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DLN: 93493043004264

# Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

2012

OMB No 1545-0047

Open to Public Inspection

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

3 Che	eck ıf a	pplicable	endar year, or tax year beginn C Name of organization NEW ENGLAND SCHOOL OF LAW	ning 07-01-2012 , 2012, and end	ding 06-30	-2013	D Emplo	yer io	dentification number	
_	tress ch	_	Doing Business As				04-21	1526	71	
_	me cha :ial retu	-	NEW ENGLAND LAWBOSTON							
_	minate		Number and street (or P O box 154 STUART STREET	ıf maıl ıs not delivered to street address)	)  Room/suit	e	E Telepho	one nu	umber	
– Am	ended	return	City or town, state or country, ai	nd ZIP + 4	<u> </u>		(617)	451	-0010	
– App	olication	n pending	BOSTON, MA 02116				<b>G</b> Gross r	eceıpt	s \$ 48,241,515	
			F Name and address of p	orincipal officer		<b>H(a)</b> Is	this a group	retu		
			JOHN F O'BRIEN 154 STUART STREET			affı	liates?		ΓYes <b>Γ</b> No	
			BOSTON,MA 02116						luded? TYes TNo	
Та	x-exem	npt status	✓ 501(c)(3)	◀ (insert no )	527	If"	No," attach	a lıs	t (see instructions)	
		<u> </u>	WW NESL EDU	. ( , , , (,(, ,		H(c) Gr	oup exempt	ion n	umber ►	
			Corporation Trust Associa	ation Cothor b		L Voor of	formation 19	,,,, T	<b>M</b> State of legal domicile MA	
	rt I		imary	ation ) Other <b>F</b>		L fear or	ioimation 19	08	M State of legal dofficile. MA	
	1		<del>-</del>	ssion or most significant activities	s					
	. !	EDUĆAT	TION OF STUDENTS							
caovemianice	-									
5	] -									
<u> </u>	2 (	Check th	າເs box ┡─ if the organization	discontinued its operations or di	isposed of	more than	125% of its	net	assets	
5	3	Number	of voting members of the gove	erning body (Part VI, line 1a) .				з	19	
0 // b				rs of the governing body (Part VI				4		
ACIINIIA 9	5	Total nu	mber of individuals employed	ın calendar year 2012 (Part V , lı	ne 2a) .			5	421	
Ī	6	Total nu	mber of volunteers (estimate	ıfnecessary)				6	0	
				n Part VIII, column (C), line 12				7a		
	Ь	Net unre	lated business taxable incom	e from Form 990-T, line 34 .				7 <u>t</u>	<u> </u>	
	8	Contri	ibutions and grants (Part VIII	ling 1 h)		Pi	rior Year 899,!	E 8 3	<b>Current Year</b> 1,167,989	
9	9						43,916,:	46,287,526		
Revenu	10		m service revenue (Part VIII, line 2g)				606,910		334,575	
<del>Ľ</del>	11	Other	revenue (Part VIII, column (A		647,790		451,425			
	12		——————————————————————————————————————	11 (must equal Part VIII, colum			46,070,4	440	48,241,515	
	13			art IX, column (A), lines 1–3)			9,636,7		10,276,336	
	14			rt IX, column (A), line 4)				0	0	
ø	15			oyee benefits (Part IX, column (A	( ), lines		18,202,	557	18,845,292	
Expenses	16a	5-10) Profes	•	IX, column (A), line 11e)			10,202,	0	10,0+3,232	
⊕ ₩	b		ındraısıng expenses (Part IX, column					-	<u></u>	
Ш	17			(), lines 11a-11d, 11f-24e) .	<del></del> .		7,584,3	367	7,470,198	
	18	Total	expenses Add lines 13-17 (r	must equal Part IX, column (A), l	ıne 25)		35,423,	700	36,591,826	
	19	Reven	ue less expenses Subtract lu	ne 18 from line 12		+	10,646,		11,649,689	
rec'haseo a Fand Bakances						Beginni	ing of Curre Year	nt	End of Year	
9 Sep	20	Total	assets (Part X, line 16)				96,579,	567	108,483,496	
4 T	21	Total I	liabilities (Part X, line 26) .				2,782,8		2,807,179	
	22			act line 21 from line 20			93,796,6	689	105,676,317	
	r <b>t III</b> r pena	_	nature Block	examined this return, including a	ccompany	ına schedi	ules and sta	teme	ents and to the best of	
ny ki	nowled	dge and		complete Declaration of preparer						
		****					2014-02-07			
Sign		Signa	ature of officer				Date			
ler	е		N F O'BRIEN DEAN e or print name and title							
		P	Print/Type preparer's name	Preparer's signature	Da	te C	heck If	PTIN		
Paid	t	[	DANIEL F O'BRIEN			S	elf-employed		258990	
	pare		Firm's name 🕨 O'BRIEN RILEY & R	TAIN PC		F	ırm's EIN 🟲 04	4-31/	0741	
	On		Firm's address ► 30 BRAINTREE HILL	OFFICE PARK		P	hone no (781	) 410	-2300	
		•	PRAINTREE MA OO	2404						

