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#### DLN: 93493103005231

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)

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

2009

Open to Public

Internal Revenue Service Inspection A For the 2009 calendar year, or tax year beginning 06-01-2009 and ending 05-31-2010 D Employer identification number C Name of organization **B** Check if applicable Maryland Institute College of Art Inc use IRS 52-0591661 Address change label or Doing Business As E Telephone number Name change print or type. See Specific (410) 225-2352 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 138,608,536 1300 Mount Royal Avenue Terminated tions. City or town, state or country, and ZIP  $\pm$  4 Baltimore, MD 21217 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for FRED LAZARUS IV ┌ Yes ┌ No affiliates? 1300 Mount Royal Avenue Baltimore, MD 21217 H(b) Are all affiliates included? □ Yes □ No If "No," attach a list (see instructions) Tax-exempt status **✓** 501(c) (3) **◄** (insert no) √ 4947(a)(1) or 
√ 527 Group exemption number 🕨 Website: ► WWW MICA EDU K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1826 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities DEGREE GRANTING COLLEGE - MARYLAND INSTITUTE COLLEGE OF ART IS A PRIVATE COLLEGE DEDICATED TO THE EDUCATION OF PROFESSIONAL ARTISTS AND THE FURTHER ADVANCEMENT OF ART IN THE COMMUNITY Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . . 33 Total number of employees (Part V, line 2a) . . . . 2,061 37 Total number of volunteers (estimate if necessary) . 69,713 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 12,790,428 7,450,500 70,473,502 74,796,365 Program service revenue (Part VIII, line 2g) . . 633,630 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -146,465 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 324,654 351,627 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 83,442,119 83,232,122 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 18,572,652 21,163,091 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 15 Expenses 34.263.469 34.439.534 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 Total fundraising expenses (Part IX, column (D), line 25) ▶2,227,858 b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 17 25,926,447 25,413,693 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 78,762,568 81,016,318 Revenue less expenses Subtract line 18 from line 12 . 4,679,551 2,215,804 t Assets or in Balances **Beginning of Current End of Year** 203,764,227 213,876,597 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X. line 26) . 96.190.362 96.481.936 107,573,865 117,394,661 22 Net assets or fund balances Subtract line 21 from line 20 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 2011-04-13 Here Signature of officer DOUGLAS R MANN VICE PRESIDENT OF FINANCE Type or print name and title Date Check if Preparer's identifying number Preparer's signature (see instructions) empolyed 🕨 🦵 Paid Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 **Use Only** 1676 International Drive Phone no (703) 286-8000 McLean, VA 22102

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

Cat No 11282Y

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

DEGREE GRANTING COLLEGE - MARYLAND INSTITUTE COLLEGE OF ART IS A PRIVATE COLLEGE DEDICATED TO THE EDUCATION OF PROFESSIONAL ARTISTS AND THE FURTHER ADVANCEMENT OF ART IN THE COMMUNITY

2	Did the organization unde the prior Form 990 or 99		t program se	rvices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these r	iew services on Sch	edule O			
3	Did the organization ceas	┌ Yes ┌ No				
	If "Yes," describe these o					
4	Describe the exempt purp Section 501(c)(3) and 50 allocations to others, the	•				
4a	(Code	) (Expenses \$	44,524,215	ıncludıng grants of \$	21,163,091 ) (Revenue \$	74,888,144 )
			arts, and art ed	ucation, approximately 1,90	0 students, grants are disbursem	ents for students' financial aid and
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program services (Expenses \$	•	lule O ) ling grants of	- ¢	) (Revenue \$	)
4-	· · · · · · · · · · · · · · · · · · ·				/ (Kevenue p	,
4e	Total program service ex	kpenses <b>F</b> ⊅	44,524,21	ס		

Part TV	Checklist	of Requir	red Sch	edules
4: I L T L T	CHECKHSL	UI KEUUII	eu stii	cuules

