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Form **990**

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)

OMB No 1545-0047 2009

Department of the Treasury

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

Open to Public

emai revenue		•	•	•	- •	Inspection
		ar, or tax year beginning 01-01-2 C Name of organization	2009 and ending 12-31-200	09	D Employer id	lentification number
Check if ap Address ch	i icasc	Art Center College of Design			95-19213	
Name char	label or	Doing Business As			E Telephone n	
Initial retur	type. See				(626) 396	-2200
-	Instruc-	Number and street (or P O box if r 1700 Lida Street	mail is not delivered to street addr	ess) Room/suite		s \$ 201,419,052
Terminated						
Amended r		City or town, state or country, and Pasadena, CA 91109	ZIP + 4			
Application	pending					
		me and address of principal offic	er		hıs a group retu	
		Buchman Lıda St		affili	ıates?	⊤Yes ▼ No
	Pasad	ena,CA 91109		H(b) Are	all affiliates inclu	ded?
	L_			If"N	No," attach a lis	t (see instructions)
Tax-exem	pt status 🔽 501(c) (3) ◀ (insert no)	or 527	H(c) Gro	oup exemption n	umber 🟲
Website	:: ► artcenter edu	ı				
Form of ord	anization 🔽 Cornor	ation Trust Association Other I	<u> </u>	l Year of f	ormation 1930	M State of legal domicile C
Part I		ation, muse, resociation, ether.		= rear or r	omation 1930	Trotate or legal dofficile
		he organization's mission or mos	t significant activities			
		e of Design operates an indepen				
		ıl desıgn In so doıng, the Colleg es our graduates to realıze succ				ce, which defines our
_	Charles and the state of the st	— .c.i	. 4 . 4	J.6 ::	2501 5:	
		if the organization discontinue				
		members of the governing body				3
		ndent voting members of the gov		b)		4
		mployees (Part V , line 2a) .				51,4
		olunteers (estimate if necessary	•			51
		ated business revenue from Part				/a
ь	Net unrelated bus	siness taxable income from Form	1990-T, line 34			'b
	_			Pri	or Year	Current Year
8		nd grants (Part VIII, line 1h)		•	7,461,084	5,673,48
9 10	-	revenue (Part VIII, line 2g) .		•	66,550,515	68,342,030
10		ome (Part VIII, column (A), lines		•	3,132,000	3,578,19
**		Part VIII, column (A), lines 5, 6 add lines 8 through 11 (must eqi			42,817	22,55
12		add iines 8 through 11 (must equ		ie	77,186,416	77,616,26
13		lar amounts paıd (Part IX, colum			10,684,206	12,759,980
14	Benefits paid to	or for members (Part IX, column	(A), line 4)			(
15	Salaries, other o	ompensation, employee benefits	s (Part IX, column (A), lines	5-		
16a	10)				37,867,004	38,186,738
16a	Professional fun	draising fees (Part IX, column (A	A), line 11e)		173,175	6,040
ь	Total fundraising ex	penses (Part IX, column (D), line 25) 🕨	2,369,323			
17	Other expenses	(Part IX, column (A), lines 11a-	-11d, 11f-24f)	•	30,244,031	22,855,50
18	Total expenses	Add lines 13-17 (must equal P	art IX, column (A), line 25)		78,968,416	73,808,260
19	Revenue less ex	penses Subtract line 18 from li	ne 12		-1,782,000	3,808,000
20 Q				_	ng of Current	End of Year
90 00 00 00 00 00 00 00 00 00 00 00 00 0	Total access (2)	art V line 161			Year	122.004.004
20 1		art X, line 16)			106,503,000	123,096,000
里 21		(Part X, line 26)			33,981,000	37,141,000
		nd balances Subtract line 21 fro	om line 20		72,522,000	85,955,000
art II	Signature B		Alexa			Alea bask of man lensented as
		erjury, I declare that I have examined correct, and complete Declaration of p				
	<u> </u>		·	1		
gn	*****				0-11-11	
re	Signature of office			Date	:	
		ak Senior VP and Chief Financial Offic				
	Type or print nai	ne and title				
	Preparer's Willia	m R Kınsella	Date 2010-11-11	Check if self-	Preparer's ident	
id	signature Willia	III IX MIIDCIID	2010-11-11	empolyed •	(See instruction	,
eparer's	Firm's name (or you	rs William R Kinsella CPA	1	·	ETAL M.	
e Only	if self-employed), address, and ZIP + 4	7526 Kentwood Ave	EIN Þ			
					Phone no ▶ (310) 641-3255
v tha IDS	[Los Angeles, CA 90045	(a) (cas instructions)			Zvas ENa

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Ensure the future success of our institution by investing in our students and faculty with the infrastructure, technology and educational resources necessary to advance learning, research and achivement to the highest levels of excellence. Master the challenges of the present with a deep understanding of how art and design shapes and defines our global culture, with a commitment to progressive education defined by social responsibility, critical thinking, intellectual diversity and the creative process.

			program services during th	e year which were not listed on	┌ Yes ┌ No
11	f "Yes," describe these i	new services on Sche	dule O		
s	ervices?			wit conducts, any program	┌ Yes ┌ No
If	f "Yes," describe these (changes on Schedule	0		
S	ection 501(c)(3) and 5	01(c)(4) organization		three largest program services usts are required to report the a gram service reported	
1a ((Code) (Expenses \$	58,480,054 including grants o	f \$ 12,759,980) (Revenue :	68,342,030)
l r i a	bachelor of fine arts degree i majors - Environmental Desi Education and Entertainment and Illustration the master of	in six majors - Advertising ign, Product Design and Tr t Design Graduate prograi f science degree in Enviroi	, Film, Fine Art, Graphic Design, Ill ransportation Design It also offers ms lead to the master of fine arts nmental Design, Product Design, a	ers in communications arts and industricustration and Photography, and a bach multi-disciplinary undergraduate progradegree in Advertising, Film, Fine Art, Cond Transportation Design and the master of the College The 2009 FTE enrollme	elor of science degree on three ims in Animation, Digital Media ommunication New Media Design, er of arts degree in Art Theory and
1 b ((Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
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- - - - -	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)
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	(Code) (Expenses \$	including grants of	\$) (Revenue \$	
- - - - - - - -	(Code			\$) (Revenue \$	
- - - - - - - - -		s (Describe in Sched		\$) (Revenue \$)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Form	990 (2009)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	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		N o
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance
. GII G U	Statements Regarding other Inc. I migs and Tax compliance

