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DLN: 93493097000171

Form 990

Department of the Treasury

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

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service A For the 2009 calendar year, or tax year beginning 06-01-2009 and ending 05-31-2010 D Employer identification number **B** Check if applicable Please Minneapolis College of Art & Design use IRS Address change 41-1607453 label or E Telephone number Doing Business As print or type. See Name change (612) 874-3700 ∏ Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 33,980,268 2501 Stevens Ave S Terminated tions. Amended return City or town, state or country, and ZIP + 4 Minneapolis, MN 55404 Application pending Name and address of principal officer H(a) Is this a group return for DANIEL SJOQUIST ΓYes **Γ**Nο affiliates? 2501 Stevens Ave S Minneapolis, MN 55404 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status $\sqrt{}$ 501(c) (3) \P (insert no) $\sqrt{}$ 4947(a)(1) or $\sqrt{}$ 527 H(c) Group exemption number ► Website: ► www mcad edu K Form of organization Corporation Trust Association Other L Year of formation 1988 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities MINNEAPOLIS COLLEGE OF ART AND DESIGN (MCAD) EDUCATES INDIVIDUALS TO BE PROFESSIONAL ARTISTS AND DESIGNERS, EFFECTIVE LEADERS, AND ACTIVE CITIZENS AND, THROUGH THIS WORK AND OTHER ACTIVITIES, ADVANCES THE CULTURAL LIFE OF ITS COMMUNITY TO ACHIEVE THIS MISSION, MCAD CHALLENGES STUDENTS TO ACHIEVE THE HIGHEST LEVEL OF ARTISTIC CREATIVITY AND EXPRESSION, INTELLECTUAL UNDERSTANDING AND PROFESSIONAL DEVELOPMENT, PROVIDES A RIGOROUS STUDIO-BASED AND LIBERAL STUDIES PROGRAM FOR Activities & Governance DEDICATED UNDERGRADUATE AND GRADUATE STUDENTS, OFFERS CONTINUING EDUCATION AND SPONSORS FELLOWSHIPS FOR PROFESSIONALS, PRESENTS EXHIBITIONS, LECTURES AND ENRICHMENT COURSES IN ART AND DESIGN FOR PEOPLE OF ALL AGES Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 18 Number of independent voting members of the governing body (Part VI, line 1b) 869 Total number of employees (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . Net unrelated business taxable income from Form 990-T, line 34 . . . **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,419,021 909,285 Program service revenue (Part VIII, line 2g) 22,191,244 22,517,308 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 485,743 10 212,518 277,505 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 318,049 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 24,373,513 23,957,160 5,387,380 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 4,745,274 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 12,178,657 12,239,147 16a Professional fundraising fees (Part IX, column (A), line 11e) . . Total fundraising expenses (Part IX, column (D), line 25) ▶317,294 b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 8,563,855 8,185,479 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 25,487,786 25,812,006 18 19 Revenue less expenses Subtract line 18 from line 12 -1,114,273 -1,854,846 Assets or disances **Beginning of Current End of Year** Year 20 51,082,522 58,724,280 Total liabilities (Part X, line 26) 21 14,242,897 17,107,411 22 Net assets or fund balances Subtract line 21 from line 20 . . . 36,839,625 41,616,869 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign 2011-03-31 Signature of officer Here Date DANIEL SJOQUIST CFO, Treasurer Type or print name and title Check if Preparer's identifying number Date Preparer's self-2011-03-31 (see instructions) signature Paid empolyed 🕨 🧧 Preparer's Firm's name (or yours Baker Tilly Virchow Krause LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 225 S 6th St Ste 2300 Phone no • (612) 876-4500 Minneapolis, MN 55402

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

Cat No 11282Y

Form 990 (2009)

Part III Statement of Program Service Accomplishments

- Briefly describe the organization's mission
- Minneapolis College of Art and Design (MCAD) educates individuals to be professional artists and designers, effective leaders, and active citizens and, through this work and other activities, advances the cultural life of its community. To achieve this mission, MCAD, challenges students to achieve the highest level of artistic creativity and expression, intellectual understanding and professional development, provides a rigorous studio-based and liberal studies program for dedicated undergraduate and graduate students, offers continuing education and sponsors fellowships for professionals, presents exhibitions, lectures and enrichment courses in art and design for people of all ages

