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DLN: 93493198011112

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

calendar year, or tax year beginning 09-01-2010 and ending 08-31-2011 A For the 2010 D Employer identification number B Check if applicable THOMAS M COOLEY LAW SCHOOL Address change Doing Business As E Telephone number ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (517) 371-5140 Terminated G Gross receipts \$ 205,617,695 City or town, state or country, and ZIP + 4 LANSING, MI 48901 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? DON P LEDUC PO BOX 13038 **H(b)** Are all affiliates included? LANSING, MI 48901 If "No," attach a list (see instructions) H(c) Group exemption number ▶ **▽** 501(c)(3) **▽** 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Website: ► WWW COOLEY EDU K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ M State of legal domicile MI L Year of formation 1972 Summary Part I Briefly describe the organization's mission or most significant activities PREPARE GRADUATES FOR THE LEGAL PROFESSION WITH PRACTICAL LEGAL EDUCATION AS ITS GUIDING PRINCIPLE Activities & Governance Check this box 📭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 13 Number of independent voting members of the governing body (Part VI, line 1b) . 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 1,162 Total number of volunteers (estimate if necessary) . 6 172 7a Total unrelated business revenue from Part VIII, column (C), line 12 **7**a 11,732 **b** Net unrelated business taxable income from Form 990-T, line 34 -11,309 **Prior Year Current Year** 2,291,146 511,909 Contributions and grants (Part VIII, line 1h) . . Program service revenue (Part VIII, line 2g) . . . 108,979,296 120,703,832 5,349,033 1,059,797 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 958,211 926,956 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 117,577,686 123,202,494 26,904,956 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 23,811,378 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 47,158,197 49,992,937 5-10) Professional fundraising fees (Part IX, column (A), line 11e) . 0 0 16a b Total fundraising expenses (Part IX, column (D), line 25) ▶ 337,516 28,080,204 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 26,227,185 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 97,196,760 104,978,097 18 19 Revenue less expenses Subtract line 18 from line 12 20.380.926 18,224,397 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . 244,848,766 260,803,466 149,800,103 21 Total liabilities (Part X, line 26) . 154,414,877 Net assets or fund balances Subtract line 21 from line 20 90,433,889 111,003,363 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any \*\*\*\*\* 2012-07-16 Signature of officer Sign Here KATHLEEN A CONKLIN VP OF FINANCE, CFO & TREASURER Type or print name and title Check if self PTIN VICKI L VANDENBERG VICKI L VANDENBERG preparer's name employed 🕨 🖡 CPA Paid

Firm's address F 750 TRADE CENTRE WAY STE 300

PORTAGE, MI 49002

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

Firm's name 🕨 PLANTE & MORAN PLLC

Preparer

**Use Only** 

Phone no (269) 567-

Г

Firm's EIN

**▽** Yes

Par		ment of Program Ser of Schedule O contains a re				দ
1	Briefly descri	be the organization's missi	on			
PRO FOC	FESSION THRO US THIS MISS	THE THOMAS M COOLEY DUGH AN INTEGRATED P SION INCLUDES PROVID E TO WHOM THAT OPPOR	ROGRAM WITH PRACTION NG BROAD ACCESS TO	CAL LEGAL ED THOSE WHO	DUCATION AS ITS GUID: SEEK THE OPPORTUNIT	ING PRINCIPLE AND Y TO STUDY LAW, WHILE
2		zation undertake any signil 1990 or 990-EZ?				┌ Yes ┌ No
	If "Yes," desc	ribe these new services on	Schedule O			
3	services? .	zation cease conducting, o			ducts, any program · · · · · ·	└ Yes └ No
4	Describe the e	exempt purpose achieveme (3) and 501(c)(4) organiz others, the total expenses	nts for each of the organiz ations and section 4947(a	a)(1) trusts ar	e required to report the am	
4a	(Code INSTRUCTION (	) (Expenses \$ DF APPROXIMATELY 4,000 STUDE	78,650,907 including	,	26,904,956 ) (Revenue \$ OR THE CONVENIENCE OF STUD	121,233,986 ) ENTS AND FACULTY
4b	(Code	) (Expenses \$	ıncludıng g	rants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including g	rants of \$	) (Revenue \$	)
4d	Other progra (Expenses \$	m services (Describe in Si ir	chedule O ) cluding grants of \$		) (Revenue \$	)
4e	Total prograi	m service expenses►\$	78,650,907			

Part TV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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 1	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	Yes	
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 quasiendowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	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.	11c		No
d	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.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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, Parts I and IV	14b	Yes	
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, Parts II and IV	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, Parts III and IV .	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 (see instructions)	17		No
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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		No
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 lines 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		Νo
	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	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	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Schedule N, Part II	32		Νo
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 $512(b)(13)$ ?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\Box$			
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		No
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?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				T
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		Yes	No
•	1a	192		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	О		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	e 10	Yes	
	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	1 162		
•	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1,162 <b>2b</b>	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1 103	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a	Yes	
)	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authori over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	ty <b>4a</b>		No
)	If "Yes," enter the name of the foreign country ▶			
	See instructions for ming requirements for Form 1 D F 30-22 1, Report of Foreign Bank and Financial Accoun	ILS		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N c
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
:	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
	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	-	
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or were not tax deductible?	gifts 6b	Yes	
	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 services provided to the payor?	and <b>7a</b>	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 requifile Form 8282?	red to <b>7</b> 0		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization 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		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 88 required?	<b>7</b> g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. It the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	Old 8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a	1	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		_
	Section 501(c)(7) organizations. Enter  Institute of feed and control control tions uncluded on Part VIII, length 2			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
,	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	·	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
1	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	138		
)	Enter the amount of reserves the organization is required to maintain by the states			+-
	in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand			
	13c	1		1
				1

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	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
14	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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		No No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No
5	filed?  Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			110
	governing body?	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Ke	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	No
	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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	100		
	That the diganization provided a copy of this form 550 to an intempers of its governing body before iming the form	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
	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		Νo
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▶			
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. Upon request			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization KATHLEEN A CONKLIN 300 S CAPITOL AVE LANSING, MI 48901 (517) 371-5140

## <u>Part VIII</u> 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

- 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organ	sate	sated any current officer, director, or trustee								
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				Position (check all			<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

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

		1							· · · · · · · · · · · · · · · · · · ·				
	(A) Name and Title	(B) Average hours	rage Position (check all Reportations that apply) compensa			Reportable compensation	(E) Reportable compensation		( <b>F)</b> Estima mount of	ted fother			
		per week (describe hours for related organizations in Schedule O)	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)	10	compens from t rganizati relate organiza	he on and ed
See A	ddıtıonal Data Table												
					<u> </u>								
							+						
							-				-		
							-						
							-						
											<u> </u>		
1b	Sub-Total							Þ					
	Total from continuation sheets						<b>&gt;</b>		2.255.004				· · · · · · · · · · · · · · · · · · ·
d								<b>)</b>	3,255,881	0			60,634
2	Total number of individuals (inc \$100,000 in reportable compen						apove	) wnc	received more tha	n			
												Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sca									ated employee	3	Yes	
4	For any individual listed on line organization and related organiz	ations greater t	han \$15	0,00	0071	f "Y	es," co	mple	te Schedule I for suc		4	Yes	
5	Did any person listed on line 1a									r individual for	4	1 es	
-	services rendered to the organiz										_		