Pa	Statements Regarding Other 183 Fillings and Tax Comphanice			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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		
LO	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			
l1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
-	year 12b			

1700 Lida Street Pasadena, CA 91109 (626) 396-2200

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

Section A. Governing Body and Management

<u> </u>	ection A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 14			
Ь	Enter the number of voting members that are independent 13			
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		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			110
а	year by the following 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		163	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
4.3	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14 15	Does the organization have a written document retention and destruction policy?	14	Yes	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	'		
17	List the States with which a copy of this Form 990 is required to be filed▶CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orda	nization	ı ≱ -
	Art Center College of Decign	0, yu		

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

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

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

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

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

b T	otal .									Þ	3,303,358	

Total number of individuals (including but not limited to those listed above) who received more than 2 \$100,000 in reportable compensation from the organization ▶34

			Yes	No
3	Did the organization list any former 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	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Universal Security Solutions 639 Wilshire Blvd Los Angeles, CA 90017	Security services	588,747
Sodexho 9801 Washington Blvd Gaithersburg, MD 20878	Campus Catering services	451,395
Specialty Services 45 LaPorte St Arcadia, CA 91006 AF	Janıtorial services	343,485
Allen Matkins Leck Gamble 515 S Figueroa 8th Floor Los Angeles, CA 90071	Legal services	212,418
Typecraft 204 E Walnut St Pasadena, CA 91107	Printing services	209,115
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

\$100,000 in compensation from the organization 14

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts nts	1a	Federated cam	paigns 1a					
きき	ь	Membership du	ies 1b					
20€	c	Fundraising eve	ents 1c	36,595				
Ĕä	d	Related organiz	zations 1d					
್ಪ ಕ	e	Government grants	s (contributions) 1e	3,780,400				
등등	l f	All other contribution	ons, gifts, grants, and 1f	1,856,487	-			
夏季		sımılar amounts no	ot included above					
<u>₹</u>	g	lines 1a-1f \$	ıbutıons ıncluded ın 47,958					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines	s 1a-1f	▶	5,673,482			
···				Business Code				
Ę	2a	Tuition and fees		611,600	66,309,459	66,309,459		
e. Ke	Ь	Student support se	anucos	· •				
產			ervices	611,600	480,216	480,216		
Š	c .	Ancillary services		611,600	1,552,355	1,552,355		
Ì	d							
Ē	е							
Program Service Revenue	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f		68,342,030			
	3		ome (including dividen	-				†
		and other simila	aramounts)	▶ [3,188,194			3,188,194
	4	Income from inves	stment of tax-exempt bond	oroceeds 🕨				
	5	Royalties		🕨				
			(ı) Real	(11) Personal				
	6a	Gross Rents	67,036					
	Ь	Less rental expenses						
	c	Rental income or (loss)	67,036					
	d		me or (loss)		67,036			67,036
			(ı) Securities	(II) O ther				
	7a	Gross amount	124,127,000					
		from sales of assets other						
	Ь	than inventory Less cost or	123,737,000					
		other basis and sales expenses	, ,					
	c	Gain or (loss)	390,000					
	d	Net gaın or (los	ss)		390,000			390,000
	8a		rom fundraising					
Ė		events (not inc	luding ,,595					
হ		Ψ	s reported on line 1c)					
<u>စိ</u>		See Part IV , lin	ne 18					
			а	21,310				
Other Revenue	b		penses b	65,792	44 400			44.400
·	C		(loss) from fundraising	events 🕦	-44,482			-44,482
	9a	Gross income f See Part IV , lin	rom gaming activities					
		. ,	a					
	ь	Less direct ex	penses b					
	c	Net income or ((loss) from gaming activ	vities				
	10a	Gross sales of						
		returns and allo						
		1000 0	a and sold b					
	Ь		oods sold b (loss) from sales of inve	entory				
	С	Miscellaneous	· ·	Business Code				+
	11a	scenaneou:	- Novelide	Dasiness code				
	ь							+
								
	C	A.II						
	d	All other reven						
	е	Total. Add lines	s 11a-11d					
	12	Total revenue	See Instructions	▶				+
	J	. J. a. i evellue.	COCENSCIACTIONS :	• •	77,616,260	68,342,030		3,600,748

	990 (2009)				Page 10
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	Il other organizations must complete column (A) but are not required to		(B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	12,759,980	12,759,980		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,519,878	419,178	971,816	128,884
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	658,367		658,367	
7	Other salaries and wages	29,268,216	23,348,155	4,661,873	1,258,188
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,769,536	1,501,870	190,472	77,194
9	Other employee benefits	2,799,292	2,262,317	417,205	119,770
10	Payroll taxes	2,171,449	1,651,672	 	96,512
11	Fees for services (non-employees)	2,1,1,1,5	1,001,072	.23,233	30,012
a	Management	15,731		15,731	
h	Legal	149,853	33,708	· · · · · ·	780
c	Accounting	232,575	18,505	· · · · · · · · · · · · · · · · · · ·	780
_	-	232,373	10,303	214,070	
d	Professional fundraising See Part IV June 17			+	6.040
e	Professional fundraising See Part IV, line 17	6,040		225 222	6,040
f	Investment management fees	325,222		325,222	
g	Other	2,174,012		· ·	55,344
12	Advertising and promotion	57,361	51,948	· ·	
13	Office expenses	6,110,009	3,399,376	 	152,195
14	Information technology	309,651	137,953	165,057	6,641
15	Royalties	0			
16	Occupancy	4,857,877	4,588,628	· · · · · · · · · · · · · · · · · · ·	82,441
17	Travel	1,056,656	697,141	163,864	195,651
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	137,687	78,228	54,564	4,895
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,977,709	1,869,715	74,996	32,998
23	Insurance	1,543,432	1,543,432		
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Licenses, Permits, Dues and Fees	590,832	92,134	492,703	5,995
b	Cost of Student Materials Sold	215,705	215,705		
С	Uncollectible accounts/pledges	622,213	98,871	389,592	133,750
d	Fees on Tax Exempt Debt	695,972	695,972		
е	•	·		† †	
f	All other expenses	1,783,005	1,770,461	499	12,045
25	Total functional expenses. Add lines 1 through 24f	73,808,260	58,480,054		2,369,323
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in	73,000,200	30,700,034	12,730,003	2,307,323
	column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
-					(A)		(B)
	l				Beginning of year		End of year
	1	Cash—non-interest-bearing			5,518	_	5,518
	2	Savings and temporary cash investments	•		6,496,894	_	8,822,901
	3	Pledges and grants receivable, net	•		949,260	_	695,221
	4	Accounts receivable, net			3,950,000	4	4,217,000
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use			43,243	8	67,763
⋖	9	Prepaid expenses and deferred charges			159,250	9	50,181
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	58,124,000			
	ь	Less accumulated depreciation	10b	12,213,000	46,762,000	10c	46,891,000
	11	Investments—publicly traded securities			47,776,000	11	61,550,000
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			360,835	15	796,416
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			106,503,000	16	123,096,000
	17	Accounts payable and accrued expenses .	6,219,763	17	5,784,062		
	18	Grants payable		18			
	19	Deferred revenue		19	446,509		
_	20	Tax-exempt bond liabilities	21,100,000	20	30,330,000		
es.	21	Escrow or custodial account liability Complete Part IV of Schedul	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	•				
Lia		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			6,069,767	24	
	25	Other liabilities Complete Part X of Schedule D			591,470	25	580,429
	26	Total liabilities. Add lines 17 through 25			33,981,000	26	37,141,000
-5		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
Fund Balance		through 29, and lines 33 and 34.					
lar	27	Unrestricted net assets			30,440,000	27	35,929,000
Ва	28	Temporarily restricted net assets			3,631,000	28	11,163,000
рu	29	Permanently restricted net assets			38,451,000	29	38,863,000
F		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	nd con	nplete			
ē		lines 30 through 34.					
ets.	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			72,522,000	33	85,955,000
	34	Total liabilities and net assets/fund balances			106,503,000	34	123,096,000