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

Par	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		Νο
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
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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		Νο
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		Νo
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		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 IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
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	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

	990 (2009)			Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			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>1a</b> 203			
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	<b>1</b> c	Yes	
2a	gaming (gambling) winnings to prize winners?		165	
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	7		
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter	70		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
-	year 12b			

1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217

(410) 225-2352

**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			
<u> </u>	ction A. Governing body and Management		Yes	No
			103	140
1a	Enter the number of voting members of the governing body 1a 33			
b	Enter the number of voting members that are independent 1b 33	] !		
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		No
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 6		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		T	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 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		103	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4	V	
	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	res	
	The state of b, describe the process in schedule of (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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed <b>▶</b> MD			
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 V 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	anızatıoı	n <b> -</b> -
	DOUGLAS MANN			

# 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	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)				I		<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

		'	ay.	_
35	0	1	10	ΩΩ

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶26

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

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
MELVIN BENHOFF SONS 4216 NORTH POINT RD BALTIMORE, MD 21222	CONSTRUCTION	457,595
HULSE QM 5 E MAIN STREET MECHANICSBURG, PA 17055	INSURANCE PROVIDER	313,247
CAREFIRST PO BOX 79051 BALTIMORE, MD 21279	INSURANCE PROVIDER	3,299,287
PARKHURST DINING SERVICES PO BOX 644091 PITTSBURGH, PA 15264	FOOD SERVICES	2,329,061
FRANK PARSON INC PO BOX 759070 BALTIMORE, MD 212759070	PRINTING SERVICES	273,116
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►25	) 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
纤	1a	Federated camp	paigns 1a					
Contributions, gifts, grants and other similar amounts	Ь	Membership du	es <b>1b</b>					
	c	Fundraising eve	ents 1c					
	d	Related organiz	rations 1d					
	e	Government grants	s (contributions) <b>1e</b>	2,885,857				
흔드	f	All other contribution	ons, gifts, grants, and <b>1f</b>	4,564,643		į	İ	į
(1) 교육	g	Noncash contri	butions included in					
늍		lines 1a-1f \$	14,350					
္မ	h	Total. Add lines	s 1a-1f	▶	7,450,500			
<u> </u>				Business Code				
E E	2a	TUITION & FEES		611,600	64,966,902	64,966,902		
Program Serwce Revenue	ь	DORMITORIES		611,710	5,819,557	5,819,557		
	c	BOOKSTORE		611,710	1,049,956	1,049,956		
	d	AUXILIARY ENT		611,710	2,959,950	2,895,766	64,184	
<u>ج</u>	e							
ু অ	f	All other progra	am service revenue					
ጅ	g	Total. Add lines	s 2a-2f		74,796,365			
	3		ome (including dividen		,, 50,505			
			aramounts)	·	738,514		779	737,735
	4	Income from inves	tment of tax-exempt bond	oroceeds 🕨	107,957			107,957
	5	Royalties		▶ [	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents	183,071					
	Ь	Less rental expenses	129,412					
	c	Rental income or (loss)	53,659					
	d		me or (loss)		53,659			53,659
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	55,034,161					
		than inventory						
	Ь	Less cost or other basis and	55,247,002					
	c	sales expenses Gaın or (loss)	-212,841					
	d		s)		-212,841			-212,841
	8a	Gross income f			•			•
e n		events (not inc	luding					
Other Revenue		\$ of contributions	reported on line 1c)					
ģ.		See Part IV, lin						
- ds			а					
Ě	Ь		penses b					
0	C C		loss) from fundraising	events F	0			
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19					
			а					
	ь	Less direct ex	penses <b>b</b>					
	С		(loss) from gaming activ	vities	0			
	10a	Gross sales of returns and allo						
	 		a					
	р С		oods sold <b>b</b> (loss) from sales of inve	entory	0			
	<u> </u>	Miscellaneous	•	Business Code				
	11a	DEPOSIT FOR		900,099	7,550			7,550
	ь		EVENTINCOME	900,099	71,414			71,414
	c	DIGITAL PRIN		900,099	155,963	155,963		·
	d	•	ue	, -	63,041	, 1	4,750	58,291
	e	Total. Add lines			·		,	, -
			· · · ·		297,968			
	12	Total revenue.	See Instructions .	►	83,232,122	74,888,144	69,713	823,765