### **Section B. Independent Contractors**

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
GRAND RAPIDS BUILDING SERVICES 1200 FRONT NW GRAND RAPIDS, MI 495043284	HOUSEKEEPING SERVICEHS	814,768
GUARDSMARK LLC PO BOX 11407 BIRMINGHAM, AL 352463000	ACCESS CONTROL SERVICES	686,834
HAUSSMAN CONSTRUCTION 5411 W GRAND RIVER LANSING, MI 48906	CONSTRUCTION	552,881
ARROW RESTORATION 311 28TH STREET SE GRAND RAPIDS, MI 49548	FLOOD RESTORATION SERVICES	505,000
LYMAN & SHEETS INSURANCE AGENCY PO BOX 15127 LANSING, MI 48901	INSURANCE SERVICES	460,406
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►12	who received more than	

Form 9		(2010)  Statement of Revenu					Pag	e <b>9</b>
		3 Statement of Revent	10		(A) Total revenue	(B) Related or exempt function revenue	business	excluded from tax under sections 512, 513, or
22	1a	Federated campaigns	1a					514
E E	ь	Membership dues	. 1b					
βå		Fundraising events		49,510				
#¥#		Related organizations						
% <u>`</u> ≣		Government grants (contributions)	1e	250,443				
र्ग इ		All other contributions, gifts, grants,		211,956				
ë <del>ž</del>	*	similar amounts not included above	2					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in li	nes 1a-1f \$	15,697				
ರ ಕ	h	<b>Total.</b> Add lines 1a-1f			511,909			
<u>a</u>				Business Code				
Program Serwce Revenue	2a	TUITION AND FEES		611600	120,681,732	120,681,732		
æ	ь	RETAKE FEES		611600	22,100	22,100		
Ace	c							
<u> </u>	d							
Ē	е							
200	f	All other program service rev	/enue					
Δ	g	Total. Add lines 2a-2f			120,703,832			
	3	Investment income (includin	g dıvıdends, ınterest					
		and other similar amounts)			759,589			759,589
	4	Income from investment of tax-exe						
	5	Royalties		(u) Darsanal				
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss)  Net rental income or (loss)						
		The rental meeting of (1855)	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	81,251,712	5,406				
		assets other						
	ь	than inventory Less cost or	80,952,328	4,582				
		other basis and sales expenses						
		Gain or (loss)	299,384	824	200 200			200 200
		Net gain or (loss)			300,208			300,208
Other Revenue	Oa	(not including	ig events					
ā		\$ 49,510 of contributions reported on I	(ine 1c)					
æ		See Part IV, line 18						
her			а	57,132				
ᅙ		Less direct expenses Net income or (loss) from fur		58,469	-1,337			-1,337
			ctivities See Part IV, line 19 .	a	1,337			1,557
		Less direct expenses		ъ в				
	l	Net income or (loss) from ga						
	10a	Gross sales of inventory, les	S					
		returns and allowances .	a	2,086,437				
	ь	Less cost of goods sold .	. ь	1,399,822				
		Net income or (loss) from sa		_,	686,615	686,615		
		Miscellaneous Revenue		Business Code				
	<b>11</b> a	MISCELLANEOUS		900099	180,903			
	l t	COPY MACHINE REVENUE		900099	49,043	,		
		CONFERENCE CENTER	<u></u>	721000	11,732		11,732	
		All other revenue						
	e	• Total. Add lines 11a-11d .	· · · · · · •		241,678			
	12	Total revenue. See Instruction	ons	ŀ				
					123,202,494	121,620,393	11,732	1,058,460

	990 (2010)				Page <b>10</b>
Par	Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations mus other organizations must complete column (A) but are not required to $c$	•		(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	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	26,904,956	26,904,956		
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	2,281,422	1,201,895	1,079,527	
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	34,148,345	28,804,291	5,159,610	184,444
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,772,984	1,492,101	270,615	10,268
9	Other employee benefits	9,321,435	7,407,266	<del>                                     </del>	48,120
10	Payroll taxes	2,468,751	2,022,027	434,038	12,686
a	Fees for services (non-employees) Management	2,100,731	2,022,027	15 1,030	12,000
b	Legal	348,570		348,570	
c	Accounting	61,700		61,700	
d	Lobbying	01,700		01,700	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	53,237		53,237	
g	Other	2,293,908	1,353,828	<del>                                     </del>	
12	Advertising and promotion	2,073,235	62,453	<del>                                     </del>	29,849
13	Office expenses	878,022	361,633	<del>                                     </del>	15,451
14	Information technology	812,426	99,600	<del>                                     </del>	15,451
15	Royalties	012,420	33,000	712,020	
16	Occupancy	4,481,194	3,044,673	1,436,521	
17	Travel	754,695	659,853	<del>                                     </del>	4,154
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	734,093	039,033	90,000	4,134
19	Conferences, conventions, and meetings	94,108	43,807	43,718	6,583
20	Interest	4,658,743	13,007	4,658,743	3,565
21	Payments to affiliates	.,,.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
22	Depreciation, depletion, and amortization	7,574,149	1,957,188	5,616,961	
23	Insurance	279,274	6,569	<del>  ' '  </del>	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)		-,		
а	LIBRARY UPKEEP	2,016,208	2,016,208		
b	DUES & MEMBERSHIP	258,651	134,234	124,267	150
c	FEDERAL WORK STUDY EXPE	250,443	250,443		
d	GRADUATION	246,003	246,003		
e	FOREIGN STUDY EXPENSES	171,690	171,690		
f	All other expenses	773,948	410,189	337,948	25,811
25	Total functional expenses. Add lines 1 through 24f	104,978,097	78,650,907	25,989,674	337,516
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	į		2,138	1	593
	2	Savings and temporary cash investments			13,773,471	2	14,479,909
	3	Pledges and grants receivable, net			561,215	3	442,795
	4	Accounts receivable, net		23,675,906	4	16,621,060	
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	employees, and				
		Schedule L			5		
ts	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	ers, and				
		Schedule L			6		
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use		673,554	8	689,910	
	9	Prepaid expenses and deferred charges		671,435	9	1,551,568	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	200,964,024			
	b	Less accumulated depreciation	10b	66,244,286	131,376,273	10c	134,719,738
	11	Investments—publicly traded securities		27,831,781	11	8,470,534	
	12	Investments—other securities See Part IV, line 11	43,113,857	12	80,823,332		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets			1,243,220	14	1,123,871
	15	Other assets See Part IV, line 11			1,925,916	15	1,880,156
	16	Total assets. Add lines 1 through 15 (must equal line 34)			244,848,766	16	260,803,466
	17	Accounts payable and accrued expenses .	9,319,369	17	8,495,332		
	18	Grants payable		18			
	19	Deferred revenue	37,780,868	19	36,944,642		
	20	Tax-exempt bond liabilities	81,925,000	20	80,255,000		
S	21	Escrow or custodial account liability Complete Part IV of Schedu				21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	,				
Lial		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			25,389,640	25	24,105,129
	26	Total liabilities. Add lines 17 through 25			154,414,877	26	149,800,103
		Organizations that follow SFAS 117, check here 🕨 🔽 and com	plete l	ines 27			
90		through 29, and lines 33 and 34.	•				
Balance	27	Unrestricted net assets			85,672,822	27	107,729,561
<u>8</u>	28	Temporarily restricted net assets		4,444,827	28	2,751,426	
귤	29	Permanently restricted net assets		316,240	29	522,376	
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ a	nd con	nplete			_
or l		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	unds			32	
Net	33	Total net assets or fund balances			90,433,889	33	111,003,363
	34	Total liabilities and net assets/fund balances			244,848,766	34	260,803,466