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

Form **990** (2009)

OMB No 1545-0047

) M B N O 1545-UU2

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Name of the organization
Art Center College of Design

Employer identification number

Da	28 T	Door	on for Del	blic Charity Stat	ue /All ara	anizations	must same	lata this sa	95-192134							
	rt I			blic Charity Stat e foundation because						u ucuons						
1				on of churches, or as					,							
2	, \			in section 170(b)(1)				(=)(=)(-).								
3	Ë			perative hospital ser				170(b)(1)(A	A ACIIIA							
4	Ė.			organization operate						/A //iii\ Ent	ortho					
•	,			y, and state	eu iii conjunc	ction with a r	iospital desci	iibea iii secti	OII 170(D)(1)	(A)(III). LIII	ei tile					
5	Γ	_	-	erated for the benefit	_	or university	owned or op	erated by a g	jovernmental	unit describ	ed in					
	_			A)(iv). (Complete Pa	•											
6	<u> </u>			local government or	=											
7	ı	describ	ed ın	t normally receives a A)(vi) (Complete Pa		part of its s	upport from a	a government	al unit or fror	m the genera	l public	3				
8	\vdash	A comn	nunity trust	described in section	170(b)(1)(A	(Com	plete Part II)								
9	Γ	Anorga	nızatıon tha	t normally receives	(1) more tha	n 331/3% o	f its support f	rom contribu	tions, membe	ership fees, a	and gro	SS				
		receipt	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, and	d (2) no more	than 331/3%	6 of					
		ıts supp	ort from gro	ss investment incon	ne and unrela	ated busines	s taxable ınc	ome (less se	ction 511 ta	x) from busır	nesses					
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)														
10	\sqcap	Anorga	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of													
11 e	Г	one or r the box a	more publicly that describ Type I	anized and operated y supported organiza pes the type of suppo b Type II ex, I certify that the o	tions describ orting organiz c	bed in section and control of the Type III	on 509(a)(1) omplete lines - Functionally	or section 50 11e through / integrated	09(a)(2) See 111h d	section 509	(a)(3). [I - Ot	. Check her				
f	,	other th section If the o check t	nan foundatio 509(a)(2) rganization r his box	on managers and oth	er than one o	or more publ	that it is a T	d organizatio ype I, Type I	ns described II or Type III	in section 5	09(a)(1) or				
g		followin	g persons?	006, has the organiz	•											
				ectly or indirectly co	•			ersons desci	ribed in (ii)		Yes	No				
				governing body of the			ion?			11g(i)		<u> </u>				
		• •	•	r of a person describ	• •					11g(ii)	+	<u> </u>				
				ed entity of a person						11g(iii)					
h		Provide	the followin	g information about t	the supporte	d organizatio	on(s)									
9	(i) Name Suppo rganiz	e of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you no organizat col (i) of	ion in your	(vi) Is the organizat col (i) org	e ıon ın anızed	A m	(vii) ount of pport?				
				instructions))	Yes	No	Yes	No	Yes	No						
Tota			1	1												

ınstructions

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007			(1)(A)(vi)
Calendar year (or fiscal year beginning (a) 2005 (b) 2006 (c) 2007			
$\frac{1}{2}$	(4) 2000	(-) 2000	(6) T - 1 - 1
	(a) 2008	(e) 2009	(f) Otal
1 Gifts, grants, contributions, and			
membership fees received (Do not			
-			
<u> </u>			
· · · · · · · · · · · · · · · · · · ·			
each person (other than a			
governmental unit or publicly			
supported organization) included on			
' I			
, ,			
• • • • • • • • • • • • • • • • • • • •			
Calendar year (or fiscal year heginning			1
(c) 2007	(d) 2008	(e) 2009	(f) Total
,			
-			
and income from similar			
sources			
9 Net income from unrelated			
' I I I I I I I I I I I I I I I I I I I			
- ' '			
==			
· · · · · · · · · · · · · · · · · · ·			
12 Gross receipts from related activities, etc (See instructions)	•	12	•
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or	fifth tax vear as a		nization
check this box and stop here	,	001(0)(0) 0.94	▶ □
·			
Section C. Computation of Public Support Percentage		14	0 %
Section C. Computation of Public Support Percentage 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))			-
		15	
Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14	l line 14 is 33 1/3%	15	this hox
Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and	l line 14 is 33 1/3%		this box
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 		or more, check	► □
Calendar year (or fiscal year beginning in) 1. Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2. Tax revenue's benefit and other paid to re-specially a special to the paid to re-special to			
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 	.6a, and line 15 is	or more, check	e, check this_
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on lise 10% or more, and if the organization meets the "facts and circumstances" test, check 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st	or more, check 33 1/3% or more and line 14 cop here. Explain	e, check this
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on lise 10% or more, and if the organization meets the "facts and circumstances" test, check 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st	or more, check 33 1/3% or more and line 14 cop here. Explain	e, check this orted
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organication 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly supp	e, check this orted
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on l 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as ine 13, 16a, 16b, o	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly support	e, check this orted
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on l 15 is 10% or more, and if the organization meets the "facts and circumstances" test, 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as ine 13, 16a, 16b, o , check this box an	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly support or 17a and line d stop here.	e, check this orted
 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2008 Schedule A, Part II, line 14 33 1/3% support test—2009. If the organization did not check the box on line 13, and and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2008. If the organization did not check the box on line 13 or 1 box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on l is 10% or more, and if the organization meets the "facts and circumstances" test, ch in Part IV how the organization meets the "facts and circumstances" test The organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on l 	.6a, and line 15 is ine 13, 16a, or 16l eck this box and st ization qualifies as ine 13, 16a, 16b, o , check this box an	o or more, check 33 1/3% or more b and line 14 cop here. Explain a publicly support or 17a and line d stop here.	e, check this orted