2		on undertake any signific			which were not listed on	
		0 or 990-EZ?				☐ Yes 🔽 No
	If "Yes," describe	these new services on S	chedule O			
3		on cease conducting, or i			nducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sched	ule O			
4	Section 501(c)(3	mpt purpose achievement) and 501(c)(4) organizat ers, the total expenses, a	tions and secti	on 4947(a)(1) trusts a	re required to report the	
4a	(Code) (Expenses \$	13,533,238	ıncludıng grants of \$	5,387,380) (Revenue	\$ 13,165,870)
	for fall and 669 for s recommendations fo of Liberal Arts curricu discussions regardin NEA scholarship fund	spring term MCAD graduated 1 or curricular change, facilities up Jlum including new course num g MCAD's new strategic plan, ir	.64 students during ograde, and faculty ibers, learning obj icluding staffing, r end MCAD's summ	g the 09-10 year - Collecte y development Approved b ectives, and class methodol new program development,	d and reviewed data for the M y the Academic Affairs Commit ogies - Engaged faculty and Ac and facilities upgrades - Conce	n of 723 Our FTE students were 692 CAD assessment program, creating tee of the Board - Completed rewrite ademic Cabinet in several key eptualized and wrote 425,000 grant for in tuition was not allocated to any
4b	(Code) (Expenses \$	2,628,343	ıncludıng grants of \$) (Revenue	\$ 2,557,966)
	aimed at college stu Nicollet to subscribe courses Courses are giving degree-seeki all-time high at MCA	dents Approximately 200 stud for the 2010-11 academic yea e now in groups that reflect are ng students a professional galle	ents read the mag r - Student Affairs a of interest and o ery experience - T linated and led a g	pazine each month Based of staff worked with the Reco class level - Gallery 148 was here were more than 30 stu group of 13 students to Gua	n that success, we applied for rds Office and Academic Affairs s launched in spring 2010 It is dent-initiated clubs on the boo temala for a learning/making t	lealth 101, a monthly digital magazine and received a grant from Park s to re-number all of the Liberal Arts a student-run space dedicated to iks for the 2009-10 academic year, an rip They worked with school officials
	(Code) (Expenses \$	1,802,230	ıncludıng grants of \$) (Revenue	\$ 1,754,098)
	surrounding the ann	ual Art Sale, with a revenue of	\$218,000, which	is reported as a special evel	nt revenue on Part VIII and on	at MCAD - Oversaw all operations Schedule G in favor of a fuller Adobe InDesign Users Group, Etc
	Other program a	ervices (Describe in Sch	adula O \ Faa	also Additional Data fo	or Description	
4u	(Expenses \$	•	:luding grants o) (Revenue \$	5,305,188)
 4е		ervice expenses►\$	23,144,57	·		

Part TV	Checklis	st of De	auired 9	Schedules
	CHECKII	SL UI KE	uuneu s	cneuules

			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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? 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	Į		
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
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		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
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		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
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			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes,"</i> complete Schedule N, Part II	32		Νο
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 "Yes," complete Schedule R, Part I</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		N o
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		N o
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	
		F	orm 99 0	(2009)

Part V	Statements	Regarding	Other II	RS Filings	and Tax	Compliance
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			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			
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		Νο
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
	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).	_	v.	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Form 8282?	7c		N o
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		N o
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
D	year			

2501 Stevens Ave S Minneapolis, MN 55404 (612) 874-3700

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 18			
ь	Enter the number of voting members that are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
	other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103	
	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			
Re	evenue Code.)		W	
10-	Does the erronization have local chapters, branches, or offiliates?	10a	Yes	No No
	Does the organization have local chapters, branches, or affiliates?	104		NO
	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		Νο
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	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►MN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. 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	ne orga	ınızatıor	ո 🕨
	Katherine Bengston			

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 from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization►3

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete 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 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	_		
	remarked to the organization 1, 765, complete selectare 110 such person 1	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)	(B)	(C)
Name and business address	Description of services	Compensation
Je Dunn Construction 9855 West 78th Street Suite 270 Eden Prairie, MN 55344	Parking Lot Contractor	986,739
Sheffield Olson & McQueen INc ABC 119 PO Box 9192 Minneapolis, MN 554809192	Benefits Administrator & Premiums	702,445
Minneapolis Institute of Arts 2400 3rd Ave S Minneapolis, MN 55404	PHYSICAL PLANT SERVICES	275,979
Arthur J Gallagher Risk MGM SVC PO Box 71965 Chicago, IL 606941965	Insurance Provider	198,211
DON HARSTAD CO INC 7103 HIGHWAY 65 NE FRIDLEY, MN 55432	FACILITIES CONTRACTOR	126,027
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶9) who received more than	

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
松松	1a	Federated camp	aıgns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership due	s 1b					
	c	Fundraising ever	nts 1c	2,000				
Ě	d	Related organiza	itions 1d					
% ≣ -	e	Government grants	(contributions) 1e	180,360				
등등	f	All other contribution	ns, gifts, grants, and 1f	726,925		i		
至至		sımılar amounts not	ıncluded above					
重 さ	g	lines 1a-1f \$	utions included in 026					
듯퍝	h	Total. Add lines	1a-1f	▶	909,285			
U 10				Business Code				
Ξe	2a	Tuition and Fees		611,710	20,329,655	20,329,655		
ie.				· · ·	, ,			
<u> </u>	b	Housing Rental Inco	<u>me</u>	611,710	1,031,231	1,031,231		
ACE	c	Auxiliary		611,710	611,785	611,785		
<u> </u>	d	Sales Bookstore		611,710	544,637	544,637		
Ē	e							
Program Serwce Revenue	f	All other program	n service revenue					
<u>&</u>	g	Total. Add lines	2a-2f		22,517,308			+
	3		me (including dividen		22,317,300			+
			ramounts)	′ -	795,180			795,180
	4		ment of tax-exempt bond p	<u>-</u>	·			1
	5			· · · · · · · · · · · · · · · · · · ·				
		Γ	(ı) Real	(II) Personal				
	6a	Gross Rents	(1)	(11)				
	ь	Less rental						
	_	expenses Rental income						
	C	or (loss)						
	d	Net rental incom	ne or (loss)					
	l_	Cross amount	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	9,276,681					
		assets other than inventory						
	ь	Less cost or	9,859,343					
		other basis and sales expenses						
	С	Gain or (loss)	-582,662					
	d	Net gain or (loss)		-582,662			-582,662
Other Revenue	8a	Gross income from events (not inclus) \$ 2,0 of contributions See Part IV, line	uding 000 reported on line 1c) 18					
<u>.</u>			а	216,000				
Ě	Ь	Less direct exp		163,765	F2 22-			F2 25-
0	c		oss) from fundraising (events 🕨	52,235			52,235
	9a	Gross income fro See Part IV, line	om gaming activities 19 a					
	ь	Less direct exp	enses b					
	c	Net income or (l	oss) from gaming activ	vities				
	10a	Gross sales of ir returns and allow						
	ь	Less cost of go						
	С		oss) from sales of inve	· ·				
		Miscellaneous	Revenue	Business Code	25	255		
	11a	Miscellaneous		900,099	265,814	265,814		
	ь							
	c							
	d	All other revenue	e					
	e	Total. Add lines	11a-11d		265,814			
	12	Total revenue. S	ee Instructions	▶	23,957,160	22,783,122		0 264,753