Pai	Check if Schedule O contains a response to any question in this Part XI			. <del> </del>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		123.2	202,49
2	Total expenses (must equal Part IX, column (A), line 25)	2	104,978,09		
3	Revenue less expenses Subtract line 2 from line 1	3		18,2	224,39
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		90,4	133,88
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2,3	345,07
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	111,003,36		
Par	TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Schedule O  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 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 is 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 on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
За					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits				Yes	

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OMB No 1545-0047

### **SCHEDULE A** (Form 990 or 990EZ)

Name of the organization

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 **Employer identification number** 

THOMAS M COOLEY LAW SCHOOL 38-1988915 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 described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 Type I **b** Type II Type III - Other 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) h Provide the following information about the supported organization(s)

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

# Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support		and to quanty t			Jaco complete		
	endar year (or fiscal year beginning							
Care	in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its							
_	behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
_	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from							
Ū	line 4							
S	ection B. Total Support		<u> </u>	<b>I</b> I.				
	endar year (or fiscal year beginning							
	ın) <b>&gt;</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total	
7	A mounts from line 4							
8	Gross income from interest,							
Ū	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7							
	through 10)					<u> </u>		
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12		
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı		
	check this box and <b>stop here</b>						<b>►</b>	
	Section C. Computation of Public Support Percentage							
<u> </u>	Public Support Percentage for 2010			11 column (f))				
	· ·		•	II Column (1))		14		
15	Public Support Percentage for 2009 Schedule A, Part II, line 14							
16a	33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
_							<b>▶</b> □	
b	33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
	box and <b>stop here.</b> The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14							
1/a								
	is 10% or more, and if the organization made						rt a d	
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo		
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	<b>►</b> □	
D	<b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ							
	Explain in Part IV how the organization						v	
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯	
18	• • •	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1	
	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see							

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**▶**□

Part IV

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

Schedule A (Form 990 or 990-EZ) 2010

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DLN: 93493198011112

### OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),
then
◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
◆ Section 527 organizations Complete Part I-A only
If the committee and the state of the form one Death VI line A on Form one Death VI line AZ (I allowing A striktion) then

<ul><li>Se</li><li>Se</li><li>If the</li></ul>	e organization answered "Ye ction 501(c)(3) organizations that ction 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, or t have filed Form 5768 (election under t have NOT filed Form 5768 (election u s," to Form 990, Part IV, Line 5 (Pr	section 501(h)) ( inder section 501	Complete Part II-A Do not coi (h)) Complete Part II-B Do n	mplete Part II-B ot complete Part II-A
Na	me of the organization			Employer iden	tification number
THO	DMAS M COOLEY LAW SCHOOL			38-1988915	
Par	t I-A Complete if the or	ganization is exempt under	section 501(		organization.
1	Provide a description of the or	ganization's direct and indirect polition	cal campaign act	ivities in Part IV	
2	Political expenditures	,	,	<b>.</b>	\$ 0
3	Volunteer hours				0
		ganization is exempt under			
1		e tax incurred by the organization und			\$ 0
2		e tax incurred by organization manag		n 4955 <b>►</b>	* — <u> </u>
3		ection 4955 tax, did it file Form 472	0 for this year?		Yes No
4a	Was a correction made?				Yes No
b Date	If "Yes," describe in Part IV	ganization is exempt under	section 501/	c) except section E01	1(c)(3)
1		ended by the filing organization for se			<u>.(c)(σ).</u>
2		organization's funds contributed to ot			P
2	exempt funtion activities	riganization s lunus contributed to ot	ner organizacions	► • • • • • • • • • • • • • • • • • • •	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	.0-POL, line 17b	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			┌ Yes ┌ No
5	organization made payments f amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paid fro irectly delivered	om the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o			
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

	. 494
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form	5768
(election under section 501(h)).	

	•	( č	(a) (b	
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
C	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		25,429
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	O ther activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			25,429
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
Ь	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$ , section	n 501(c	)(5), o	r section

# Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". 1 Dues, assessments and similar amounts from members

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	

# Taxable amount of lobbying and political expenditures (see instructions)Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	,	DURING THE YEAR THE LAW SCHOOL CONTRACTED WITH A COMPANY TO MONITOR LEGISLATION AND POLICIES AFFECTING ACCREDITATION, ACCESS TO LAW SCHOOL, AND LEGAL PROGRAM INITIATIVES ALL DIRECT LOBBYING DONE BY THE COMPANY AND ONE PAID STAFF WAS TO LOBBY ON SENATE BILL 1106 RE MILITARY PROBONO PROGRAMS

DLN: 93493198011112

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

ema	l Revenue Service	► Attach to F	orm 990. ► See separate instructions.			Inspec	tion
	me of the organi	loyer identific	ation numbe	er			
ıП(	omas M Cooley Lav	Y SCHOOL		38-	1988915		
Pa			dvised Funds or Other Similar F			s. Comple	te if the
	organiz	zation answered "Yes" to Form 99	1 .	1 .	(L) Fd		
	Total number a	t and of year	(a) Donor advised funds	'	( <b>b)</b> Funds and	otner accou	nts
		ributions to (during year)					
		its from (during year)					
Ĺ		e at end of year					
	Did the organiz	ation inform all donors and donor adv	L  isors in writing that the assets held in dor organization's exclusive legal control?	nor adv	sed	┌ Yes	┌ No
ı	Dıd the organız used only for c	ration inform all grantees, donors, and	donor advisors in writing that grant funds nefit of the donor or donor advisor, or for a			┌ Yes	┌ No
a	rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part I	V, line 7.	
:	Preservati Protection Preservati Complete lines	conservation easements held by the o on of land for public use (e g , recreat of natural habitat on of open space 2a-2d if the organization held a qual ne last day of the tax year		certifie	d historic struc	•	a
					Held at the	e End of the	Year
a	Total number o	f conservation easements		2a			
b	Total acreage i	restricted by conservation easements	5	2b			
C		servation easements on a certified his	, ,	2c			
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d			
<b>;</b>	the taxable yea		erred, released, extinguished, or terminate	ed by th	ne organization	during	
	Does the organ	, , ,	g the periodic monitoring, inspection, han	—— dling of	violations, an	d <b>F Yes</b>	┌ No
	Staff and volun	teer hours devoted to monitoring, ins	pecting and enforcing conservation easen	nents d	uring the year	<b>-</b>	
	A mount of expe	enses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durin	g the year ► \$		
		servation easement reported on line 2 ) and 170(h)(4)(B)(II)?	2(d) above satisfy the requirements of sec	ction		┌ Yes	┌ No
	balance sheet,		onservation easements in its revenue and the footnote to the organization's financia ments				
ar			ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Ot	her Similar	Assets.	
a	art, historical t	reasures, or other similar assets held	5 116, not to report in its revenue stateme I for public exhibition, education or resear nancial statements that describes these i	ch ın fu			≘,
b	historical treas	·	S 116, to report in its revenue statement a public exhibition, education, or research i s			•	
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1			<b>►</b> \$		7,875
	(ii) Assets incl	luded in Form 990, Part X			<b>►</b> \$	ı	64,277
	If the organizat	•	orical treasures, or other similar assets for S 116 relating to these items	or finan	cial gain, prov	ide the	
a	Revenues incli	ided in Form 990, Part VIII, line 1			<b>▶</b> \$		
		, ,			T		