►□

organization

Pa	(Complete only if you				(a)(2)		
Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,			+			
2	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513 Tax revenues levied for the						
4	organization's benefit and either						
	paid to or expended on its						
	behalf			-			
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public Support (Subtract line 7 c from line 6)						
Se	ction B. Total Support	1				1	
	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	ın)	(4) 2003	(2) 2000	(6) 2007	(4) 2000	(0,200)	(1) otal
9	A mounts from line 6 Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
ь	sources Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
с 11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
12	business is regularly carried on Other income. Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is fo	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orga	
	check this box and stop here						►□
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	0 %
16	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inve						
17	Investment income percentage for 2	009 (line 10c co	olumn (f) divided l	by line 13 colum	n (f))	17	0 %
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	. 7		18	
19a	33 1/3% support tests—2009. If the					than 33 1/3% ar	nd line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T	ne organization q	ualities as a publ	ıcıy supported		

33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

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

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 95-1921340

Name: Art Center College of Design

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

Compensated Employees, and	Independ	ent C	ontra	act	ors					
(A) Name and Title	(B) Average hours		(C tion (d hat aj	chec		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Robert Davidson Jr Chair	1 00	X						0	0	0
Lorne Buchman President CEO	40 00	х		Х				100,500	0	0
Frank Ellsworth Interim President	40 00	Х		Х				288,488	0	0
William Gross Trustee	1 00	Х						0	0	0
Kıt Hınrıchs Vıce-Chair	1 00	X						0	0	0
William Horsfall Treasurer Secretary	1 00	Х						0	0	0
George Ladyman Trustee	1 00	X						0	0	0
Cleon Knapp Trustee	1 00	Χ						0	0	0
Timothy Kobe Trustee	1 00	X						0	0	0
Samuel Mann Trustee	1 00	Х						0	0	0
Frederick Nicholas Secretary	1 00	Х						0	0	0
John Puerner Chair	1 00	X						0	0	0
Paul Violich Trustee	1 00	X						0	0	0
Judy Webb Trustee	1 00	X						0	0	0
Alyce de Roulet Williamson Trustee	1 00	Х						0	0	0
Nikolaus Hafermas Acting Chief Academic Officer	40 00			Χ				246,881	0	0
Richard Haluschak Sr VP, Chief Financial Officer	40 00			Χ				223,184	0	0
Jean Ford Sr VP, Trustee Relations	40 00			Χ				215,532	0	0
George Falardeau Sr VP, Real Estate	40 00			Χ				177,899	0	0
Jeffrey Hoffman Dean of Students	40 00			Χ				122,703	0	0
Iris Gelt Sr VP, Communications	40 00					X		257,049	0	0
Erica Clark Sr VP, Intnl Initiatives	40 00					Χ		192,121	0	0
Fred Fehlau Dean of Academic Affairs	40 00					X		174,665	0	0
Andrew Ogden Dean, Industrial Design	40 00					X		171,839	0	0
Stewart Reed VP, Education	40 00					Х		152,972	0	0

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

(A) Name and Title	(B) Average hours per week	1	that Institutional Truste	-	Highest compens employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Richard Koshalek ex President CEO	1 00		Hee Hee		at ed	Х	657,779	0	0
Patricia Oliver ex Sr VP, Planning	1 00					X	163,143	0	0
Nathan Young ex Ex VP, Chief Academic Officer	1 00					х	158,603	0	0

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DLN: 93493315040100

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization
Art Center College of Design

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	(a) Donor advised funds	(b) Funds a	and other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor ad funds are the organization's property, subject to th	_	onor advised	Г Yes
Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit		•	Г Yes
rt III Conservation Easements. Complete	e if the organization answered "Yes"	to Form 990, Pa	rt IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea	<u> </u>	an historically impo	rtantly land area
Protection of natural habitat	Preservation of	a certified historic s	structure
Preservation of open space			
Complete lines 2a-2d if the organization held a qui	alified conservation contribution in the fo	rm of a conservatio	n
easement on the last day of the tax year		Held at	t the End of the Yea
Total number of conservation easements		2a	
Total acreage restricted by conservation easemen	ts	2b	
Number of conservation easements on a certified h		2c	
Number of conservation easements included in (c)	acquired after 8/17/06	2d	
Number of conservation easements modified, trans			tion during
the taxable year	refred, refeased, extiliguished, or termina	ited by the organiza	ition during
the taxable year P			
Number of states where property subject to conser	vation easement is located 🛌		
Does the organization have a written policy regardi enforcement of the conservation easements it hold		indling of violations	, and Yes
Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation ease	ements during the y	ear Þ
A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easeme	nts during the year	► \$
Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of s	ection	☐ Yes ☐
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the organization's financ		
	Cilicites		
Complete if the organization answered	ions of Art, Historical Treasures	, or Other Simi	lar Assets.
Complete if the organization answered If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	ions of Art, Historical Treasures i "Yes" to Form 990, Part IV, line 8. IS 116, not to report in its revenue stater Id for public exhibition, education or resea	ment and balance s arch in furtherance	heet works of
Complete if the organization answered If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he	ions of Art, Historical Treasures 1 "Yes" to Form 990, Part IV, line 8. as 116, not to report in its revenue stater ld for public exhibition, education or research as 116, to report in its revenue statements that describes these as 116, to report in its revenue statements republic exhibition, education, or research	ment and balance s arch in furtherance i items t and balance sheet	heet works of of public service, : works of art,
Complete if the organization answered if the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its for the organization elected, as permitted under SFA historical treasures, or other similar assets held for	ions of Art, Historical Treasures I "Yes" to Form 990, Part IV, line 8. IS 116, not to report in its revenue stater ld for public exhibition, education or reseasinancial statements that describes these IS 116, to report in its revenue statements republic exhibition, education, or researches	ment and balance sl arch in furtherance e items t and balance sheet n in furtherance of p	heet works of of public service, : works of art,
Complete if the organization answered If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its fi If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these iter	ions of Art, Historical Treasures I "Yes" to Form 990, Part IV, line 8. IS 116, not to report in its revenue stater ld for public exhibition, education or reseasinancial statements that describes these IS 116, to report in its revenue statements republic exhibition, education, or researches	ment and balance starch in furtherance strems tand balance sheet in in furtherance of p	heet works of of public service, : works of art, ublic service,
Complete if the organization answered if the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its fifthe organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item (i) Revenues included in Form 990, Part VIII, line	ions of Art, Historical Treasures 1 "Yes" to Form 990, Part IV, line 8. Is 116, not to report in its revenue stater Id for public exhibition, education or reseastinancial statements that describes these Is 116, to report in its revenue statement republic exhibition, education, or research ins	ment and balance starch in furtherance in items t and balance sheet in in furtherance of p	heet works of of public service, : works of art, ublic service,
Complete if the organization answered if the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its formular in the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item (i) Revenues included in Form 990, Part VIII, line (ii) Assets included in Form 990, Part X If the organization received or held works of art, his	ions of Art, Historical Treasures 1 "Yes" to Form 990, Part IV, line 8. Is 116, not to report in its revenue stater Id for public exhibition, education or reseastinancial statements that describes these Is 116, to report in its revenue statement republic exhibition, education, or research ins	ment and balance starch in furtherance in items t and balance sheet in in furtherance of p	heet works of of public service, : works of art, ublic service,