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

✓ Yes 厂No

Par		n Service Accomplishments ns a response to any question in thi		<del>.</del>
SUC THE AME EFFI	Briefly describe the organization's PENGLAND SCHOOL OF LAW (DBACESSFUL LAWYERS AND LEADERS ORETICAL AND ETHICAL EDUCATION, FOREIGN AND INTERNAT CACY OF THOSE SYSTEMS, RESE	NEW ENGLAND LAW/BOSTON) D S IN THE PUBLIC AND PRIVATE S TION OF THE HIGHEST CALIBER IONAL LEGAL SYSTEMS THROUG	SECTORS THROUGH INTEGRATED AND TO CONTRIBUTING TO THE GH PARTICIPATION AND DEBATE	O PRACTICAL, : IMPROVEMENT OF : OVER FAIRNESS AND
2	Did the organization undertake any the prior Form 990 or 990-EZ? . If "Yes," describe these new service		g the year which were not listed on	
3		ting, or make significant changes ir · · · · · · · · · · · ·	n how it conducts, any program	
4	expenses Section 501(c)(3) and 5		h of its three largest program servior d to report the amount of grants and irted	
4a	(Code ) (Expense INSTRUCTION-PRIMARY SERVICES OF NI STUDENTS GRADUATED 324		nts of \$ 10,276,336 ) (Revenue ON OF STUDENTS-NUMBER OF STUDENTS E	, , , ,
4b	(Code ) (Expense	es \$ including gran	ts of \$ ) (Revenue \$	)
4c	(Code ) (Expense	es \$ including gran	ts of \$ ) (Revenue \$	)
4d	Other program services (Describe	e in Schedule O ) including grants of \$	) (Revenue \$	)
4e	Total program service expenses ▶		,, 7	,

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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 for escrow or custodial account liability, 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 $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V^{\bullet}$	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, line 10?  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		No
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 and XII	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 and XII 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	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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 United States? 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 United States? 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		No
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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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 through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	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	
c	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 M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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	35b		
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 11b and 19?	38	Yes	

Par	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   1,184		1 00	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<u>.</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		-140
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
9	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	] '		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		_	
C	Enter the amount of reserves on hand	]		
<b>.4a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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			
	year			
	If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		No.
5	filed?	5		No
		6		
6	Did the organization have members or stockholders?	L O		No_
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		N o
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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod Yes	e.) <b>No</b>
	ection B. Policies (This Section B requests information about policies not required by the Internal R  Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a	Did the organization have local chapters, branches, or affiliates?			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
110a b 111a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  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?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

- 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 made these available.
  - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►FREDERIC COVELLE 154 STUART STREET BOSTON, MA (617)451-0010

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	Name and Title A verage hours per week (list any hours			ge Position (do not check ber more than one box, unless ist person is both an officer and a director/trustee)					(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustée or director	Institutional Trustee	Officei	Former Highest compensated employee Key employee		Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) FOSTER MARTIN	15 00	х		х				0	0	0	
CHAIRMAN											
(2) OUTLAW DARRELL TREASURER	10 00	х		х				0	0	0	
(3) SIMPSON JOHN HON	2 50	-			_						
TRUSTEE		х						0	0	0	
(4) BALBONI ALBERT	2 50	х						0	0	0	
TRUSTEE	2.50	-									
(5) BROWN PETER HON TRUSTEE	2 50	x						0	0	0	
(6) BUDD WAYNE HON	2 50										
TRUSTEE		X						0	0	0	
(7) CARNEY GEORGE	2 50	х						0	0	0	
TRUSTEE (8) CASEY WILLIAM	2.50	-									
TRUSTEE	2 50	×						0	0	0	
(9) CRAWFORD SUSAN HON	3 00										
VICE CHAIRMAN		X						0	0	0	
(10) FLAHERTY PETER HON	2 50										
TRUSTEE		×						0	0	0	
(11) LAWTON RICHARD	2 50	, , , , , , , , , , , , , , , , , , ,									
TRUSTEE		X						0	0	0	
(12) LORUSSO JOSEPH	2 50	×						0	0	0	
TRUSTEE		<u> </u>			<u> </u>			0		0	
(13) NOONAN III C BRENDAN	2 50	x						0	0	0	
TRUSTEE		ļ									
(14) PULGINI JOSEPH	2 50	×						0	0	0	
TRUSTEE	2.55				<u> </u>						
(15) QUINN ROBERT HON	2 50	x						0	0	0	
TRUSTEE (16) SPURLING KATHLEEN	2 50				_						
	2 50	x						0	0	0	
TRUSTEE (17) SUCCOFF CARY	5 00				$\vdash$						
	3 00	x		х				0	0	0	
SECRETARY											

Part VII

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	checl k, unle n office ustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(18) WAYNE JUDITH	2 50	x						0	0	0
TRUSTEE (10) MULEFLED DIAMA	F 00				-					
(19) WHEELER DIANA PRESIDENT	5 00	х		х				0	0	0
(20) O'BRIEN JOHN	70 00				х			822,242	0	50,857
DEAN (24) CALAMARE SUSAN	40.00				_					
(21) CALAMARE SUSAN ASSOCIATE DEAN	40 00				х			246,032	0	27,268
(22) GREENBERG JUDITH	40 00				x			246,584	0	50,357
ASSOCIATE DEAN					^			240,364	0	30,337
(23) CHESTER RONALD	40 00					х		205,131	0	46,065
PROFESSOR (24) MONSERUD GARY	40 00									
PROFESSOR	40 00					х		202,548	0	45,808
(25) NYQUIST CURTIS	40 00					х		206,548	0	45,507
PROFESSOR						Ĺ ^		200,510		13,307
(26) SORENSON CHARLES PROFESSOR	40 00					x		198,424	0	44,064
(27) TEICH PAUL	40 00					х		211,501	0	46,849
PROFESSOR								211,301	-	40,049
1b Sub-Total						<b>*</b>				
c Total from continuation sheets to Part	VII, Section A					<b>►</b>				
d Total (add lines 1b and 1c)	<u></u> .		<u>.                                    </u>			<b>•</b>		2,339,010	0	356,775
Total number of individuals (including b \$100,000 of reportable compensation)				ed al	bove	e) who	rec	eived more than		