**b** Assets included in Form 990, Part X

Par	<b>411</b> Organizations Maintaining Co	liections of Art, H	ISTO	orio	cai ireas	sures, or Otne	er Similai	<u> Asse</u>	ts (co	<u>ntinued)</u>		
3	Using the organization's accession and other items (check all that apply)	r records, check any of	the	foll	owing that	are a significant	use of its co	ollection	า			
а	Public exhibition	d	ı J		Loan or ex	change program	s					
b	Scholarly research	e	.	_	Other							
С												
4	Provide a description of the organization's c	ollections and explain h	iow t	hey	further the	e organızatıon's e	xempt purp	ose in				
5	During the year, did the organization solicit						mılar	_		_		
	assets to be sold to raise funds rather than								Yes	✓ No		
Par	<b>Escrow and Custodial Arrang</b> Part IV, line 9, or reported an ar					on answered "	res" to Fo	rm 990	),			
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	•				s or other assets	not		Yes	┌ No		
b	If "Yes," explain the arrangement in Part XI	V and complete the follo	owin	g ta	ible		_					
								Amou	ınt			
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
2a	Did the organization include an amount on F	orm 990, Part X, line 2:	1?					Γ	Yes	┌ No		
	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete	_	nsw (b)P			o Form 990, Pa :)Two Years Back (			•)Four Y	ears Back		
1a	Beginning of year balance	16,664,256	(5).		,352,566	16,483,193	d)Tillee Tears	, back (c	., our 1	cars back		
b	Contributions	142,553			236,871	629,370						
С	Investment earnings or losses	2,084,428		1	,168,367	-1,611,816						
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses	53,238			93,548	148,181						
g	End of year balance	18,837,999		16	,664,256	15,352,566						
2	Provide the estimated percentage of the year	r end balance held as										
а	Board designated or quasi-endowment 🕨	93 300 %										
b	Permanent endowment ► 3 900 %											
c	Term endowment ► 2800 %											
3a	Are there endowment funds not in the posse	ssion of the organizatio	n th	at a	re held and	d administered fo	r the					
	organization by (i) unrelated organizations							3a(i)	Yes	No No		
	(ii) related organizations		•	•				3a(ii)		No		
b	If "Yes" to 3a(II), are the related organization							3b				
4	Describe in Part XIV the intended uses of th	e organization's endow	men	t fu	nds							
Par	t VI Investments—Land, Building	s, and Equipment.	Sec	e F	orm 990,	Part X, line 10.						
	Description of investment				Cost or other (investment)		(c) Accumu depreciat		( <b>d</b> ) Boo	ok value		
1a	Land					17,553,709			1	7,553,709		
b	Buildings					133,115,218	33,77	79,303	99	9,335,915		
C	Leasehold improvements					161,043	2	29,191		131,852		
d	Equipment					24,794,566	20,21	12,684		4,581,882		
	Other					25,339,488		23,108	1	3,116,380		
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, column (	(B), I	ine	10(c).) .		▶		13	4,719,738		

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests (3)Other		
(A) MONEY MARKET FUNDS	42,721,314	F
(D) MUTUAL FUNDS	5 074 060	_
(B) MUTUAL FUNDS	5,971,260	<u> </u>
(C) COMMERCIAL PAPER	20,981,461	F
. ,	, ,	
(D) COLLECTIVE TRUST FUNDS	11,149,297	F
_		
	► 80.823.332	
Total (column (2) should equal term soo, rately cor (2) mile 12 )	00,020,002	
Part VIII Investments—Program Related. Se		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, II		1
(a) Descri	ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)	
Part X Other Liabilities. See Form 990, Part X		·
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
ACCRUED COMPENSATION - LONG TERM	1,079,217	
OTHER LONG TERM LIABILITIES	907,840	
FAIR VALUE OF INTEREST RATE SWAP	22,118,072	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	24,105,129	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	123,202,494
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	104,978,097
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	18,224,397
4	Net unrealized gains (losses) on investments	4	1,257,402
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	1,087,675
9	Total adjustments (net) Add lines 4 - 8	9	2,345,077
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	20,569,474
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	100,072,711
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-24,529,605
3	Subtract line <b>2e</b> from line <b>1</b>	3	124,602,316
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	-1,399,822
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	123,202,494
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	
1	Total expenses and losses per audited financial statements	1	79,503,237
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	$\vdash$	
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	-26,874,682
3	Subtract line <b>2e</b> from line <b>1</b>	3	106,377,919
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)	] [	
c	Add lines <b>4a</b> and <b>4b</b>	4c	-1,399,822
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	104,978,097

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 additional information

additional information		
Identifier	Return Reference	Explanation
	PART III, LINE 4	THE COLLECTION INVOLVES ART WORK EITHER RELATED TO THE LAW, LEGAL ISSUES, THE STATE OF MICHIGAN, OR ONE OF OUR VARIOUS LOCATIONS THE ARTWORK IS DISPLAYED PUBLICLY AND IS FEATURED IN LECTURES AND PRESENTATIONS INVOLVING LAW STUDENTS AND THE PUBLIC DISPLAY AND USE OF THE COLLECTION ADVANCES COOLEY'S POLICY OF INCULCATING ITS STUDENTS INTO THE TENETS OF PROFESSIONALISM, INCLUDING PUBLIC SERVICE, AND THE PROMOTION OF HIGHER EDUCATION FOR ALL CITIZENS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE LAW SCHOOL MAINTAINS A BOARD DESIGNATED ENDOWMENT FUND THE FUNDS ARE NOT MEANT FOR CURRENT OPERATING NEEDS, BUT MAINTAINED FOR FUTURE PROJECTS AS THE BOARD DEEMS NECESSARY THE TERM AND PERMANENT ENDOWMENTS CONTAIN FUNDS FROM AN ONGOING CAPITAL CAMPAIGN RAISING FUNDS FOR BUILDING RENOVATIONS AND A NEED BASED SCHOLARSHIP FUND
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	INCOME TAXES - THE SCHOOL IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT SCHOOL UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THEREFORE, NO PROVISION FOR INCOME TAXES IS REFLECTED IN THE FINANCIAL STATEMENTS ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE SCHOOL AND RECOGNIZE A TAX LIABILITY IF THE SCHOOL HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS OR OTHER APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE SCHOOL, AND HAS CONCLUDED THAT AS OF AUGUST 31, 2011, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE SCHOOL IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO AUGUST 31, 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNREALIZED GAIN ON VALUE OF INTEREST RATE SWAP 1,087,675
PART XII, LINE 2D - OTHER ADJUSTMENTS		SCHOLARSHIPS AND GRANTS -26,880,792 UNREALIZED GAIN ON VALUE ON INTEREST RATE SWAP 1,087,675
PART XII, LINE 4B - OTHER ADJUSTMENTS		COST OF GOODS SOLD -1,399,822
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SCHOLARSHIPS AND GRANTS -26,880,792
PART XIII, LINE 4B - OTHER ADJUSTMENTS		COST OF GOODS SOLD -1,399,822

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493198011112

OMB No 1545-0047

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

▶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.