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.									
	ll other organizations must complete column (A) but are not required to		(B), (C), and (B)	(D). (C)	(D)				
	ot include amounts reported on lines 6b, o, 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 $$ See Part IV , line 21 $$								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,387,380	5,387,380						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	904,167	796,693	93,028	14,446				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages	9,229,396	8,132,344	949,594	147,458				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	655,120	577,250	67,404	10,466				
9	Other employee benefits	711,328	626,776	73,187	11,365				
10	Payroll taxes	739,136	651,279	76,048	11,809				
11	Fees for services (non-employees)								
а	Management								
b	Legal	75,001		75,001					
c	Accounting	53,800		53,800					
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees	89,024		89,024					
g	Other	518,149	378,139	133,154	6,856				
12	Advertising and promotion	165,052	145,433	16,982	2,637				
13	Office expenses	1,281,215	1,128,923	131,822	20,470				
14	Information technology	1,018,584	897,510	104,800	16,274				
15	Royalties								
16	Occupancy	885,868	780,570	91,145	14,153				
17	Travel	171,137	150,795	17,608	2,734				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	233,168	205,453	23,990	3,725				
20	Interest	571,668	503,717	58,818	9,133				
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	589,517	519,444	60,654	9,419				
23	Insurance	189,943	167,365	19,543	3,035				
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	Operation and Maintenan	1,411,145	1,243,409	145,190	22,546				
ь	Miscellaneous	380,718	335,464	39,171	6,083				
С	Exhibition Expenses	293,249	258,392	30,172	4,685				
d	Grant spending	258,241	258,241						
e									
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	25,812,006	23,144,577	2,350,135	317,294				
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,037,946	1	1,383,325
	2	Savings and temporary cash investments			3,195,304	2	1,982,039
	3	Pledges and grants receivable, net			464,000	3	272,400
	4	Accounts receivable, net			128,497	4	128,707
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	m current and former officers, directors, trustees, key employees, and sated employees Complete Part II of				
		Schedule L	le L				
	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			
70		Schedule L					
ssets	7	Notes and loans receivable, net			1,045,657	7	965,451
8	8	Inventories for sale or use			313,991	8	281,850
¥	9	Prepaid expenses and deferred charges			41,254	9	71,441
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	24,140,232	2		
	ь	Less accumulated depreciation	10Ь	10,190,701	12,371,003	10c	13,949,531
	11	Investments—publicly traded securities			28,025,863	11	37,458,542
	12	Investments—other securities See Part IV, line 11	2,233,872	12	11,232		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	1,225,135	15	2,219,762		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	51,082,522	16	58,724,280		
	17	Accounts payable and accrued expenses .			2,488,621	17	3,213,132
	18	Grants payable	745,005	18	705,833		
	19	Deferred revenue			350,946	19	387,205
	20	Tax-exempt bond liabilities			10,500,000	20	12,665,000
<u>0</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ï		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•		23	
	24	Unsecured notes and loans payable to unrelated third parties		24			
	25	Other liabilities Complete Part X of Schedule D			158,325	25	136,241
	26	Total liabilities. Add lines 17 through 25			14,242,897	26	17,107,411
بې		Organizations that follow SFAS 117, check here \blacktriangleright $\overline{\checkmark}$ and comp	let e l	ines 27			
2		through 29, and lines 33 and 34.			45.005.000		47.004.005
<u>8</u>	27	Unrestricted net assets			15,065,666		17,261,385
ă	28	Temporarily restricted net assets	8,501,752	\vdash	10,396,637		
Fund Balance	29	Permanently restricted net assets		_	13,272,207	29	13,958,847
五		Organizations that do not follow SFAS 117, check here ► and and all the second 34	d con	nplete			
9	30	lines 30 through 34. Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
551	32	Retained earnings, endowment, accumulated income, or other fu				32	
	33	Total net assets or fund balances	iius		36,839,625		41,616,869
Net							
l	34	Total liabilities and net assets/fund balances			51,082,522	34	58,724,280

			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	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Minneapolis College of Art & Design