ar	Organizations Maintaining Co	llections of Art	, His	torical 1	<u> Freas</u>	ures, or C	<u> the</u>	<u>r Similar</u>	· Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e following	g that a	ire a signific	ant u	ise of its co	llectio	n	
а	Public exhibition		d	┌ Loa	n or ex	change prog	rams	;			
b	Scholarly research		e	┌ Oth	er						
c	Preservation for future generations										
1	Provide a description of the organization's co Part XIV	ollections and expla	ın how	they furt	her the	organizatioi	n's ex	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•				nılar	Г	Yes	┌ No
Pa	rt IV Escrow and Custodial Arrang					on answere	d "Y	es" to For	m 99	0,	
	Part IV, line 9, or reported an ar		-	•							
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	diary	for contrib	butions	or other ass	sets	not	Г	Yes	∏ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	followi	ıng table		г		1			
						-			A mo	unt	
C	Beginning balance						1 c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1 f				
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 XI\	1									
² a	rt V Endowment Funds. Complete										
		(a)Current Year	(b	Prior Year		Two Years Bac	k (d	I)Three Years	Back (e)Four Ye	ears Back
а	Beginning of year balance	33,432,000		43,182,			+				
b	Contributions	585,000		3,421,			+				
С	Investment earnings or losses	10,782,000		-11,879,			_				
d	Grants or scholarships	1,253,000		1,215,0			_				
е	Other expenditures for facilities and programs	384,000		//,	000						
f	Administrative expenses	224,000					\top				
g	End of year balance	42,938,000		33,432,	000		\top				
2	Provide the estimated percentage of the yea	r end balance held a	 as		I		<u> </u>		I		
а	Board designated or quasi-endowment	%									
b	Permanent endowment • 100 000 % %										
c la	Term endowment % Are there endowment funds not in the posse	ssion of the organiza	ation t	hat are he	eld and	administere	d for	the			
_	organization by	oon on the organiza								Yes	No
	(i) unrelated organizations								3a(i)		Νo
	(ii) related organizations								3a(ii)	ļ	No
	If "Yes" to 3a(II), are the related organizatio				? .		•		3b		
	Describe in Part XIV the intended uses of th				000 -		4.0				
'a	t VI Investments—Land, Building	s, and Equipme	nt. 50						T		
	Description of investment			(a) Cost of basis (inve		(b)Cost or o		(c) Accumu depreciat		(d) Boo	ok value
.a	Land		•			3,679	9,000			;	3,679,000
ь	Buildings					49,003	3,000	11,28	88,000		7,715,000
	Leasehold improvements					<u> </u>	5,000				-
d	Equipment					998	3,000	12	21,000		9,000
e	Other					4,369	9,000	80	04,000		5,488,000

46,891,000

(m) Decembrion of consumity or enterent	Form 990, Part X, line 1 T	(c) Method of valuation
(a) Description of security or category (including name of security)	(b) Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(2) 20011 141140	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
(e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. tion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. tion	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. tion	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Federal student loan funds	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Federal student loan funds	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Federal student loan funds	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Federal student loan funds	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Federal student loan funds	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Federal student loan funds	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Federal student loan funds	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Federal student loan funds	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Federal student loan funds	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Federal student loan funds	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Federal student loan funds	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Federal student loan funds	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Federal student loan funds	5.) , line 25. (b) A mount	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	77,616,260
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	73,808,260
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,808,000
4	Net unrealized gains (losses) on investments	4	9,625,000
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	9,625,000
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,433,000
Par	t XII 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	73,953,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	9,690,792
3	Subtract line 2e from line 1	3	64,262,208
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	13,354,052
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	77,616,260
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	60,520,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
– a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 65,792	1	
e	Add lines 2a through 2d	2e	65,792
3	Subtract line 2e from line 1	3	60,454,208
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 13,354,052	1	
c	Add lines 4a and 4b	4c	13,354,052
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	73,808,260
Pai	t XIV Supplemental Information		
Con	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV,	lines 1b and 2b,

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

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

Ident if ier	Return Reference	Explanation
V	4	The endowments are restricted by the donors for scholarships and support for educational programs and initiatives
X	2	There is no FIN 48 footnote included in the audited financial statements
XII	2 d	Fundraising event expenses netted against fundraising event revenue but included in operating expenses in the financial statements
XII	4 b	College and donor financial aid netted against tuition, Federal financial aid and noncash contributions
ZIII 2d		Fundraising event expenses netted against fundraising event revenue but included in operating expenses in the financial statements
XIII	4 b	College and donor financial aid netted against tuition, Federal financial aid and noncash contributions