**Schools** 

Name of the organization THOMAS M COOLEY LAW SCHOOL

**Employer identification number** 38-1988915 VES NO

(0)			TES	NU
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain If you need more space use Part II	<u>3</u> -	Yes	
	Does the organization maintain the following?		.,	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
С	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	
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a	 	No
b	Admissions policies?	5b		No
C	Employment of faculty or administrative staff?	5c		No
	Scholarships or other financial assistance?	5d		Νo
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	O ther extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
	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
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II  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 Part II	7	Yes	

### Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE SCHOOL PUBLISHED ITS RACIALLY NON-DISCRIMINATORY POLICY IN SEVERAL MICHIGAN PAPERS IN ADVERTISEMENTS SOLICITING STUDENTS
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE LAW SCHOOL RECEIVES EACH YEAR AN AUTHORIZATION FROM THE DEPARTMENT OF EDUCATION TO SUPPORT THE FEDERAL WORKSTUDY PROGRAM

Schedule E (Form 990 or 990-EZ) 2010

DLN: 93493198011112

OMB No 1545-0047

**SCHEDULE F** (Form 990)

**Statement of Activities Outside the United States** ► Complete if the organization answered "Yes" to Form 990,

> Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 

IHUI	MASIM	1 COOLEY LAW SCHOOL				38-1988915	
Pa	rt I	General Information "Yes" to Form 990, Par			<b>he United States.</b> C	omplete if the organiz	ation answered
2	assis the g	grantmakers. Does the obtained, the grantees' eliginants or assistance? rantmakers. Describe in Pad States	gibility for the	grants or assis	stance, and the select	cion criteria used to awa	ard Yes No
3	Activ	ites per Region (Use Part \	√ıfaddıtıonal s	pace is needed	)		
		(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	EAST PACI	ASIA AND THE	2	5	PROGRAM SERVICES	EDUCATION OF LAW STUDENTS IN A STUDY ABROAD PROGRAM	98,420
	NOR	TH AMERICA	1	7	PROGRAM SERVICES		73,270
	Sub-t		3	12			171,690
b	Total to Pa	from continuation sheets rt I	0	0			0

c Totals (add lines 3a and 3b)

171,690

Part	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									
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> 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 nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►		
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010	

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 Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
			1				
			i				
			1				
			 I		,		
					,		
,			·		,		
,			 I		1		
-			 I		,		
			ı		,		

### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	্	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2010

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 38-1988915

Name: THOMAS M COOLEY LAW SCHOOL

Schedule F (Form 990) 2010

Page **5** 

### Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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DLN: 93493198011112

OMB No 1545-0047

(Form 990 or 990-EZ) Department of the Treasury

Internal Revenue Service

**SCHEDULE G** 

## Supplemental Information Regarding **Fundraising or Gaming Activities**

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. F See separate instructions.

Open to Public Inspection

Name of the organization	Employer ide	Employer identification number				
THOMAS M COOLEY LAW SCH	100L				38-1988915	5
Part I Fundraising Act	<b>tivities.</b> Complet	e if the o	organiza	tion answered "Yes"	to Form 990, Part I\	/, lıne 17.
<ul> <li>Indicate whether the organ</li> <li>Mail solicitations</li> <li>Internet and e-mail so</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have or key employees listed in</li> <li>If "Yes," list the ten highes to be compensated at leas</li> </ul>	ilicitations s a written or oral agre Form 990, Part VII st paid individuals or	eement wi ) or entity rentities	e f g th any inc / in conne (fundraise	Solicitation of noi Solicitation of gov Special fundraising dividual (including office action with professional agreem	n-government grants vernment grants ng events ers, directors, trustees fundraising services? ents under which the fu	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Гotal			<b>.</b>			
3 List all states in which the licensing	organization is regis	stered or	licensed t	o solicit funds or has be	een notified it is exemp	t from registration or

			(a) Event #1  GOLF OUTING	(b) Event #2 WINE TASTING	(c) Other Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	82,871	23,771		106,642
	2	Less Charitable contributions	44,210	5,300		49,510
	3	Gross income (line 1 minus line 2)	38,661	18,471		57,132
	4	Cash prizes		2,250		2,250
Expenses	5	Non-cash prizes	3,742			3,742
	6	Rent/facility costs	13,440			13,440
å Ä	7	Food and beverages	11,466	12,315		23,781
Direct I	8	Entertainment				
Ē	9	Other direct expenses .	4,449	10,807		15,256
	10	Direct expense summary Add lin	es 4 through 9 in column	(d)		58,469
	11	Net income summary Combine li	nes 3 and 10 in column (d	d)		-1,337
Par				•	, , , , , , , , , , , , , , , , , , , ,	
		\$15,000 on Form 990-EZ, lii	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
Reveilue	1		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Reveilue		Gross revenue	(a) Bingo		(c) Other gaming	(Add col (a) through
Reveilue	2	Gross revenue	(a) Bingo		(c) Other gaming	(Add col (a) through
Expenses Revenue	2	Gross revenue  Cash prizes  Non-cash prizes	(a) Bingo		(c) Other gaming	(Add col (a) through
Reveilue	2 3 4	Gross revenue	(a) Bingo		(c) Other gaming	(Add col (a) through
Expenses Revenue	2 3 4 5	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs	(a) Bingo		(c) Other gaming  Yes	(Add col (a) through
Expenses	2 3 4 5	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	(a) Bingo  ☐ Yes	☐ Yes% ☐ No	Г Yes% Г No	(Add col (a) through
Direct Expenses Reveilue	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Com	(a) Bingo  Yes	Yes	Г Yes	(Add col (a) through col (c))
Expenses Revenue	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Comer the state(s) in which the organization in the companies.	(a) Bingo  Yes	T Yes	Г Yes	(Add col (a) through col (c))
6 Direct Expenses Reveilue	2 3 4 5 6 7 8 Entrist	Gross revenue  Cash prizes  Non-cash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add line  Net gaming income summary Com	(a) Bingo  Yes	Yes	Г Yes	(Add col (a) through col (c))

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{\text{Yes}}$ $\Gamma_{\text{No}}$	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity				
	formed to administer charitable (	gaming?		. Г <sub>Yes</sub> Г <sub>No</sub>	
13	Indicate the percentage of gamir	ng activity operated in			
а	The organization's facility		13a		
b	An outside facility		13b		
14	Provide the name and address of records	f the person who prepares the organıza	tion's gaming/special events books and		
	Name 🟲				
	Address ►				
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming		
	revenue?			· Fyes Fno	
b			tion 🟲 \$ and the	,	
	amount of gaming revenue retain	ned by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ▶				
16	Gaming manager information				
	Name 🕨				
	Gaming manager compensation I	<b>&gt;</b> \$			
	Description of services provided	<b></b>			
	Director/officer	□ Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distribu			
				Tyes Tho	
b		required under state law distributed t	o otner exempt organizations or spent		
Par		activities during the tax year * \$	responses to question on Schedule G (	See	
	instructions.)	provide additional information for	responses to question on schedule of (		
	Identifier	ReturnReference	Explanation		

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DLN: 93493198011112 OMB No 1545-0047

Schedule I

(Form 990)

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

Department of the Treasury Internal Revenue Service	Comple		Attach to Form 990	1 3 3 0, 1 utc 1 V, time 21 01			oen to Public Inspection
Name of the organization THOMAS M COOLEY LAW SCHOOL					Employer identification number		
						38-1988915	
Part I General Information  1 Does the organization maintain the selection criteria used to available Describe in Part IV the organization	records to substanti ward the grants or as ation's procedures fo	ate the amount of the sistance?r	f grant funds in the Unite	d States			√ Yes
Form 990, Part IV, lin duplicated if additional	e 21 for any recip	ient that received n	nore than \$5,000. Che	eck this box if no one	recipient received	d more than \$5,000.	
1 (a) Name and address of organization or government	<b>(b)</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 gra or assistance
2 Enter total number of section 5 3 Enter total number of other organizations						<u>*</u> _	

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	<b>(c)</b> 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
(1) HONORS SCHOLARSHIPS	2311	26,861,679			
(2) PEARSON BURSARY SCHOLARSHIPS	23	12,308			
(3) YELLOW RIBBON MATCH	10	6,804			
(4) OTHER SCHOLARSHIP FUNDS	154	24,165			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 OUR HONORS SCHOLARSHIPS ARE GIVEN TO CURRENT STUDENTS ON THE BASIS OF ACADEMIC ACHIEVEMENT THE PEARSON BURSARY AND OTHER SCHOLARSHIPS ARE GIVEN TO CURRENT STUDENTS BASED ON FINANCIAL NEED, COMMUNITY INVOLVEMENT AND/OR ACADEMIC ACHIEVEMENT YELLOW RIBBON IS A PARTIAL MATCH OF FUNDS RECEIVED FROM THE DEPARTMENT OF VETERANS AS PART OF A FEDERAL PROGRAM FOR QUALIFIED STUDENTS

Schedule I (Form 990) 2010

DLN: 93493198011112

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

section 53 4958-6(c)?