			Yes	NO
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Vas	
		4	Yes	<u> </u>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

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

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
WELDON MEDIA 15 HARNESS LANE SUDBURY MA 01776	ADVERTISING	367,338
ADTECH SYSTEMS 490 BOSTON POST ROAD SUDBURY MA 01776	IT SERVICES	181,061
KOR GROUP 374 CONGRESS STREET BOSTON MA 02210	MARKETING	157,824
KIRKWOOD PRINTING 904 MAIN ST WILMINGTIN DE 01887	PRINTING	142,196
XO COMMUNICATIONS 851 SANDY PARKWAY SANDY UT 84070	IT SERVICES	126,503

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►6

Part V	* • • •	Statement of Revenue	to any guartian	n this Dort VIII			
		Check if Schedule O contains a respons	e to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
s	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues 1b					
Gra mo	c	Fundraising events 1c					
fts, r A	d	Related organizations 1d					
Gií ila			925,331				
ns, Sirr	е						[
ıtio er (	f	All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above	242,658				
ibt.	g	Noncash contributions included in lines	i	i	İ		i
onti nd (		1a-1f \$		1,167,989			
ă Č	h	Total. Add lines 1a-1f	•	1,107,989			
en			Business Code				
evenu	2a	TUITION AND FEES	611710	46,287,526	46,287,526		
55	b						
ИСе	С						
Seri	d						
E	е						
มอื่อ	f	All other program service revenue					
Δ	g	Total. Add lines 2a-2f	🕨	46,287,526			
	3	Investment income (including dividends		334,575			334,57
		and other similar amounts)  Income from investment of tax-exempt bond pr		334,373			334,37
	4 5	Royalties	b Cceeds				
	3	(i) Real	(II) Personal				
	6a	Gross rents 365,000	(II) I CISOIIdi				
	ь	Less rental 0					
	c	expenses Rental income 365,000					
		or (loss)		365,000			365,00
	d	Net rental income or (loss)	<del></del>	363,000			365,00
	7a	(i) Securities Gross amount	(II) O ther				
	/ u	from sales of assets other					
	_	than inventory					
	b	Less cost or other basis and					
	С	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
		Gross income from fundraising	· · · · · · · · · · · · · · · · · · ·				
ne		events (not including					
듄		\$of contributions reported on line 1c)					
ev.		See Part IV, line 18					
ar F		а					
Other Revenue Contrib and Other Bayenue		Less direct expenses b					
	C O-	Net income or (loss) from fundraising ev	vents 🛌				
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activi	ties				
	10a	Gross sales of inventory, less					
		returns and allowances .					
	ь	Less cost of goods sold <b>b</b>					
		Net income or (loss) from sales of inver	ntory 🛌				
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	611110	86,425			86,42
	ь						
	С	-					
	d	All other revenue					
	e	Total. Add lines 11a-11d	🕨				
	12	Total revenue. See Instructions	-	86,425			
			· · · •	48,241,515	46,287,526	(	786,000

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 10,276,336 10,276,336 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 1,084,879 924,009 124,000 36,870 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . Other salaries and wages 12,650,116 10,783,556 1,728,935 137,625 Pension plan accruals and contributions (include section 401(k) 1,129,625 895,479 220,793 and 403(b) employer contributions) . . . . 13,353 3,092,528 2,222,015 815,046 Other employee benefits . . . . 55,467 10 888,144 702,675 175,485 9,984 11 Fees for services (non-employees) Management . . . . 36,098 36,098 Legal . . . . . . . Accounting . . . . . . . . . . . . 142,422 142,422 Professional fundraising services See Part IV, line 17 Investment management fees . . . . . Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 441,226 344,838 80,039 Schedule O) . . . . . . . 16,349 Advertising and promotion . . 645,240 645,240 12 13 Office expenses . . . 800,609 517,084 281,300 2,225 579,774 514,813 64,961 14 Information technology . . 15 Royalties . 179,995 1,470,362 16 Occupancy . . . . . . 1,290,367 **17** 65,577 58,347 3,615 3,615 Travel . . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . 48,635 48,635 20 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization . 1,552,486 1,521,436 31,050 23 45,011 45,011 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a LIBRARY SERVICES 692,287 692,287 STUDENT SERVICES 633,950 570,475 63,475 ALUMNI RELATIONS 243,892 197,007 46,885 d MISCELLANEOUS EXPENSE 50,557 50,557 22,072 22,072 e All other expenses Total functional expenses. Add lines 1 through 24e 25 36,591,826 32,074,675 4,194,778 322,373 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
		, ,	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3,001,753	1	201,426
	2	Savings and temporary cash investments	1,143,438	2	3,374,046
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	425,045	4	320,395
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	459,550	E	393,900
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	· ·	6	393,900
××	7	Notes and loans receivable, net	902,671	7	1,048,755
₹	8	Inventories for sale or use	,	8	, ,
	9	Prepaid expenses and deferred charges	436,821	9	612,553
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10a  38,344,967		-	·
	ь	Less accumulated depreciation 10b 21,911,946	16,732,794	10c	16,433,021
	11	Investments—publicly traded securities	73,219,995	11	85,841,900
	12	Investments—other securities See Part IV, line 11	257,500	12	257,500
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	96,579,567	16	108,483,496
	17	Accounts payable and accrued expenses	1,441,154	17	1,471,311
	18	Grants payable		18	
	19	Deferred revenue	364,220	19	360,620
	20	Tax-exempt bond liabilities		20	
φ.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	977,504	25	975,248
	26	D	2,782,878	26	2,807,179
—— Ф	20	Organizations that follow SFAS 117 (ASC 958), check here ► 🗸 and complete lines 27 through 29, and lines 33 and 34.	2,702,070	20	2,007,170
anc	27	Unrestricted net assets	91,421,397	27	103,209,936
<u> </u>	28	Temporarily restricted net assets	2,122,693	28	2,213,282
Ē	29	Permanently restricted net assets	252,599	29	253,099
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			_
s or	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	_
ΑŠ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Šet	33	Total net assets or fund balances	93,796,689	33	105,676,317
Z	34	Total liabilities and net assets/fund balances	96,579,567	34	108,483,496