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization Art Center College of Design

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

95-1921340 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? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes The College publicizes its racially nondiscriminatory policy through brochures, print media, registration materials and its website Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c 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 h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes h Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🎜 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

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DLN: 93493315040100

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

> Open to Public **Inspection**

Internal Revenue Service Name of the organization

Totals

Department of the Treasury

▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

Employer identification number Art Center College of Design 95-1921340 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region fundraising, program services, offices in the employees or describe specific type of grants to recipients located in agents in region region service(s) in region the region) Study Abroad Semester 52.151 East Asia and the Pacific Program Service South America Program Service Study Abroad Semester 21,160 East Asia and the Pacific Investments Investments Europe Middle East and North Africa Investments North America Investments South America Investments 73,311

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

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

Schedule F (Form 990) 2009

	Complete this part to	provide the information required	l in Part I, line 2, and any additional information.
	Identifier	ReturnReference	Explanation
I		3	The College also conducted three Study Abroad programs in the Europe Region that each lasted 1-2 weeks. The College does not track expenses for these short-term Study Abroad programs.
			track expenses for these short term study Abroad programs

As Filed Data -

DLN: 93493315040100

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

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

2009
Open to Public
Inspection

Name of the organization						Employer iden	tification number
Art Center College of Desig	п					95-1921340	
	Activities. Completions are not required				' to Fori	m 990, Part IV,	, line 17.
1 Indicate whether the o	rganization raised fund	ls through any of	he fo	llowing activities C	heck all	that apply	
a 🔽 Mail solicitations			e	Solicitation of n	n-gover	nment grants	
b 🔽 Internet and e-ma	ıl solıcıtatıons		f	Solicitation of g	vernmei	nt grants	
c Phone solicitations	5		g	▼ Special fundrais	ıng even	ts	
d 🔽 In-person solicita	tions						
2a Did the organization had or key employees liste		•		•		•	Ves □
b If "Yes," list the ten hi to be compensated at		ganızatıon Form					
		(iii) Did fundraiser hav custody or control of contributions	990-l		(v) A		
to be compensated at (i) Name of individual	(ii) Activity	(iii) Did fundraiser hav custody or control of	990-l	EZ filers are not req (iv) Gross receipts	(v) A	mount paid to retained by)	(vi) A mount paid to (or retained by)
to be compensated at (i) Name of individual	least \$5,000 by the or	(iii) Did fundraiser hav custody or control of contributions	990-l	EZ filers are not req (iv) Gross receipts	(v) A	mount paid to retained by)	(vi) A mount paid to (or retained by)

AK,AL,AR,AZ,CA,CO,CT,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MN,MO,MS,MT,NC,ND,NE,NH,NJ,NM,NV,NY,NY,OH,OK,OR,PA,RI,

SC,SD,TN,TX,UT,VA,VT,WA,WI,WV,WY

Ра	rt II	Fundraising Events. Com more than \$15,000 on Form					report	:ea
			(a) Event #1 2009 Car Classic	(b) Event #2	(c) O ther Events	(Add col	tal Eve (a) th	
			(event type)	(event type)	(total number)		, (C))	
ELE	1	Gross receipts	57,90	5			5	7,905
Revenue	2	Less Charitable contributions	36,59	5			3	6,595
	3	Gross income (line 1 minus line 2)	21,310	0			2	1,310
	4	Cash prizes						
မှာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	7,71	2				7,712
ă	7	Food and beverages	10,444	4			1	0,444
Direct	8	Entertainment						
ā	9	Other direct expenses .	47,630	6			4	7,636
	10	Direct expense summary Add lir	nes 4 through 9 ın columr	n (d)	🛌		6	5,792
	11	Net income summary Combine I	nes 3, column d, and line	10		-	-4	4,482
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li	rganızatıon answered ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted mor		
Reveilue			(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col	talgam (a) th I (c))	
	1 (Gross revenue						
	2 (Cash prizes						
Expenses	3 1	Non-cash prizes						
_	4	Rent/facility costs						
Direct	5 (Other direct expenses						
	6 \	Volunteer labor	┌ Yes%_ ┌ No	┌ Yes% ┌ No	┌ Yes			
	7 [Direct expense summary Add line	s 2 through 5 in column ((d)				
	8	Net gaming income summary Con	nbine lines 1, column d, a	nd line 7	<u> </u>		Yes	No
9		er the state(s) in which the organiz					res	NO
a b		ne organization licensed to operate Io," Explain	e gaining activities in eac	n or these states?		· 9a		
10a		e any of the organization's gaming	licenses revoked, suspei	nded or terminated during	the tax year?	 10a		
b		es," Explain	, ,		· 			
4.4		a the output that are a second						
11 12	Is th	s the organization operate gaming ne organization a grantor, beneficia ied to administer charitable gamini	ry or trustee of a trust or			11		

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

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Schedule I

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: 93493315040100

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization

Employer identification number

A rt	Art Center College of Design							95-1921340	
Pa	art I General Infor	mation on Gran	ts and Assistance				1		
1 2	the selection criteria use	ed to award the grant	bstantiate the amount of t s or assistance? dures for monitoring the us			. •	,	√ Yes	
Pa	Form 990, Part	IV, line 21 for any	to Governments and recipient that receive 190) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ved more than \$5,00	0. Use	
(:	a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(3)	(h) Purpose of grant or assistance	

2	Enter total	number o	fsection	501(c)(3)) and	government	organizations
---	-------------	----------	----------	-----------	-------	------------	---------------

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Undergraduate scholarships	953	7,862,986			
Graduate scholarships	168	1,352,522			
Pell grants, SEOG and work study awards	1706	4,036,202			
Student special circumstance tuition waivers	5	23,620			
Educational program tuition discounts	572	150,363			

Part IV Suppleme	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.						
Ident if ier	Return Reference	Explanation					

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DLN: 93493315040100

OMB No 1545-0047

Open to Public Inspection

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, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization Art Center College of Design

Employer identification number

95-1921340

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			İ
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc	_		1b	Yes	
2	Did the organization require substantiation prior to					
	officers, directors, trustees, and the CEO/Executiv	e Directo	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t	hat apply	y			
	Compensation committee	<u> </u>	' '			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u> - </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	t?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-b	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described i	n Regs	section 53 4958-4(a)(3)? If "Yes," describe			1
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