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

Da	rt I	Poac	on for Dul	blic Charity Stat	us /All oro	i anizationo	must comp	Note this pa	rt \ Soo upc			
				blic Charity Stat foundation because						u ucuons		
1	r gain			on of churches, or as:					,			
2	<u> </u>			in section 170(b)(1)				Λ±ΛΑΛ.).				
3	<u></u>			perative hospital serv				n 170(b)(1)(۸ ۱/iii)			
4	,	-	•	organization operate	=					NANIII) Ent	erthe	
•	•			y, and state	ea in conjun	ction with a	nospital desc	in see	.o., 1, 0(B)(1)	,(A,(III)12111	er the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit								l unit describ	ed in	
	_	section 170(b)(1)(A)(iv). (Complete Part II)										
6		A feder	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1)	(A)(v).			
7	Γ	describ	ed in	t normally receives a A)(vi) (Complete Pa		l part of its	support from	a government	tal unit or froi	m the genera	al public	:
8	\vdash	A comn	nunity trust	described in section	170(b)(1)(A	A)(vi) (Con	nplete Part II)				
9	Γ	Anorga	nızatıon tha	t normally receives	(1) more tha	an 331/3%	of its support	from contribu	ıtıons, memb	ership fees,	and gro	SS
		receipt	s from activi	ties related to its ex	empt functio	ns—subjec	t to certain ex	cceptions, an	d (2) no more	than 331/3	% of	
		ıts supp	ort from gro	ss investment incom	ne and unrel	ated busine	ss taxable in	come (less se	ection 511 ta	x) from busi	nesses	
		acquire	d by the org	anızatıon after June 3	30,1975 S	ee section 5	509(a)(2). (C	omplete Part	III)			
10	\sqcap	Anorga	nızatıon org	anızed and operated	exclusively	to test for p	oublic safety	See section 5	09(a)(4).			
11 e	Г	one or r the box a Sy checother th	more publicly that describ Type I cking this bo	anized and operated y supported organiza pes the type of suppo b Type II ox, I certify that the con managers and other	tions descri orting organi c organization	bed in secti zation and d Type III is not contr	on 509(a)(1) complete lines - Functionall colled directly	or section 50 s 11e through y integrated or indirectly	09(a)(2) See n 11h d by one or mo	Type I	(a)(3). II - Ot ed pers	. Check her ons
f		If the o	rganization r	eceived a written de	termination	from the IR	S that it is a 1	Гуре І, Туре :	II or Type II	I supporting	organiz	zation,
g				006, has the organiz	zation accep	ted any gıft	or contribution	on from any of	f the			ļ
				ectly or indirectly co	ntrols, eithe	ralone ort	ogether with p	persons desc	rıbed ın (ıı)		Yes	No
		and (III)	below, the g	overning body of the	the suppor	ted organiza	ation?			11g(i))	
		(ii) a fa	mily membe	r of a person describ	ed ın (ı) abo	ve?				11g(ii)	
		(iii) a 3	5% controll	ed entity of a person	described i	n (ı) or (ıı) a	bove?			11g(iii)	
h		Provide	the followin	g information about t	the supporte	d organizat	ion(s)				•	
(i) Name support organiza		ne of (ii) (described on col (i) listed in your governing supp			otify the tion in f your	(vi) Is th organizat col (i) org in the U	e Ion in Ianized	A a				
				(see instructions))	Yes	No	Yes	No	Yes	No		
Tota												

ınstructions

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

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

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

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DLN: 93493097000171

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

erna	Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.			Inspec	tion
	me of the organ			Emp	oloyer identificat	ion numbe	er
Min	neapolis College of	Art & Design		41-	1607453		
Рa	rt I Organ	izations Maintaining Donor A	dvised Funds or Other Similar F			Comple	te if the
		zatıon answered "Yes" to Form 99	0, Part IV, line 6.				
			(a) Donor advised funds		(b) Funds and ot	her accou	nts
	Total number a	t end of year					
	Aggregate con	tributions to (during year)					
	Aggregate gran	nts from (during year)					
	Aggregate valu	ue at end of year					
	_		sors in writing that the assets held in doi organization's exclusive legal control?	nor adv	ısed	☐ Yes	☐ No
	used only for c	- · · · · · · · · · · · · · · · · · · ·	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a			☐ Yes	┌ No
a	ttill Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forr	n 990, Part IV,	, lıne 7.	
		conservation easements held by the o					
	_	· · · · · · · · · · · · · · · · · · ·	on or pleasure) Preservation of a			-	a
	_	n of natural habitat	Preservation of a	certifie	d historic struct	ure	
	Preservat	ion of open space					
	•	- · · · · · · · · · · · · · · · · · · ·	fied conservation contribution in the form	n of a c	onservation		
	easement on t	he last day of the tax year					
	Total number o	-f		<u> </u>	Held at the I	end of the	Year
а		of conservation easements		2a			
b	_	restricted by conservation easements		2b			
C		servation easements on a certified his	, ,	2c			
d	Number of con	servation easements included in (c) ac	cquired after 8/17/06	2d			
	Number of con	servation easements modified, transfe	rred, released, extinguished, or terminat	ed by tl	ne organization d	uring	
	the taxable ye	ar ►					
	Number of stat	tes where property subject to conserva	ation easement is located 🛌				
	_	nization have a written policy regarding f the conservation easements it holds?	g the periodic monitoring, inspection, han	dling o	f violations, and	┌ Yes	┌ No
	Staff and volur	iteer hours devoted to monitoring, insp	pecting and enforcing conservation easer	nents d	uring the year ►		
	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durın	g the year ► \$ _		
		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	ction		☐ Yes	┌ No
	balance sheet,	<u>-</u>	onservation easements in its revenue and the footnote to the organization's financia ments				
a r	t III Organ	izations Maintaining Collectio	ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Ot	her Similar A	ssets.	
a	If the organiza art, historical t	tion elected, as permitted under SFAS treasures, or other similar assets held	116, not to report in its revenue statement for public exhibition, education or resear ancial statements that describes these i	ch in fu			e,
b	historical treas	·	116, to report in its revenue statement a public exhibition, education, or research is			•	
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets inc	luded in Form 990, Part X			► \$		
	If the organiza	·	orical treasures, or other similar assets f S 116 relating to these items	or finar			
а		uded in Form 990, Part VIII, line 1	-		▶ \$		
	vessures men	adea in Form 550, Fait VIII, lille I			F 4		-

b Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009								Page 2
Par	t IIII Organizations Maintaining Co	llections of Art,	Historical Tre	asures, or O	ther	Similar	Ass	ets (c	ontinued
3	Using the organization's accession and othe items (check all that apply)	r records, check any	_	-		e of its co	llectio	n	
а	Public exhibition		d Loan or	exchange progr	ams				
b	Scholarly research		e						
c	Preservation for future generations								
1	Provide a description of the organization's co	ollections and explair	n how they further	the organization	's exe	mpt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t					lar	_	Yes	□ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Complet	e if the organiz	ation answered		s" to For			, 110
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	liary for contributi	ons or other ass	ets no	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the fo	ollowing table	_					
				<u> </u>			A mo	unt	
C	Beginning balance			—	1c				
d	Additions during the year			_	1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	,							
Pa	rt V Endowment Funds. Complete	f the organization							
		(a)Current Year	(b)Prior Year	(c)Two Years Back	: (d) ⊺	hree Years	Back (e) Four Y	ears Bac
а	Beginning of year balance	26,312,151	38,730,827		+				
b	Contributions	116,180	175,624		+				
С	Investment earnings or losses	6,499,349	-10,717,426		_				
d	Grants or scholarships	-1,300,701	-1,399,731		+				
e	Other expenditures for facilities and programs	-573,636	-476,061						
f	Administrative expenses	-1,082	-1,082		+				
g	End of year balance	31,052,261	26,312,151						
2	Provide the estimated percentage of the yea		5						
а	Board designated or quasi-endowment 🕨	29 000 % %							
b	Permanent endowment ► 45 000 % %								
c	Term endowment ▶ 26 000 % %								
3a	Are there endowment funds not in the posses	ssion of the organizat	tion that are held a	and administered	l for tl	he			
	organization by					Í	- (')	Yes	No
	(i) unrelated organizations				•		3a(i)		No
h	(ii) related organizations		on Schodula P2				3a(ii) 3b	1	No I
ŀ	Describe in Part XIV the intended uses of th	·			•	• • • •	- 50		<u> </u>
	rt VI Investments—Land, Buildings			0. Part X. line	10.				
	Description of investment	-,	(a) Cost or ot basis (investment	her (b)Cost or ot	her	(c) Accumu depreciat		(d) Bo	ok value
.a	Land			943	.378				943,37
	Buildings			19,946,		10.19	0,701		9,756,08
	Leasehold improvements			15,540,	, , 52	10,13	. 5,7 01		2,, 30,00
	Equipment			1,132,	308				1,132,30
	Other			2,117,					2,117,76
	II. Add lines 1a-1e (Column (d) should equal Fo	orm 990 Part X column	n (B) line 10(c))						.3,949,53
		555, raic X, column	(5), 10(0).)		•	Sched			

Part VII Investments—Other Securities. See		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation 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)		
		12
Part VIII Investments—Program Related. See	Form 990, Part X, line	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		
		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	tion	
Part IX Other Assets. See Form 990, Part X, lin	5.)	(b) Book value
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	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (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 1 (a) Description of Liability Federal Income Taxes ADVANCE DEPOSITS	5.) , line 25. (b) Amount	
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 1 (a) Description of Liability Federal Income Taxes ADVANCE DEPOSITS	5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ADVANCE DEPOSITS	5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ADVANCE DEPOSITS	5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ADVANCE DEPOSITS	5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ADVANCE DEPOSITS	5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ADVANCE DEPOSITS	5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ADVANCE DEPOSITS	5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ADVANCE DEPOSITS	5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ADVANCE DEPOSITS	5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ADVANCE DEPOSITS	5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ADVANCE DEPOSITS	5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ADVANCE DEPOSITS	5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ADVANCE DEPOSITS	5.) , line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes ADVANCE DEPOSITS	5.) , line 25. (b) Amount	

Par	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,957,160
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,812,006
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,854,846
4	Net unrealized gains (losses) on investments	4	6,633,172
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,082
9	Total adjustments (net) Add lines 4 - 8	9	6,632,090
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,777,244
Par	TXII 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	25,277,693
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,245,792
3	Subtract line 2e from line 1	3	24,031,901
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 89,024		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-74,741
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	23,957,160
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	20,500,449
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	164,847
3	Subtract line 2e from line 1	3	20,335,602
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 89,024		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	5,476,404
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	25,812,006