Pai	TEXT Reconcilliation of Net Assets  Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48,2	241,515
2	Total expenses (must equal Part IX, column (A), line 25)	2		36.	591,826
3	Revenue less expenses Subtract line 2 from line 1	3			549,689
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5			296,689
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		105,6	576,317
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	<b>3b</b>	Yes	

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As Filed Data -

DLN: 93493043004264

Employer identification number

OMB No 1545-0047

**SCHEDULE A** 

(Form 990 or 990EZ) Department of the Treasury

Name of the organization

Internal Revenue Service

Total

### **Public Charity Status and Public Support**

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

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

Open to Public Inspection

NEM E	ENGLAN	D SCHOOL	OF LAW						' '		
									04-21526		
	rt I			blic Charity Sta						structions.	•
The d	organı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	ox)		
1	Γ	A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in <b>s</b> e	ection 170(l	o)(1)(A)(i).		
2	굣	A scho	ol described	in <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (At	tach Schedı	ıle E)				
3	$\Gamma$	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descrı	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).		
4	Γ			h organization operat ity, and state	ted in conjun	ction with a	hospital desc	rıbed ın <b>sec</b>	tion 170(b)(	1)(A)(iii). E	nter the
5	Г	Anorga	anızatıon op	erated for the benefi	t of a college	or universit	y owned or o	perated by a	government	al unit desc	ribed in
				(A)(iv). (Complete P				,	_		
6	Г			local government or	•	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	.)(A)(v).		
7	,			at normally receives	_					om the gene	eral public
	_			on 170(b)(1)(A)(vi).							
8	<u> </u>			described in <b>section</b>							
9	Г	Anorga	anization tha	at normally receives	(1) more th	an 331/3% o	fits support	from contrib	utions, mem	pership fees	, and gross
		receipt	s from activ	ities related to its e	xempt function	ons—subject	t to certain e	xceptions, a	nd (2) no mo	re than 331/	3% <b>of</b>
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	tax) from bu	sınesses
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee <b>section 5</b>	<b>609(a)(2).</b> (C	omplete Par	tIII)		
10	Γ	Anorga	anızatıon org	ganızed and operated	d exclusively	to test for p	oublic safety	See <b>section</b>	1 509(a)(4).		
11	'	one or the box	more public that descri	ganized and operated ly supported organiz bes the type of supp <b>b</b> Type II <b>c</b>	ations descr orting organ	ibed in secti ization and c	on 509(a)(1) complete line	or section s 11e throu	509(a)(2) So gh 11h	ee <b>section 5</b> 0	<b>09(a)(3).</b> Check
e	Γ	other t		ox, I certify that the on managers and ot							
f				received a written de	etermination	from the IR:	S that it is a <sup>-</sup>	Type I, Typ	e II, or Type	III supportı	ng organization,
		check	this box								i i
g				2006, has the organi	zation accep	ted any gift	or contribution	on from any	of the		
			ng persons? erson who d	rectly or indirectly o	controls auth	eralone ort	ogether with	narenne das	cribed in (ii)		Yes No
				governing body of th	•		5	persons de:	scribed iii (ii)	11g	<del></del>
		•		er of a person descri		-				11g(	• •
		• •	•	lled entity of a perso	• •		hovo?			11g(	
h				ng information about						119(	···/
••		1 TOVIGO	cine ionown	ng miormation about	тие зарроги	a organizaci	1011(3)				
(	i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	notify	(vi) Is	he	(vii) A mount of
_	suppoi		(,	organization	organizati		the organiz	•	organizati		monetary
organization (described on col (i) listed in in col (i) of your						col (i) org		support			
				lines 1 - 9 above	your gove	_	suppor	t?	ın the U	S?	
				or IRC section (see	docume	nt /					
				instructions))						T	4
					Yes	No	Yes	No	Yes	No	
			1	l		1			1	I	

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493043004264

OMB No 1545-0047

Open to Public

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

**Supplemental Financial Statements** 

Inspection Name of the organization NEW ENGLAND SCHOOL OF LAW **Employer identification number** 