	(i) Base (ii) Bonus & Incentive		SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(I) (II)	236,401		52,087		4,511	292,999	
(ı) (ıı)	246,881			32,377	4,050	283,308	
(ı) (ıı)	223,184			28,938		252,122	
(ı) (ıı)	215,532			27,686	5,296	248,514	
(ı) (ıı)	177,899			21,800	5,296	204,995	
(ı) (ıı)	96,133		160,916		2,158	259,207	
(1) (11)	33,178		158,943		158	192,279	
(1) (11)	174,665			21,312	5,296	201,273	
(ı) (ıı)	171,839			20,891		192,730	
(ı) (ıı)	152,972			6,223	5,296	164,491	
(ı) (ıı)	43,269	374,000	240,510		588	658,367	
(ı) (ıı)			163,143			163,143	
(ı) (ıı)			158,603			158,603	
	<u> </u>						
	(II) (II) (II) (II) (II) (II) (II) (II)	(i) Base compensation (i) 236,401 (ii) 246,881 (ii) 223,184 (ii) 215,532 (ii) 177,899 (ii) 96,133 (ii) 96,133 (ii) 174,665 (ii) 171,839 (ii) 171,839 (ii) 152,972 (ii) 43,269 (ii) (ii) (ii) (ii)	(i) Base compensation (i) 236,401 (ii) 246,881 (ii) 223,184 (ii) 215,532 (ii) 33,178 (ii) 96,133 (ii) 174,665 (ii) 171,839 (ii) 171,839 (ii) 171,839 (ii) 172,972 (ii) 152,972 (ii) 143,269 374,000 (i) (ii) (ii) (ii)	(i) base compensation compensation compensation freportable compensation free frequency fre	(i) Base compensation (ii) Donus & incentive compensation (iii) Other reportable compensation other deferred compensation (i) (ii) (iii) 236,401 52,087 (i) 246,881 32,377 (ii) 223,184 28,938 (ii) 215,532 27,686 (ii) 177,899 21,800 (ii) 96,133 160,916 (ii) 33,178 158,943 (i) (ii) 174,665 21,312 (i) 171,839 20,891 (i) 171,839 20,891 (ii) 43,269 374,000 240,510 (ii) (iii) 155,603 158,603	(i) Base compensation (ii) Dougle incentive compensation (iii) Other reportable compensation other deferred compensation benefits (i) (ii) (iii) 236,401 52,087 4,511 (i) 246,881 32,377 4,050 (i) (ii) 223,184 28,938 28,938 (ii) 215,532 27,686 5,296 (ii) (iii) 377,899 21,800 5,296 (i) 96,133 160,916 2,158 (i) 96,133 158,943 158 (i) 33,178 158,943 21,312 5,296 (ii) 174,665 21,312 5,296 (ii) 171,839 20,891 20,891 (ii) 171,839 20,891 5,296 (ii) 43,269 374,000 240,510 588 (i) (ii) (iii) (iiii) (iiii) (iiii) (iiiiiii) (iiiiiiii	(i) Base compensation (ii) Bonus & mentive compensation (iii) Other compensation other deferred compensation benefits (B)(i)-(D) (i) (ii) (iii) 236,401 52,087 4,511 292,999 (i) 246,881 32,377 4,050 283,308 (ii) 223,184 28,938 252,122 (ii) 215,532 27,686 5,296 248,514 (ii) 177,899 21,800 5,296 204,995 (ii) 96,133 160,916 2,158 259,207 (i) 96,133 158,943 158 192,279 (ii) 174,665 21,312 5,296 201,273 (ii) 174,665 21,312 5,296 201,273 (ii) 171,839 20,891 192,730 (ii) 152,972 6,223 5,296 164,491 (ii) 43,269 374,000 240,510 588 658,367 (ii) (iii) 152,972 163,143 163,143 163,143 (ii) 158,603 158,603 158,603

Part III Supplemental Information

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

Identifier Return Explanation Reference					
I	1	The Interim President and the new President were both provided with temporary housing which was paid directly by the College			
I 4a Severance expense of 71,204 was incurred for Richard Koshalek, former President CEO					

Schedule J (Form 990) 2009

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(Form 990)

DLN: 93493315040100

OMB No 1545-0047

2009

Open to Public

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).

► Attach to Form 990. ► See separate instructions

Department of the Treasury
Internal Revenue Service

Name of the organization

Inspection

	e of the organization Center College of Design									Employ	er identifi	ication nu	ımber	
AILC	center conlege of Design									95-19	21340			
Pa	rt I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Dat	e Issued	(e) Issue	Price	(f) Desc	ription of Purp	ose	(g) De	feased	Beh	On alf of uer
											Yes	No	Yes	No
A	California Educational Facilities A uthority	52-1705592	1301780T7	08-13	-2009	9,9	40,000	Construct So classrooms taxable loan	outh campus Refinance exis	itng		Х		X
Pai	rt III Proceeds													
	Total proceeds of issue				A	В		C		D	,		E	
1	Gross proceeds in reserve funds				9,940,000									
2	Proceeds in refunding or defeasan	co occrows			· - · ·									
3	Other unspent proceeds	ce escrows			5,723,474									
4	Issuance costs from proceeds				226 204									
5	Working capital expenditures from	procoods			226,304									
6	Capital expenditures from proceed				2 000 222									
7	Year of substantial completion	15		2.0	3,990,222									
8	rear of substantial completion			Yes	009 No	Yes	No	Yes	No	Yes	No	Yes	_	No
9	Were the bonds issued as part of a	a current refunding is:	sue?	Υes	NO	res	NO	res	NO	res	NO	res	•	NO
10	Were the bonds issued as part of a	_			Х									
	Has the final allocation of proceed		15546		X									
11	·				^									
12	Does the organization maintain ad the final allocation of proceeds?	iequate books and red	coras to support	Х										
Par	t IIII Private Business Use													
					Α	В				D			Е	
	Was the organization a partner in a	a nartnershin er a me	ambar of an IIC	Yes	No	Yes	No	Yes	No	Yes	No	Yes	•	No
1	which owned property financed by		eniber of all LLC,		X									
2	Are there any lease arrangements which may result in private busine		inanced property		X									
For P	Privacy Act and Paperwork Reduction Ac	ct Notice, see the Instr	uctions for Form 990.			Cat No 50:	193E				Schedule	K (Form	990) 20	09

Schedule K	(Form 990) 2009	
Part III	Private Business Use (Continued)