Part XIV Supplemental Information

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

additional information	T	
Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	MCAD's endowment consists of approximately 130 individual funds established for a variety of purposes. The endowment provides scholarships to students and grants for departmental needs.
Part X	Description of Uncertain Tax Positions Under FIN 48	The Internal Revenue Service has determined that the College is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. It is also exempt from state income tax. However, any unrelated business income may be subject to taxation. In accordance with the accounting standard on Accounting for Uncertainty in Income Taxes, the College addresses the determination of whether tax benefits claimed on a tax return should be recorded in the financial statements. Under this guidance, the College may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merit of the position. Examples of tax positions include the tax-exempt status of the College and various positions related to the potential sources of unrelated business taxable income. There were no significant unrecognized tax benefits identified or recorded as liabilities during fiscal year 2010. Open tax years subject to examination by the U.S. and state taxing authorities are for the years 2007 to 2009, which statutes expire in 2010 to 2012, respectively
Part XI, Line 8 - Other Adjustments		ACTUARIAL Adjustment -1082
Part XII, Line 2d - Other Adjustments		SCHOLARSHIPS AND GRANTS -5387380
Part XII, Line 4b - Other Adjustments		Fundraising Event Expenses -163765
Part XIII, Line 2d - Other Adjustments		FUNDRAISING EVENT EXPENSES 163765 Actuarial Adjustment 1082
Part XIII, Line 4b - Other Adjustments		SCHOLARSHIPS AND GRANTS 5387380

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization Minneapolis College of Art & 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 Inspection

41-1607453 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes MCAD publishes its non-discrimination policy as stated on the online application. It reads "The Minneapolis College of Art and Design does not discriminate on the basis of race, color, or ethnic origin in its admissions or educational policies, in scholarships, financial aid, or loan programs, in employment, or in according the rights, privileges and activities generally made available at this educational institution Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 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 **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🍠 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 7 Yes 990)

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DLN: 93493097000171

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number Minneapolis College of Art & Design Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

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

			(a) Event #1 Art Sale	(b) Event #2	(c) O ther Events	(d) To		
			(event type)	(event type)	(total number)		. (-//	
įΕΠΦ	1 Gross receip	ots	218,000	o l			21	8,000
Revenue	2 Less Charit contributions		2,000					2,000
	3 Gross incommunity minus line 2	•	216,000				21	6,000
	4 Cash prizes							
မွာ	5 Non-cash pr	ızes						
Expenses	6 Rent/facility	costs						
ă	7 Food and be	verages	3,000					3,000
Direct	8 Entertainme	nt						
莅	9 Other direct	expenses .	160,76	5			16	0,765
	10 Direct exper	nse summary Add lir	nes 4 through 9 ın column	n(d)			16	3,765
	11 Net income s	summary Combine I	ines 3, column d, and line	10			5.	2,235
Par	t IIII Gaming. \$15,000 o	Complete if the o	rganızatıon answered ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	1 Gross revenue	e						
က္က	2 Cash prizes							
Expenses	3 Non-cash priz	es						
	4 Rent/facility c	osts						
Direct	5 Other direct e	xpenses						
	6 Volunteer labo	or	Г Yes	Г Yes	│ Yes			
	7 Direct expens	e summary Add line	s 2 through 5 in column ((d)				
	8 Net gaming in	come summary Con	nbine lines 1, column d, a	nd line 7				.
9		=	ation operates gaming ac gaming activities in eac	<u>- </u>			Yes	No
a b	If "No," Explain	ii licelised to operate	gaining activities in eac	ii oi tilese states.		· 9a		
10a b	Were any of the or If "Yes," Explain	ganızatıon's gamıng	licenses revoked, susper	nded or terminated during	the tax year?	10a		
						_		
11	_		activities with nonmember			11		<u> </u>
12	Is the organization formed to adminis		ary or trustee of a trust or	a member of a partnersh	ip or other entity			

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

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Schedule I

(Form 990)

DLN: 93493097000171

OMB No 1545-0047

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. Department of the Treasury ► Attach to Form 990

Open to Public

Name of the organization						Employer identifica	tion number
Minneapolis College of Art & D	Design					41-1607453	
Part I General Info	rmation on Gran	its and Assistance				•	
	ed to award the gran	ubstantiate the amount of t ts or assistance? dures for monitoring the us					Г Yes Г
Part II Grants and O Form 990, Part	IV, line 21 for an	to Governments and y recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed 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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of se	ction 501(c)(3) and	government organizations					
3 Enter total number of ot	her organizations .					.	

Part III	Grants and Other Assistance to Individuals in the United States. Comp	lete if the organization answered "Y	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 SCHOLARSHIPS AND GRANTS PROVIDED AS FINANCIAL AID TO 693 STUDENTS See Additional Data Table	(c)A mount of cash grant	(d)A mount of	(e)Method of valuation	
PROVIDED AS FINANCIAL AID TO 693 STUDENTS	cash grant	non-cash assistance	(book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table	5,387,380			

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

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 All Federal Aid is awarded based on financial aid eligibility requirements in the financial aid office during their award process. Funds are drawn down by the Controller in the business office and are reconciled to the award. The money is disbursed to those applicable students by the business office Bursar.