				2152671		
Pai	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts	. Complet	e if the
	organization answered fes to form 990	(a) Donor advised funds		(b) Funds and	other accou	nts
L	Total number at end of year			(-,		
2	Aggregate contributions to (during year)					
;	Aggregate grants from (during year)					
ļ	Aggregate value at end of year					
;	Did the organization inform all donors and donor advis- funds are the organization's property, subject to the or		nor advı	sed	┌ Yes	┌ No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficing impermissible private benefit?	5 5			┌ Yes	┌ No
Par	t III Conservation Easements. Complete if	the organization answered "Yes"	to Forn	າ 990, Part I\	/, line 7.	
L 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education)  Preservation of a Preservation of a	certified	d historic struc	ture	
	easement on the last day of the tax year					
	<del>-</del>		_	Held at the	End of the	Year
a	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified history	. ,	2c			
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 8/17/06, and not on a	2d			
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminat	ed by th	e organization	during	
	the tax year 🛌					
ŀ	Number of states where property subject to conservat	ion easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of	violations, and	┌ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments d	uring the year		
7	A mount of expenses incurred in monitoring, inspecting  \$\blue{\sigma}\$  \qquad	g, and enforcing conservation easement	ts durınç	the year		
3	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of se	ction 17	'0(h)(4)(B)(ı)	┌ Yes	┌ No
•	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia				
ar	Organizations Maintaining Collection Complete if the organization answered "Y		or Otl	ner Similar	Assets.	
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote to	.16 (ASC 958), not to report in its reve its held for public exhibition, education,	or rese	arch in furthera		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ets held for public exhibition, education,				ıc
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>F</b> \$	17	4,321
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS					
а	Revenues included in Form 990, Part VIII, line 1			<b>-</b> \$		
				- + <u></u>		

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

Par	Organizations Maintaining Co	llections of Art	<u>, Hist</u>	ori	cal Trea	asures, or (	<u> </u>	<u>r Similar <i>i</i></u>	<u>Asse</u>	ts (cc	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, che	ecka	ny of the	following that	are a	significant i	ise of	ıts	
а	Public exhibition		d	Γ	Loan or	exchange prog	rams				
b	Scholarly research		e	굣	Other S	CHOOL WALL	. FUR	NISHINGS			
c	▼ Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ın how	they	further t	he organizatio	n's ex	cempt purpos	e in		
5	During the year, did the organization solicit							nılar	_		
Do	assets to be sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to raise funds rather than to take the sold to ta							'aa" ta Farra		Yes	✓ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						eu r	es to rom	1 990	',	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?						sets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ıng t	able	_					
									Amou	nt	
C	Beginning balance						<b>1</b> c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	e 21?						Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	explar	natio	n has bee	en provided in l	Part :	XIII			Γ
Pa	rt V Endowment Funds. Complete				d "Yes"	to Form 990	, Par	t IV, line 1			
		(a)Current year	<b>(b)</b> P	rior y		(c)Two years bacl			_		ears back
1a	Beginning of year balance	65,229,448		-	70,663	47,821,98	_	41,414,0	_	3	37,582,512
b	Contributions	6,092,975		10,0	89,632	5,622,48	7	5,335,7	86		2,083,835
C	Net investment earnings, gains, and losses	512,364		4	06,610	1,326,19	3	1,086,2	45		1,761,175
d	Grants or scholarships	5,000			37,457			10,0	20		13,500
e	Other expenditures for facilities and programs							4,0	50		
f	Administrative expenses										
g	End of year balance	71,829,787		65,2	29,448	54,770,66	3	47,821,9	83	4	1,414,022
2	Provide the estimated percentage of the cur	rent year end baland	ce (lıne	e 1g,	column (	a)) held as					
а	Board designated or quasi-endowment 🕨	96 600 %									
b	Permanent endowment ► 0 400 %										
c	Temporarily restricted endowment ► 3 C	00 %									
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat a	re held a	nd admınıstere	d for	the			
	organization by							Г.	<b>7</b> - (*)	Yes	No
	(i) unrelated organizations			•			•	-	Ba(i) Ba(ii)		No No
b	(ii) related organizations				ule R?		•	· · · <u>L</u>	3b		NO
4	Describe in Part XIII the intended uses of the	•					•				<u> </u>
Par	t VI Land, Buildings, and Equipme										
	Description of property		·		Cost or oth			(c) Accumula depreciatio		<b>(d)</b> Bo	ok value
1a	Land					1,32	5,454		$\neg \uparrow$		1,325,454
	Buildings					15,06		6,969	,348		8,093,791
	Leasehold improvements		.			,	-	,			. , -
	Equipment		.			8,45	1,910	6,918	,446		1,533,464
	0 th		.			13,50		8,024	+		5,480,312
	I. Add lines 1a through 1e (Column (d) must e			nn (l	3), line 10	· · ·	•	<u> </u>			6,433,021
	- , , , ,								e D (F		90) 2012

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descrip	otion	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
REFUNDABLE US GOVERNMENT STUDENT LOANS	975,248	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	975,248	
2 Fin 48 (ASC 740) Footpote In Part XIII provide the tex	•	<del></del>

	( ,		. agc .
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	38,195,118
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 XIII)............ <b>2d</b>		
e	Add lines <b>2a</b> through <b>2d</b>	2e	229,939
3	Subtract line <b>2e</b> from line <b>1</b>	3	37,965,179
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	10,276,336
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	48,241,515
Par	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	26,315,490
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)............... 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	26,315,490
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 XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	10,276,336
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	36,591,826

#### Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
	PART III, LINE 4	PAINTINGS OF THE JUDGES ARE SCHOOL WALL FURNISHINGS AND ARE RECORDED AT COST PAINTINGS HONOR JUDGES WHO CONTRIBUTED TO THE LEGAL SYSTEM AND TO THE LAW SCHOOL AND ARE AN INSPIRATION TO LAW STUDENTS AND PROFESSORS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE SCHOOL'S UNRESTRICTED ENDOWMENT IS AVAILABLE FOR CURRENT PURPOSES, AS AUTHORIZED BY THE BOARD OF TRUSTEES TEMPORARILY RESTRICTED AND PERMANENTLY RESTRICTED ENDOWMENT FUNDS WILL BE UTILIZED AND MAINTAINED CONSISTENT WITH THE INTENT OF THE DONORS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE SCHOOL QUALIFIES AS A TAX-EXEMPT NON-PROFIT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, ACCORDINGLY THERE IS NO PROVISION FOR FEDERAL OR STATE TAXES THE SCHOOL ADMINISTRATION HAS ANALYZED THE TAX POSITIONS TAKEN BY THE SCHOOL AND HAS CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THE SCHOOL IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER THERE ARE NO AUDITS CURRENTLY IN PROCESS THE SCHOOL'S TAX RETURNS GENERALLY REMAIN OPEN FOR THE MOST RECENT THREE YEARS
PART XI, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS AND GRANTS INCLUDED IN NET TUITION AND FEES FOR FS PURPOSES 10,276,336
PART XII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIPS AND GRANTS INCLUDED IN NET TUITION AND FEES FOR FS PURPOSES 10,276,336

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OMB No 1545-0047

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Schools** ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 13,

or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

**Employer identification number** 

Name of the organization NEW ENGLAND SCHOOL OF LAW 04-2152671 Part I YES NO 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 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

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 HAS A NONDISCRIMINATION POLICY AND IT IS INCLUDED IN ITS BROCHURES, ADVERTISEMENTS AND CATALOGUES THE POLICY NOTICE INCLUDES THE NAME OF THE PERSON DESIGNATED TO HANDLE INQUIRIES REGARDING THE NONDISCRIMINATION POLICY
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE SCHOOL PARTICIPATES IN FEDERAL GOVERNMENT TITLE IV PROGRAMS THE FOLLOWING LIST IS A LIST OF THE PROGRAMS FEDERAL STAFFORD LOAN PROGRAMS, FEDERAL PERKINS LOAN PROGRAMS, AND FEDERAL WORK STUDY PROGRAMS

Schedule E (Form 990 or 990-EZ) 2012

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DLN: 93493043004264

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### **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.

OMB No 1545-0047

2012

Open to Public Inspection

	e of the organization / ENGLAND SCHOOL OF LAW				Employer Ident	irication number
					04-2152671	
Pa	"Yes" to Form 990, Pai			n <b>e United States.</b> Co	omplete if the organiz	ation answered
1	<b>For grantmakers.</b> Does the cassistance, the grantees' eligible the grants or assistance?	gibility for the g	grants or assis	stance, and the selection	on criteria used to awa	
2	For grantmakers. Describe in the United States.					nds outside
3	Activites per Region (The follow	ing Part I, line 3	table can be di	uplicated if additional spa	ce is needed )	
	<b>(a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	EUROPE (INCLUDING ICELAND AND GREENLAND	0	1	CONFERENCE		722
	EUROPE (INCLUDING ICELAND AND GREENLAND	0	0	SUMMER SCHOOL		148,113
	NORTH AMERICA - CANADA AND MEXICO	0	1	CONFERENCE		892
	Sub-total	0	2			149,727
	Total from continuation sheets to Part I	0	0			(
c	Totals (add lines 3a and 3b)	0	2	1		149,727

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<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				ted above that are r e or counsel has pro						
3	Enter total number of other organizations or entities									

Schedule F (Form 990) 2012

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. Part III can be duplicated if additional space is needed.

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

#### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	No
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	Y	'es	<u> </u>	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)	Γ	Υ	'es	<u> </u>	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	Υ	'es	<u> </u>	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).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

#### Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

as applicable. Also col	inplete this part to provide any da	ditional information (see instructions).
Identifier	ReturnReference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 THE CONSORTIUM FOR INNOVATIVE LEGAL EDUCATION (CILE) FILES A SEPARATE FORM 990 THAT LISTS THE ACTIVITIES OF THE FOUR PARTICIPATING LAW SCHOOLS THE SCHOOL MONITORS THE ACTIVITIES OF ITS PARTICULAR PROGRAM AND ANY EXCESS OF REVENUE OVER EXPENSES IS PAID TO THE CONSORTIUM ANY EXCESS EXPENSES OVER REVENUE ARE REIMBURSED TO THE SCHOOL BY CILE
		Schedule F (Form 990) 2012

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

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

OMB No 1545-0047

DLN: 93493043004264

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization						Employer identificati	on number
NEW ENGLAND SCHOOL OF LAW						04-2152671	
Part I General Information	on on Grants and	d Assistance				<b>'</b>	
Does the organization maintain the selection criteria used to a Describe in Part IV the organiz	ward the grants or as ation's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	d States			▼Yes 「N
<b>Part II Grants and Other A</b> Form 990, Part IV, lin							es" to
(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	( <b>h)</b> Purpose of gran or assistance
2 Enter total number of section 5		=				· · · •	
3 Enter total number of other orga- For Paperwork Reduction Act Notice, se				Cat No 50055P			le I (Form 990) 2012