Name of the organization

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

THO	OMAS M COOLEY LAW SCHOOL					
В-	38-1988915					
Pa	art I Questions Regarding Compensation		V			
			Yes	No		
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	First-class or charter travel  Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Discretionary spending account  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	1b	Yes			
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 ✓ Written employment contract					
	✓ Independent compensation consultant ✓ Compensation survey or study					
	Form 990 of other organizations  Approval by the board or compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organiza or a related organization	ition				
а	a Receive a severance payment or change-of-control payment from the organization or a related organization?					
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No		
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No		
	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	The organization?	5a		Νo		
b	Any related organization?	5b		Νo		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form $990$ , Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?	6a		No		
<b>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					

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Νo

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

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

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

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DON P LEDUC	(ı) (ıı)	450,000 0	75,000 0	32,480 0	19,160 0	28,867 0	605,507 0	0 0
(2) WILLIAM E SCHOETTLE	(ı) (ıı)	163,892 0	5,000 0	0	11,549 0	28,345 0	208,786 0	0
(3) KATHLEEN A CONKLIN	(ı) (ıı)	163,892 0	5,000 0	13,329 0	12,882 0	23,182 0	218,285 0	0 0
(4) CHARLES CERCONE	(ı) (ıı)	163,892 0	5,000 0	21,341 0	11,549 0	24,520 0	226,302	0 0
(5) DUANE STROJNY	(ı) (ıı)	163,892 0	5,000 0	0	11,549 0	23,092 0	203,533 0	0 0
(6) JOHN NUSSBAUMER	(ı) (ıı)	163,892 0	5,000 0	20,573 0	11,549 0	29,467 0	230,481 0	0 0
(7) NELSON MILLER	(ı) (ıı)	163,892 0	5,000 0	27,135 0	11,549 0	23,700 0	231,276 0	0 0
(8) LAUREN ROUSSEAU	(ı) (ıı)	158,755 0	0 0	48,542 0	10,536 0	22,519 0	240,352 0	0 0
(9) JOAN VESTRAND	(ı) (ıı)	163,892 0	5,000 0	39,791 0	11,549 0	30,428 0	250,660 0	0 0
(10) ANN WOOD	(ı) (ıı)	163,892 0	5,000 0	32,221 0	11,549 0	24,778 0	237,440 0	0 0
(11) JAMES HICKS JR	(ı) (ıı)	156,087 0	0 0	61,500 0	10,269 0	24,484 0	252,340 0	0
(12)PHILIP PRYGOSKI	(ı) (ıı)	156,087 0	0 0	48,322 0	10,269 0	31,562 0	246,240 0	0 0
(13)THOMAS E BRENNAN	(ı) (ıı)	329,198 0	0 0	0 0	19,160 0	26,827 0	375,185 0	o 0
( 14 )								
( 15 )								
( 16 )								

# Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	1A ,	ONLY THE PRESIDENT AND/OR BOARD MEMBERS ARE ALLOWED FIRST CLASS TRAVEL THE PRESIDENT HAS A MONTHLY HOUSING ALLOWANCE THAT IS INCLUDED IN HIS COMPENSATION AND REPORTED ON FORM W-2 THE SCHOOL PAYS CERTAIN CLUB DUES FOR LIMITED MEMBERS OF MANAGEMENT THAT ARE REPORTED AS COMPENSATION ON THEIR W-2

Schedule J (Form 990) 2010

**Supplemental Information on Tax Exempt Bonds** 

► 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.

OMB No 1545-0047

DLN: 93493198011112

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Schedule K

(Form 990)

Employer identification number

TH	OMAS M COOLEY LAW SCHOO	) L							3	8-198	8915				
Р	art I Bond Issues														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	(e) Issue Price (f) Description of Purpos		on of Purpose	( <b>g)</b> De	feased	Beh	On alf of suer	(i) P financ		
									Yes	No	Yes	No '	Yes	No	
A _	MICHIGAN HIGHER EDCUATION FACILITIES AUTHORITY	52-1285150	594519N55	06-10-2008	85,000	,000 COI	PURCHASE AND CONSTRUCTION OF FACILITIES			х		х		Х	
_											-				
_															
Pa	art II Proceeds		1			<b>I</b>				•					
_	A mount of bonds retired				<u> </u>	4		В	С				D		
1	Amount of bonds legally defe	assad													
3	Total proceeds of issue					85,000,00	20								
4	Gross proceeds in reserve funds					65,000,00	70								
	Capitalized interest from proceeds														
6	Proceeds in refunding escrow														
7						1,037,59	97				·			-	
8	Credit enhancement from pro	oceeds													
9	Working capital expenditures	s from proceeds													
10	Capital expenditures from pr	roceeds				83,962,40	3								
11	O ther spent proceeds														
12	O ther unspent proceeds														
13	Year of substantial completion	on			20	09			•			•			
					Yes	No	Yes	No	Yes		No	Yes		No	
14	Were the bonds issued as pa	art of a current refun	dıng ıssue?		Х										
15	Were the bonds issued as pa	art of an advance ref	unding issue?			Х									
16	Has the final allocation of pr	oceeds been made?			Х										
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?														
Pa	rt IIII Private Business	Use				•		I		<u> </u>			•		
				4		В		Ç			D				
					Yes	No	Yes	No	Yes		No	Yes		No	
1	1 Was the organization a partner in a partnership, or a member of an LLC, which owned				Х										

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	Filvate business use (commutati)	Α			В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?		х						
b	Are there any research agreements that may result in private business use of bond- financed property?		х						
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 100 %						•
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	0 100 %		100 %					
6	Total of lines 4 and 5		0 200 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х							
	post-issuance compliance of its tax-exempt bond liabilities?	۸							

Part IV	Arbi	<u>trage</u>	<u>e</u>

		Α		В		С		D	
		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?								
	Bolla 133ac		X						
2	Is the bond issue a variable rate issue?	×							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
		X							! 
									· 
ь	Name of provider	SEE SCHEDULE O							
С	Term of hedge								
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		х						
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						

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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As Filed Data -