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DLN: 93493097000171

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Pilli	leapons conege of Art & Design	41-1607453	41-1607453				
Pa	rt I Questions Regarding Compensation	on	,				
					Yes	Νο	
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II		ny of the following to or for a person listed in Form ride any relevant information regarding these items				
	First-class or charter travel	Г	Housing allowance or residence for personal use				
	Travel for companions	Г	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b	Yes		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all	that a <u>pp</u> l	y				
	Compensation committee		Written employment contract				
	Independent compensation consultant	<u> </u>	, ,				
	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	I, Section A, line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-contro	ol paymen	ıt?	4a		No	
b	Participate in, or receive payment from, a supplement	ental non	qualified retirement plan?	4b		Νo	
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo	
	If "Yes" to any of lines $4a-c$, list the persons and p	provide th	e applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only m	nust comp	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 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 Apayments 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						
	ın Part III			8		Νo	
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	he 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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS		(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
MICHAEL O'KEEFE	(I) (II)	206,648 0		,	16,033	1,080		0
	(")		0	0	0	0	0	0
						-		-

Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
•	Part I, Line 1a	MCAD pays for membership dues to the Minneapolis Club for the president for the purpose of networking to help raise funds for the college
-	Part I, Line 1a	MCAD pays for membership dues to the Minneapolis Club for the president for the purpose of networking to help raise funds for the college

Schedule J (Form 990) 2009

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DLN: 93493097000171

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

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.

OMB No 1545-0047

2009

(h) O n

Behalf of

Open to Public Inspection

Name of the organization
Minneapolis College of Art & Design

Bond Issues

Employer identification number

41-1607453

(g) Defeased

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued		(e) Issue	Price	(f) Des	ription of F	Purpose	(g) Defeased			alf of uer
											Yes	No	Yes	No
Α	MHEFA SERIES 6-K	41-0988525		07-01-2	2006	7,6	70,000	IMPROVEMI	ENTS			Х	<u> </u>	Х
В	MHEFA SERIES 6-K	41-0988525		11-24-2009		2,6	2,660,000 PA		PARKING LOT			х		х
Pa	rt III Proceeds													
				Α			В	С		D)	E		
1	Total proceeds of issue			7,670,000			2,660,00	0						
2	Gross proceeds in reserve funds				613,250									
_3	Proceeds in refunding or defeasance escrows													
4	Other unspent proceeds													
5	Issuance costs from proceeds			59,494			70,02	1						
6	Working capital expenditures from proceeds													
7	Capital expenditures from proceeds				6,997,256		2,606,00	0						
8	Year of substantial completion			20	06	20	10							,
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
9	Were the bonds issued as part of	a current refunding is	sue?		×		×							
10	Were the bonds issued as part of	an advance refunding	ıssue?		Х		Х							
11	Has the final allocation of procee	ds been made?		Х			х							
12	Does the organization maintain a the final allocation of proceeds?	dequate books and re	cords to support	х		х								
Pai	tt IIII Private Business Use	:				_								
				-	<u> </u>		В		<u> </u>	D			E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1	Was the organization a partner in which owned property financed by		ember of an LLC,		Х		х							
2	Are there any lease arrangements with respect to the financed property which may result in private business use?				х		x							
For I	Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E Schedule K (Form 990) 2009													

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

		4	A	1	3	С		D			E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х		х						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х		х						
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	х		х							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %							
6	Total of lines 4 and 5	0 %			0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		х							
Da	rt IV Arbitrage					<u> </u>	<u> </u>				

Part IV Arbitrage

			4		3		С	I	D		E
		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?		x								
2	Is the bond issue a variable rate issue?		х								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		x								
Ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х								
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		х								
6	Did the bond issue qualify for an exception to rebate?		х								
i .											

DLN: 93493097000171

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

NonCash Contributions

Name of the organization Minneapolis College of Art & Design **Employer identification number**

					41-1607453			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	etermi	nıng	
	Art—Works of art	аррисавіе		1 g				
	Art—Historical treasures .							
4	Clothing and household							
3	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	5	92,026	A verage High Low			
	Securities—Closely held stock .			,				
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ►()							
27	O ther ►()							
28	O ther ▶ ()							
29	Number of Forms 8283 received for which the organization compl				29		l I	0
20-	During the year did the erg-	tion receive	a hu cantributian anu n	rty reported in Dart T. Irra-	1 29 that it		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	a to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	I					
31	Does the organization have a gif	*		•		31	Yes	
32a	Does the organization hire or use contributions?	e third part	les or related organizations	to solicit, process, or sell	non-cash	32a		Νo
h	If "Yes," describe in Part II					J20		110
33	If the organization did not report describe in Part II	revenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 41-1607453

Name: Minneapolis College of Art & Design

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As Filed Data -

DLN: 93493097000171

2009

OMB No 1545-0047

Open to Public

SCHEDULE O

(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 Minneapolis College of Art & Design Employer identification number

41-1607453

ldentifier	Return Reference	Explanation								
Form 990, Part VI, Section A, line 1		The executive committee has delegated authority. It is comprised of all of the chairs of the standing committees of the board except for the president, who who attends as ex-officio and does not vote, the officers of the board, and the immediate past board chair. The scope of the committee's authority is that it serves at the pleasure of the Board as its agent in helping the president to address nonessential business between regular Board meetings, and it suggests Board meeting agenda items and periodically assesses the quality of committee work. The committee has authority on all matters except for the following presidential selection and termination, trustee and Board-officer election, changes in institutional mission and purposes, changes to the charter or articles of incorporation, incurring of corporate indebtedness, sale of college assets or tangible property, adoption of the annual budget, and conferral of degrees. In addition bylaws or Board policies may reserve other powers to the Board of Trustees.								