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, <b>(f)</b> Description of non-cash assistance
(1) GRANTS AND SCHOLARSHIPS	573	0	10,244,130	CURRENT TUITION RATE	TUITION REMISSION
(2) OTHER FINANCIAL AID	2	0	32,206	CURRENT TUITION RATE	TUITION WAIVER

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 FEDERAL AND INSTITUTIONAL GRANTS AND SCHOLARSHIPS ARE AWARDED CONSISTENT WITH FEDERAL AND INSTITUTIONAL GUIDELINES FEDERAL PROGRAMS ARE SUBJECT TO AN ANNUAL INDEDPENDENT AUDIT THE SCHOOL'S FINANCIAL AID OFFICES MONITORS ALL RECIPIENTS OF SCHOLARSHIP AWARDS TO DETERMINE BOTH INITIAL AND CONTINUING ELIGIBILITY BASED UPON THE CRITERIA FOR EACH TYPE OF AWARD VARIOUS CRITERIA MAY INCLUDE BUT IS NOT LIMITED TO, ACADEMIC PERFORMANCE, FINANCIAL NEED OR OTHER CRITERIA ESTABLISHED BY THE FUNDING SOURCE

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DLN: 93493043004264

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization NEW ENGLAND SCHOOL OF LAW **Employer identification number** 

04-2152671

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Full Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments			
	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 or provision of all of 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?	2		No
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ 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 organization	on		
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νο
	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	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section $53.4958-6(c)$ ?	9		

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
[		(i) Base compensation	(ii) Bonus & ıncentıve compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)O'BRIEN JOHN DEAN	(i) (ii)		0	210,088	25,000 0	25,857 0	873,099	0
(2)CALAMARE SUSAN ASSOCIATE DEAN	(i) (ii)		0	1,032	24,502 0	2,766 0	273,300	0
(3)GREENBERG JUDITH ASSOCIATE DEAN	(i) (ii)		0	1,584	24,500 0	25,857 0	7 296,941 0 0	0
(4)CHESTER RONALD PROFESSOR	(i) (ii)		0	3,048	20,208	25,857 0	7 251,196 0 0	0
(5)MONSERUD GARY PROFESSOR	(i) (ii)		0	3,048	19,951 0	25,857 0	248,356	0
(6)NYQUIST CURTIS PROFESSOR	(i) (ii)		0	3,048	19,650 0	25,857 0	252,055	0
(7)SORENSON CHARLES PROFESSOR	(i) (ii)		0	1,584	18,207 0	25,857 0	7 242,488 0 0	0
(8)TEICH PAUL PROFESSOR	(i) (ii)		0 0	1,584	20,992	25,857 0	258,350	0

Schedule J (Form 990) 2012

#### Part III Supplemental Information

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

Identifier	Return Reference	Explanation										
	, ,	THE DEAN IS PROVIDED TAX GROSS-UP PAYMENTS ON FORGIVEN PRINCIPAL AND IMPUTED INTEREST AMOUNTS ON A LOAN RECEIVABLE, ALL OF WHICH IS TREATED AS TAXABLE INCOME ON FORM W-2 THE DEAN IS PROVIDED A HOUSING ALLOWANCE WHICH IS TREATED AS TAXABLE INCOME ON FORM W-2 THE DEAN IS PROVIDED A PERSONAL TAX PREPARATION SERVICES WHICH IS TREATED AS TAXABLE INCOME ON FORM W-2										

Schedule J (Form 990) 2012

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DLN: 93493043004264

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **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, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047 2012

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	organization SCHOOL OF LAW								<b>ploye</b> :		ication	number		
Part I E	xcess Benefit	Transac	ctions (se	ection !	501(c)(3) a	nd section 5	01(c)(4) org							
Co	omplete if the org													
1 (a) N	ame of disqualifie	ed person			between dis id organizatio		(c) Description of transaction					(d) Corrected?		
			Ρ.		ia organizació	911						Yes	No	
2 Enterth	ne amount of tax i	ncurred by	organizat	ion man	agers or disq	qualified perso	ns during the	yearu	nders	ection				
4958 .									.	• \$ - -				
<b>3</b> Enterth	ne amount of tax,	ıf any, on l	ine 2, abov	/e, reimi	oursed by the	e organization			•	<b>*</b> \$ _				
	Loans to and													
	Complete if the o						ne 38a, or For	m 990	), Part	IV, line	26, o	r ıf the		
			se of loan (d) Loan to (e)O rigin			(e)0 riginal			(g) In (h)			(i)Written		
ınterested	with	ith		or fro		principal	due		ult?	Appro		agreement?		
person	organization			organiz	ation	amount		by board committe						
				То	From			Yes	No	Yes	No	Yes	No	
(1) DEAN		COMPEN			Х	650,000	393,900		Νo	Yes		Yes		
JOHN F O'BRIEN		AGREEME	= N I											
												_		
												_		
												_		
												_		
 Γotal	<u> </u>			  ► s			393,900					٦		
	Grants or Ass	istance	Benefitti	· т	erested P	Persons.	333,300							
	Complete if the						IV, line 27.							
			nship betw		<b>c)</b> A mount o	fassistance	(d) Type of	assist	ance	(e) l	urpos	e of assi	stance	
þе	rson ı		person and nization	i tile										
· ·		· · · · · ·	· · · · · ·											