DLN: 93493198011112

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization THOMAS M COOLEY LAW SCHOOL							E	mployer i	dent if ica	tion numbe	er	
							3	8-19889	15			
Part I Excess Benefit Trai												
Complete if the organizat	ion ans	wered "	Yes" on For	m 990, F T	Part IV, line 25a d	or 25b,	or Form	990-EZ,	Part V , I	ine 40b	(c)	
1 (a) Name of disq	ualified	person			(h) Desc	(b) Description of transaction Corre						
1 (0)		<b>F</b> - 1 - 1			( <b>b)</b> Desc	.iiptioii	or crans.	action		Yes	No	
				1								
2 Enter the amount of tax impos section 4958	ed on t	he orgai			disqualified pers			ear unde	r ·			
3 Enter the amount of tax, if any	on line	e 2. abo							· \$			
		•										
Part II Loans to and/or I						_						
Complete if the organiz	zation a T	inswere	d "Yes" on F T	orm 990	), Part IV, line 26	, or Fori	m 990-E	T -	, line 38	<u>a</u>		
	1 ' '	oan to				(e) In default?		<b>(f)</b> Approved		(g)Writt	en	
(a) Name of interested person and purpose		om the ization?	(c)Original a		(d)Balance due			default?		l *		agreement?
parpose		<del></del>	- Principal c	announc		W	T	commit	1			
	То	From				Yes	No	Yes	No	Yes	No	
	1											
							1					
							1					
Total				<b>▶</b> \$								
Part IIII Grants or Assistar												
Complete if the orga	nızatı						27.					
(a) Name of interested pers	on	(			een interested per ganization	son	<b>(c)</b> A m	ount of g	rant or ty	pe of assis	stance	
			411		gameation							
					-							
						1						

Part IV	Business	Transactions	Involving	Interested	Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	arıng of zatıon's nues?
	organization			Yes	No
(1) CURT BENSON PROFESSOR	HUSBAND OF JANE MARKEY, A MEMBER OF THE BOARD OF DIRECTORS	,	SALARY AND BENEFITS RECEIVED AS A FACULTY MEMBER		No
(2) LAURA LEDUC DIRECTOR OF PLANNING	DAUGHTER OF DON LEDUC, THE PRESIDENT AND DEAN	,	SALARY AND BENEFITS RECEIVED AS A STAFF MEMBER		No
(3)					No

# Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2010

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**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**NonCash Contributions** 

► Attach to Form 990.

Name of the organization THOMAS M COOLEY LAW SCHOOL

**Employer identification number** 

					38-1988915			
Pa	rt I Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of determining of amounts		ontribut	:ion
1	Art—Works of art	Х	2		FAIR MARKET VAL	.U E		
2	Art—Historical treasures			, , , , , , , , , , , , , , , , , , , ,				
3	Art—Fractional interests							
4	Books and publications	Х		100	FAIR MARKET VAL	.U E		
	Clothing and household							
good		Х		866	FAIR MARKET VAL	.UE		
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests .							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	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 .							
	EQUIPMENT AND							
25	Other►(SUPPLIES)	х	1	140	FAIR MARKET VAL	.UE		
	ITEMS FOR							
	SILENT	.,						
26	Other ► (AUCTION)	X	22	5,/16	FAIR MARKET VAL	.UE		
27	PRIZES FOR Other►( <u>EVENTS</u> )	×	1	1 000	FAIR MARKET VAL	HE		
28	Other►( )		-	1,000	I VIK IIVIKET VIKE			
29	Number of Forms 8283 received by	the ora	anization during the tax vea	er for contributions				
	for which the organization complete				29			
							Yes	No
30a	During the year, did the organization	n receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years f	rom the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holdıng p	eriod?			30a		No
b	If "Yes," describe the arrangement	ın Part I	II					_ <del></del>
31	Does the organization have a gift a					31		No
32a	Does the organization hire or use the contributions?	-		to solicit, process, or sell	non-cash 	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report re describe in Part II	venues ı	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
THOMAS M COOLEY LAW SCHOOL

**Employer identification number** 

38-1988915

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		TWO MEMBERS OF THE BOARD OF DIRECTORS ARE RELATED BY MARRAIGE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A DRAFT OF THE FORM 990 IS PREPARED INTERNALLY IT IS THEN REVIEWED BY ACCOUNTANTS AND PRESENTED TO MANAGEMENT FOR FINAL REVIEW BEFORE FILING

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY AND A QUESTIONNAIRE ARE PROVIDED ANNUALLY TO ALL BOARD MEMBERS, OFFICERS AND MEMBERS OF THE MANAGEMENT TEAM ALL RESPONSES ARE REVIEWED BY THE TREASURER, AND ANY REAL OR PERCEIVED CONFLICTS ARE BROUGHT TO THE ATTENTION OF THE PRESIDENT, AUDIT COMMITTEE AND THE BOARD CHAIR DURING THE COURSE OF THE YEAR, IF SOMEONE IDENTIFIES A CONFLICT, IT IS TO BE COMMUNICATED IN WRITING IMMEDIATELY DIRECTORS OR MANAGERS WHO HAVE DECLARED A CONFLICT OF INTEREST SHALL REFRAIN FROM PARTICIPATING IN CONSIDERATION OF THE PROPOSED TRANSACTIONS UNLESS THE BOARD OR ADMINISTRATION REQUESTS INFORMATION OR INTERPRETATION FOR SPECIAL REASONS SHOULD A CONFLICT OF INTEREST MATTER REQUIRE AN AUDIT COMMITTEE OR BOARD VOTE TO RESOLVE, THOSE CONCERNED SHALL NOT BE PRESENT AT THE TIME OF THE DISCUSSION OF THE MATTER OR AT THE TIME OF THE VOTE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE PRESIDENT/DEAN'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS AND IS GOVERNED BY A WRITTEN CONTRACT WHEN THE CONTRACT IS RENEWED COMPARITIVE FINANCIAL DATA IS OBTAINED IN ORDER TO ENSURE THE COMPENSATION IS COMPETITIVE WITH ORGANIZATIONS OF A SIMILAR SIZE COMPENSATION IS REVIEWED ANNUALLY THE LAST TIME THE EVALUATION PROCESS WAS UNDERTAKEN WAS IN OCTOBER OF 2010

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE SCHOOL CURRENTLY DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UNLESS REQUESTED

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,257,402 UNREALIZED GAIN ON VALUE OF INTEREST RATE SWAP 1,087,675 TOTAL TO FORM 990, PART XI, LINE 5 2,345,077

Identifier	Return Reference	Explanation
		THE AUDIT COMMITTEE MAINTAINS OVERSIGHT OVER THE ANNUAL AUDIT THE CHAIR OF THE AUDIT COMMITTEE SIGNS THE ENGAGEMENT LETTER, THE COMMITTEE PARTICIPATES IN A PLANNING MEETING WITH THE AUDITORS, AND REVIEWS THE RESULTS OF EACH AUDIT AFTER ITS COMPLETION

Identifie	Return Reference	Explanation
	SCHEDULE K, PART I, SECTION A, LINE F	CURRENT REFUNDING OF 7/31/2007 SERIES 2007A AND SERIES 2007B

Identifier	Return Reference	Explanation
	SCHEDULE K, PART II, LINE 5	PROCEEDS USED FOR BOND ISSUANCE COSTS \$851,013 PROCEEDS USED FOR CREDIT ENHANCEMENT \$186,584

Identifier	Return Reference	Explanation
	SCHEDULE K, PART IV, LINE 1	5 YEARS HAS NOT PASSED, THEREFORE, FORM 8038T HAS NOT YET BEEN FILED