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Clinton Morrison, Trustee, and Clinton H. Morrison, Trustee Family Relationship David Hartwell, Board Chair, and David Andreas, Trustee. Business Relationship

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		This form 990 was reviewed by tax counsel and subsequently by the finance chair and the VP of Finance. The Board of Trustees is provided the Form 990 after its filing, it's on the agenda, and is discussed for 15-30 min during a regular board meeting by the end of the current fiscal year.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 12c		All board members and officers are subject to the following policy. Individuals who disclose a potential conflict of interest must leave the relevant meeting while a determination of materiality of the conflict is made. If a conflict is determined to exist within the scope of the policy the individuals with the conflict must leave the room and abstain from voting on the proposed transaction or arrangement. The person with the conflict will be out of the room aside from attending when the BOT wants to ask questions of them. An individual is considered to have a conflict of interest within the scope of the policy if he or she (1) has existing or potential financial or other interests that impair of appear to impair his or her independent, unbiased judgment in the discharge of his or her responsibilities to the College, or (2) is aware that a member of his or her family has financial or other interests that would impair or appear to impair the trustee's independent judgment in the discharge of his or her responsibilities to the College. For the purposes of this provision, a family member is defined as a spouse, domestic partner, parent, sibling, child, or any other relative residing in the same household as the trustee. All trustees shall disclose to the Board any possible conflict of interest at the earliest practical time. Further, the trustee shall absent himself or herself from discussions of, and abstain from voting on, such matters under consideration by the Board of Trustees or its committees. The minutes of such meeting shall reflect that a disclosure was made and that the trustee with a conflict or possible conflict abstained from voting. Any trustee who is uncertain as to whether a conflict of interest may exist in any matter may request that the Board of committee resolve the question in his or her absence by majority vote. Each trustee shall complete and sign a conflict of interest disclosure form provided annually by the secretary of the Board of Trustees.

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Section B, line 15a		The president's compensation is reviewed by the executive committee annually. They compare the compensation proposed against that of comparable presidents of similar institutions. The current president's contract began July 1, 2009. The VP of Administration reviews the comparability data for the other officers of the college. Their compensation is reviewed and approved by the president on an annual basis.					

ldentifier	Return Reference	Explanation			
Form 990, Part VI, Section C, line 19		They are available upon request in the Finance Office			

ldentifier	Return Reference	Explanation
Form 990 Part XI Line 2c		THERE HAS BEEN NO CHANGE TO EITHER THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

Additional Data

Software ID: Software Version:

EIN: 41-1607453

Name: Minneapolis College of Art & Design

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 5,180,766 including grants of \$) (Revenue \$ 5,305,188)

Other - The campus bookstore, The Art Cellar, had sales of \$545,000 - The college inaugurated its next President and celebrated this change over a lovely weekend. This was the first inauguration in MCAD's history.

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee <i>o</i> r 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
JAY COOGAN PRESIDENT	35 00	Х		х				127,737	0	15,569
David Hartwell Trustee, Chair	1 00	Х		х				0	0	0
David Andreas Trustee	1 00	Х						0	0	0
Bruce Bean Trustee	1 00	X						0	0	0
Urı Camarena Trustee	1 00	X						0	0	0
Dr Nathan Davis Trustee	1 00	Х						0	0	0
MIKE KEEFE TRustee	1 00	Х						0	0	0
Mary Ash Lazarus Trustee, Vice Chair, Treas	1 00	Х		х				0	0	0
Cy DeCosse Trustee	1 00	Х						0	0	0
Betsy Massie Trustee	1 00	Х						0	0	0
Clinton Morrison Trustee	1 00	Х						0	0	0
Clinton H Morrison Trustee	1 00	Х						0	0	0
Craig Rice Trustee	1 00	Х						0	0	0
Julie Snow Trustee	1 00	X						0	0	0
Robert Teslow Trustee	1 00	X						0	0	0
Missy Staples Thompson Trustee	1 00	X						0	0	0
Hıdekı Yamamoto Trustee	1 00	Х						0	0	0
BILL THORNBURN Trustee	1 00	X						0	0	0
DAN SJOQUIST CFO, VP Of Finance	35 00			х				97,584	0	10,127
PAMELA NEWSOME-PROCHNIAK VP - ADMINISTRATION	35 00			х				97,771	0	11,787
VINCENT LEO VP - ACADEMIC AFFAIRS	35 00			х				112,801	0	11,353
SUSAN CALMENSON VP - STUDENT AFFAIRS	35 00			х				91,081	0	9,041
William Mullen VP - Enrollment	35 00			х				83,271	0	17,746
JOAN OLSON VP - ADVANCEMENT	35 00			х				835	0	0
MICHAEL O'KEEFE FORMER PRESIDENT	1 00						Х	232,095	0	17,113