	,			A			В				С		C	<u> </u>		Е	
			Yes	No		Yes		No	Υe	es	No	,	es (No	Yes		No
3a	Are there any management or service contracts with respe financed property which may result in private business use			x													
3b	Are there any research agreements with respect to the fina which may result in private business use?	nced property		X													
3с	Does the organization routinely engage bond counsel or other counsel to review any management or service contracts or agreements relating to the financed property?		x														
4	Enter the percentage of financed property used in a private by entities other than a section 501(c)(3) organization or a government																
5	Enter the percentage of financed property used in a private as a result of unrelated trade or business activity carried or organization, another section 501(c)(3) organization, or a section 501(c)(3).	n by your															
6	Total of lines 4 and 5																
7	Has the organization adopted management practices and pensure the post-issuance compliance of its tax-exempt bo		X														
Par	IV Arbitrage	Α				В				c			D			E	
		Yes	No		Yes	В	No		Yes		No	Yes		No	Yes		No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	163	X		ies		140		ies		No	16.	•	No	les	'	110
2	Is the bond issue a variable rate issue?	X															
2 3a	Has the organization or the governmental issuer identified	^															
<i>3</i> a	a hedge with respect to the bond issue on its books and records?	X															
b	Name of provider	Wells Fargo Bank															
c	Term of hedge	0000000030 25	000000	0000													
4a	Were gross proceeds invested in a GIC?		X														
b	Name of provider																
С	Term of GIC																
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?																
5	Were any gross proceeds invested beyond an available temporary period?		X														
6	Did the bond issue qualify for an exception to rebate?		X														
															<i>-</i>		

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DLN: 93493315040100

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Part I Types of Property

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

NonCash Contributions

Internal Revenue Service Name of the organization Art Center College of Design

Employer identification number

95-1921340

		(a) Check	(b) Number of Contributions	(c) Revenues reported on	(d Method of d	etermı	nıng	
		ıf applıcable		Form 990, Part VIII, line 1g	rever	nues		
1	Art—Works of art	Х	4	-	Opinion of expert			
2	Art—Historical treasures .			,				
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household	V						
	goods	Х		10	Nominal value			
_	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	9	119,306	Quoted market pric	е		
	Securities—Closely held stock \cdot							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Photo	.,	•	121 500				
	Other ► (equipment)	X	9		O pinion of expert			
	Other ► (Software)	X	2	·	Opinion of expert Opinion of expert			—
	Other ► (Miscellaneous) Other ► ()	^		4,250	O pillion of expert			
20 29	Number of Forms 8283 received	by the ora	nization during the tay yes	r for contributions				
29	for which the organization compl		<u>-</u> .		29			
	,		, ,	· ·			Yes	No
30a	During the year, did the organiza	tion receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three year	s from the o	date of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entil	e holding p	erıod?			30a		No
b	If "Yes," describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell i	non-cash	32a		No
ь	If "Yes," describe in Part II							
	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
Ear D	rivacy Act and Panerwork Reduction	Act Notice	soo the Instructions for Form	n 990 Cat No. 512271	Schedule	M /For	·m 000	2000

Part II

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

Ident if ier	Return Reference	Explanat ion
	1-27	Column B is reported based on the number of contributions

Schedule M (Form 990) 2009

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Supplemental Information to Form 990

Name of the organization Art Center College of Design Employer identification number 95-1921340

Identifier	Return Reference	Explanation
Form 990 VI	1	EXECUTIVE COMMITTEE - The Executive Committee consists of at least seven 7 Board members and includes the Chair of the Board, who shall be Chair of the Committee, the President, the Vice Chair - Chair Elect, the Chairs of all Standing Committees, and in each case provided he or she is a Board member, the Secretary and Treasurer The Executive Committee has authority to undertake any urgent or emergency actions between Board Meetings, to assist the President in addressing and undertaking routine business between regular Board meetings, to assist the Chair and the President in their joint responsibility to help the Board to function effectively and efficiently by suggesting Board meeting agenda items, and to assess the performance of the President. The Chair of the Board, the President or the Secretary shall, promptly after any action is taken by the Executive Committee, advise all Board.
Form 990 VI	1	members of the circumstances requiring action and the action taken by the Executive Committee
Form 990 VI	11A	990 REVIEW PROCESS - The Form 990 is reviewed first by the Controller and the Chief Financial Officer. It is then reviewed by the Audit Committee of the Board of Trustees and the full Board of Trustees during October or November prior to filing with the IRS.
Form 990 VI	12c	CONFLICT OF INTEREST POLICY - The Colleges conflict of interest policy covers all trustees, officers, members of management and committee members. Each covered person must attest annually that they are in compliance with the policy. The statements are reviewed each year by the Audit Committee. The Governance Committee determines if conflict exists. Any transaction in which a conflict may exist must be approved by the Board of Trustees. Any person with a conflict may not participate in the Boards deliberations or vote with regard to the transaction.
Form 990 VI	15	COMPENSATION REVIEW AND APPROVAL PROCESS - a President and CEO - The Executive Committee of the Board of Trustees reviews comparable data from a variery of sources and includes research and advice from one or more independent compensation consultants and attorneys. The Executive Committee then makes a recommendation to the full Board of Trustees for approval is officers and other key employees - The President sets the salaries for these positions using comparable data studies. The Presidents action must be approved by the Executive Committee of the Board of Trustees. This process was last undertaken during 2009.
Form 990 VI	19	AVAILABILITY OF GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS - Articles of Incorporation, Bylaws, Conflict of Interest policy and audited financial statements are available upon request
Schedule K I	Af	BOND DESCRIPTION OF PURPOSE - Bond proceeds were used, in part, to refinance a taxable loan that was used to construct classrooms, galleries, studio space and administrative offices on the Colleges South Campus. In addition, the College used a portion of the proceeds to reimburse expenditures related to the completion of several renovation projects on the South Campus. The Colleges South Campus is in a former industrial zone now designated by the city of Pasadena for research, medical and educational uses and the building is among the first LEED certified buildings in the city.
Schedule K II	5	2009 BOND ISSUANCE COSTS - Issuance costs from proceeds includes 198,800 for bond issuance costs and 27,504 for credit enhancement costs

ldentifier	Return Reference	Explanation
Schedule E Form 990 or 990-EZ Financial Aid or Government Assistance	_	The College participates in several government subsidized and unsubsidized financial aid programs including Perkins, Federal Work Study, SEOG, Pell and FFELP