Part IV Business Transactions Complete if the organizat			ne 28a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?		
				Yes	No	
(1) MARK LAWTON	BROTHER OF TRUSTEE	35,000	COMPENSATION		No	

#### Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493043004264

SCHEDINE O

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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization NEW ENGLAND SCHOOL OF LAW **Employer identification number** 

04-2152671

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	THE HONORABLE ROBERT H QUINN (TRUSTEE) AND SUSAN CALAMARE (ASSOCIATE DEAN) HAVE A FAMILY RELATIONSHIP
	FORM 990, PART VI, SECTION B, LINE 11	THE RETURN IS REVIEWED BY MEMBERS OF THE SCHOOL'S BUSINESS OFFICE AS WELL AS INDEPENDENT TAX ADVISORS A DRAFT OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL PRIOR TO ITS FILING A COPY OF THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BOARD PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST DISCLOSURE STATEMENT IS REQUIRED TO BE COMPLETED ANNUALLY BY ALL MEMBERS OF THE BOARD OF TRUSTEES AND KEY EMPLOYEES A TRUSTEE WOULD RECUSE HIM OR HERSELF FROM THE DISCUSSION AND THE DECISION REGARDING ANY POTENTIAL OR ACTUAL CONFLICT OF INTEREST TRANSACTION
	FORM 990, PART VI, SECTION B, LINE 15A	IN LATE 2008 THE BOARD OF TRUSTEES COMMISSIONED A COMMITTEE ON COMPENSATION TO DETERMINE THE APPROPRIATE COMPENSATION FOR THE DEAN THE DUE DILIGENCE EFFORT, WHICH TOOK OVER FOUR MONTHS TO COMPLETE, INCLUDED (BUT WAS NOT LIMITED TO) THE FOLLOWING UNDERTAKINGS APPOINTMENT OF COMPENSATION COMMITTEE, THOROUGH ANALYSIS OF COMPARABLE RELEVENT COMPENSATION THROUGH RESEARCH OF FORMS 990 FILED BY A WIDE VARIETY OF SIMILAR INSTITUTIONS, RETENTION OF AN INDEPENDENT LAW FIRM WITH EXPERTISE IN EXECUTIVE COMPENSATION FOR ADDITIONAL ANALYSIS AND RETENTION OF INDEPENDENT ACCOUNTING FIRM WITH EXPERTISE IN EXECUTIVE COMPENSATION AND FORM 990 PREPARATION FOR SPECIFIC RECOMMENDATIONS THERE IS CONTEMPORANEOUS DOCUMENTATION OF DELIBERATION AND DECISION OF THE COMPENSATION ARRANGEMENT
	FORM 990, PART VI, SECTION C, LINE 19	THE SCHOOL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
	FORM 990, PART XII, LINE 2C	THERE WAS NO CHANGE FROM PRIOR YEAR

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DLN: 93493043004264

2012

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

### **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service

Name of the organization

NEW ENGLAND SCHOOL OF LAW

(Form 990)

► Attach to Form 990. ► See separate instructions.

				04-21526	571			
Part I Identification of Disregarded Entities (Con	nplete if the organizatio	n answered "Yes" to	Form 990, P	art IV, line 33.)				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entıty	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	[	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during		f the organization a	nswered "Yes	" to Form 990, F	Part IV,	, line 34 because it	t had o	ne
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code se	ction Public charity (if section 501	status I(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co en	ontrolle itity?
(1) CONSORTIUM FOR INNOVATIVE LEGAL ED	EDUCATION	DE	501(C)(3)	11B			Yes	No No
875 SUMMIT AVENUE						N/A		
ST PAUL, MN 55105 41-1884496						14/7		
For Paperwork Reduction Act Notice, see the Instructions for Form 9	990.	Cat No 501	35Y			Schedule R (Forr	n 990) 2	2012

(a) Name, address, and EIN o related organization	f	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	<b>(f)</b> Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust ( poration or	Complete if t	he organı the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)		( <b>d)</b> Direct controlli entity	(e) Type of enti (C corp, S corp, or trust)	(f) Share of to income	total Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No	
<b>1</b> D	ırıng the tax year, dıd the orgranızatıon engage ın any of the following transactions with one or more rela	ated organızatıons lı	sted in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No	
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes		
C	Gift, grant, or capital contribution from related organization(s)				1c		No	
d	Loans or loan guarantees to or for related organization(s)				1d		No	
е	Loans or loan guarantees by related organization(s)				1e		No	
f	Dividends from related organization(s)				1f		No	
g	Sale of assets to related organization(s)				1g		No	
h	Purchase of assets from related organization(s)				1h		No	
i	Exchange of assets with related organization(s)				1i		No	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No	
I Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				10		No	
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p	Yes		
q	Reimbursement paid by related organization(s) for expenses				1q		No	
r	Other transfer of cash or property to related organization(s)				1r	Yes		
s	Other transfer of cash or property from related organization(s)				1s		No	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t  (a)	(b)	· · · · · · · · · · · · · · · · · · ·	(d)				
	Name of other organization	Transaction type (a-s)	(c) Amount involved	Method of determining amo	ount II	nvolved		

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				•	,		Ī	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	( <b>h)</b> Disproprtiona allocations?	,	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

**Additional Data Return to Form** 

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**Software Version:** 

**EIN:** 04-2152671

Name: NEW ENGLAND SCHOOL OF LAW

Schedule R (Form 990) 2012

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### Part VII Supplemental Information

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