Identifier	Return Reference	Explanation
	IV ARBITRAGE	B) WELLS FARGO C) ORIGINAL AMOUNT \$50,000,000 TERMINATION DATE JULY 1, 2037 FIXED RATE 4 085% PAID BY THOMAS M COOLEY LAW SCHOOL FLOATING RATE USD-LIBOR-BBA X 67 0 PERCENT PAID BY WELLS FARGO ALSO B) RBS CITIZENS, N A C) ORIGINAL AMOUNT \$35,000,000 TERMINATION DATE JULY 1, 2037 FIXED RATE 4 0857% PAID BY THOMAS M COOLEY LAW SCHOOL FLOATING RATE USD-LIBOR-BBA X 67 0 PERCENT PAID BY RBS CITIZENS, N A

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DLN: 93493198011112

**Employer identification number** 

**SCHEDULE R** (Form 990)

Name of the organization

# **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.

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Part I Identification of Disregarded Entities (Co	omplete if the organizat		" on Form 990, Pa	38-1988915 rt IV, line 33.)			
(-)	(b) Primary activity						
(a) Name, address, and EIN of disregarded entity		(c) Legal domicile (state or foreign country)	( <b>d)</b> te Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Org or more related tax-exempt organizations duri	panizations (Complete ing the tax year.)	e if the organization	n answered "Yes"	on Form 990, Part	IV, line 34 becau	•	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g) Section 512(b) controlled organization	
(1) SIXTY PLUS INC 300 S CAPITOL AVE 6TH FLOOR LANSING, MI 48901 38-2245744	LEGAL SERVICES FOR THE ELDERLY	MI	501(C)(3)	7		Yes Yes	No

Part III Identifi because	ication of Relat	<b>ed Org</b> ore relat	<mark>anizations Taxa</mark> ted organizations t	<b>ble as a Partner</b> reated as a partne	<b>ship</b> (Co ership du	mplete if ring the ta	the org ax year	ganızatıon ( r.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lır	ne 34
(a) (b)  Name, address, and EIN of related organization		(b) Legal domicile (state or foreign country)		(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of t	<b>(f)</b> total income		<b>(g)</b> f end-of-year assets	( <b>h</b> Disprop alloca	ortionate	(i) Code V- amount in be Schedule (Form 10	-UBI ox 20 of e K-1	<b>(j</b> Gene mana parti	ral or aging	<b>(k)</b> Percentage ownership
									Yes	No			Yes	No	
Part IV Identifi	ication of Relat because it had on	ed Orga e or mo	l anizations Taxa pre related organız	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	ı omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "\	es" on	Form	990,	Part IV,
Name, address, an	<b>(a)</b> d EIN of related organiz	ation	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct cor enti	ntrolling	(e) Type of el (C corp, S or trust	corp,	Share o	<b>(f)</b> f total income	Sha end-o	<b>j)</b> re of f-year sets		<b>(h)</b> Percentage ownership

hedule R (Form 990) 2010		Рa	ge <b>3</b>
Part V Transactions With Related Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.	)		
Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)  Note. Complete line 1 if any entity is listed in Parts II, III or IV  During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  Receipt of (i) interest (ii) annuities (iii) royalties (iiv) rent from a controlled entity  iii (fit, grant, or capital contribution to other organization(s)  Gift, grant, or capital contribution from other organization(s)  Loans or loan guarantees to or for other organization(s)  Evaluate of assets to other organization(s)  Purchase of assets to other organization(s)  Exchange of assets  Lease of facilities, equipment, or other assets from other organization(s)  Lease of facilities, equipment, or other assets from other organization(s)  Performance of services or membership or fundraising solicitations for other organization(s)  Sharing of facilities, equipment, mailing lists, or other assets  Sharing of paid employees			No
L 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>b</b> Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
<b>d</b> 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)	<b>1</b> g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	<b>1</b> i		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		No
I 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	
• Reimbursement paid to other organization for expenses	10		No
p Reimbursement paid by other organization for expenses	1р		No
q Other transfer of cash or property to other organization(s)	<b>1</b> q		No
r Other transfer of cash or property from other organization(s)	1r		No
To their transfer of cash of property from other organization(s)	Ľ		

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>(b)</b> Transaction type(a-r)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(1) SIXTY PLUS INC	N	1,386,814	ALLOCATION OF COST
(2) SIXTY PLUS INC	М	43,258	ALLOCATION OF COST
(3)			
(4)			
(5)			
(6)			

# 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	(state or foreign country)		(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General or nanaging partner?	
			Yes	No		Yes	No		Yes	No	
									+		
										1	
							$\vdash$		+	$\vdash$	
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									-	$\vdash$	
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									+	+	
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# Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

Software ID: Software Version:

**EIN:** 38-1988915

Name: THOMAS M COOLEY LAW SCHOOL

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

(A) Name and Title	(B) Average hours	Posi	((	che	cka	II		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> 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)  MISC)		compensation from the organization and related organizations
DON P LEDUC PRESIDENT AND DEAN	60 00	Х		Χ				557,480	0	48,027
HON LOUISE ALDERSON DIRECTOR	1 00	Х						600	0	0
DENNIS E BENNER DIRECTOR	1 00	Х						0	0	0
JAMES W BUTLER III DIRECTOR	1 00	Х						0	0	0
THOMAS W CRANMER DIRECTOR	1 00	Х						5,000	0	0
HON BRENT V DANIELSON CHAIRMAN OF THE BOARD	1 00	Х		Х				0	0	0
SCOTT DIENES DIRECTOR	1 00	х						0	0	0
HON JOSEPH J FARAH DIRECTOR	1 00	Х						10,600	0	0
HON JANE E MARKEY DIRECTOR	1 00	Х						0	0	0
LAWRENCE P NOLAN VICE CHAIRMAN OF THE BOARD	1 00	Х		Х				0	0	0
EDWARD H PAPPAS DIRECTOR	1 00	Х						0	0	0
MICHAEL B RIZIK JR DIRECTOR	1 00	Х						0	0	0
DENNIS A SWAN DIRECTOR	1 00	Х						0	0	0
JAMES J VLASIC DIRECTOR	1 00	Х						0	0	0
DIANE DIETZ DIRECTOR	1 00	Х						0	0	0
WILLIAM E SCHOETTLE VP OF OPERATIONS	40 00			Х				168,892	0	39,894
CHERIE BECK SECRETARY AND ASST LEGAL C	40 00			Х				103,021	0	25,188
KATHLEEN A CONKLIN CFO AND TREASURER	50 00			х				182,221	0	36,064
RONDA L BECK CONTROLLER/ASST VP FOR FIN	40 00			Х				115,163	0	30,556
CHARLES CERCONE ASSOC DEAN OF FACULTY/PROF	50 00				х			190,233	0	36,069
DUANE STROJNY ASSOC DEAN FOR LIBRARIES	40 00				Х			168,892	0	34,641
JOHN NUSSBAUMER ASSOC DEAN/PROFESSOR	50 00				Х			189,465	0	41,016
NELSON MILLER ASSOC DEAN/PROFESSOR	40 00				Х			196,027	0	35,249
LAUREN ROUSSEAU PROFESSOR	40 00					Х		207,297	0	33,055
JOAN VESTRAND ASSOC DEAN/PROFESSOR	40 00					Х		208,683	0	41,977

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

<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> 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
ANN WOOD ASSOC DEAN/PROFESSOR	40 00					×		201,113	0	36,327
JAMES HICKS JR PROFESSOR	40 00					х		217,587	0	34,753
PHILIP PRYGOSKI PROFESSOR	40 00	_				Х		204,409	0	41,831
THOMAS E BRENNAN FORMER PRESIDENT/PROFESSOR	5 00						Х	329,198	0	45,987