?	Γ _Y	sГn	o
								·							
(a) Type of property (list vehicles first)	pe of property (list Date placed in investment Cost			or other (business/investment Re			(f) (g) Recovery Method/ period Convention			(h) Depreciation/ deduction			(i) Elected section 179 cost		
·	· ·		erty placed	ın service (during the	tax year	and u	ised more		25					
50% in a qualified busing	•								1.	25					
26 Property used more	than 50%	in a qualified %	business	use	1				I	<u> </u>					
		%								- 					
		%													
27 Property used 50%	or less in a		siness us	е											
		%							S/L - S/L -				_		
		%							S/L -	-+			-		
28 Add amounts in col	lumn (h) lir	l l	ıh 27 En	ter here a	and on lu	ne 21	nage	1 .		28					
29 Add amounts in col		•				, ,	5-					29			
29 Add amounts in co	iuiiiii (1), iiiii		ction B			·		of Voh	· ·			29			
Complete this section i	for vehicles									or rel	ated pe	rson			
If you provided vehicles to y													e vehic	les	
30 Total husiness/inv	estment mi	les driven du	rına the		a)		b)		(c)	١	(d)	(€	•	1	(f)
30 Total business/investment miles driven during the year (do not include commuting miles)			Vehicle 1		Vehi	Vehicle 2		hicle 3	V e	hicle 4	Vehi	cle 5	e 5 Vehicle		
						1		-				-			
31 Total commuting m															
32 Total other persona	al(noncomm	nuting) miles	drıven												
33 Total miles driven of through 32 .	during the y	ear Add line	s 30												
34 Was the vehicle av	aılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hou	rs? .														
35 Was the vehicle us owner or related pe		by a more t	han 5%												
36 Is another vehicle		r personal us	se? .												
Sectio	n C—Oue	stions for	Emplo	vers W	ho Pro	vide \	/ehi	cles f	or Use	bv T	heir E	mplov	ees	1	
Answer these question 5% owners or related p	s to determ	iine if you me	et an exc											not mo	re thar
37 Do you maintain a v	written polic	y statement	that prof	nibits all	personal	use of	vehi	cles, ind	luding c	ommu •	ting, by	your •	Y	'es	No
38 Do you maintain a vemployees? See th		•	•	•											
39 Do you treat all use	of vehicles	s by employe	es as pei	rsonal us	e? .										
40 Do you provide mor				oyees, ol	btaın ınfo	rmatio •	n froi	m your e	mployee	s abo	ut the u	se of the			
41 Do you meet the re				automobi	le demor	nstratio	n us	e? (See	ınstruct	ons)					
Note: If your answe	er to 37, 38	, 39, 40, or 4	11 is "Ye	s," do no	t comple	te Sect	ion E	for the	covered	vehic	les				
Part VI Amortiz															
		(b)						(4)		(e)			(f)		
(a) Date Description of costs amortization begins			A mort amo	ızable	zable Code			ode period or			r A morti				
42 A mortization of cos	te that has		Ur 2000	tay year	(see inc	truction	٦ς١		I beic	Jincay	-				
TE A INCIDIZATION OF COS	, is that bey	inis during ye	1	can year	(366 1115		13)								
						-+			_						
		1.6	2555							T					
43 A mortization of cos	_					•	•			43	_				
44 Total. Add amounts	s ın column	(f) See the I	nstructio	ns for wh	ere to re	port				44	.				