	990 (2009)				Page <b>10</b>
Part					
_	Section 501(c)(3) and 501(c)(4) organizations m			<b>(D)</b>	
	ll other organizations must complete column (A) but are not required to	complete columi	(B), (C), and (B)	(D).	(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	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	20,474,066	20,474,066		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	689,025	689,025		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,529,078	368,229	987,327	173,522
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	262,282	137,376		124,906
7	Other salaries and wages	26,215,047	12,353,953	12,687,068	1,174,026
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,558,546	715,630	760,975	81,941
9	Other employee benefits	2,907,988	1,335,246	1,419,853	152,889
10	Payroll taxes	1,966,593			103,395
11	Fees for services (non-employees)	, ,	,	·	<u> </u>
 a	Management	0			_
h	Legal	122,629		113,631	8,998
c	Accounting	81,235		81,235	0,330
d	Lobbying	01,233		01,233	
e	Professional fundraising See Part IV, line 17	0			
	Investment management fees			174 011	
f	-	174,911	242 502	174,911	102 504
g 42	Other	867,831	243,502	<del>                                     </del>	102,594
12	Advertising and promotion	1,590,774	1,165,824	<del>                                     </del>	83,158
13	Office expenses	2,378,206	359,991		82,555
14	Information technology	574,961		572,393	2,568
15	Royalties	0			
16	Occupancy	4,400,240	1,669,511	<del>                                     </del>	30,916
17 18	Travel	956,008	755,508	173,619	26,881
	state, or local public officials	0			
19	Conferences, conventions, and meetings	662,713		588,527	74,186
20	Interest	4,247,250		4,247,250	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,913,076		.,,	0
23	Insurance	786,858		786,858	
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	BAD DEBT	136,346		136,346	
ь	MEMBERSHIP	129,024		126,137	2,887
С	STUDENT SERVICES	303,488	302,469		1,019
d	OTHER/AUXILIARY	2,643,825	2,643,825		
e	TUITION & FEES	381,679	381,679		
f	All other expenses	62,639	25,391	35,831	1,417
25	Total functional expenses. Add lines 1 through 24f	81,016,318	44,524,215	34,264,245	2,227,858
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)		(B)
	Ι.				Beginning of year	_	End of year
	1	Cash—non-interest-bearing			0.700.054	1	
	2	Savings and temporary cash investments	2,780,851	2	3,961,418		
	3	Pledges and grants receivable, net	3,872,692	3	3,877,820		
	4	Accounts receivable, net			3,275,217	4	3,420,191
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of					
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	_
8	8	Inventories for sale or use			342,461	8	399,326
⋖	9	Prepaid expenses and deferred charges			2,084,021	9	2,897,429
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	155,793,976			
	ь	Less accumulated depreciation	10b	41,379,211	116,093,437	10c	114,414,765
	11	Investments—publicly traded securities			54,589,469	11	60,273,050
	12	Investments—other securities See Part IV, line 11	10,171,980	12	13,243,762		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	10,554,099	15	11,388,836		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .	203,764,227	16	213,876,597		
	17	Accounts payable and accrued expenses .			6,608,160	17	7,918,605
	18	Grants payable				18	
	19	Deferred revenue		3,615,812	19	3,392,729	
	20	Tax-exempt bond liabilities			83,532,774	20	82,755,400
es es	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u> </u>		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	2,433,616	25	2,415,202		
	26	Total liabilities. Add lines 17 through 25			96,190,362	26	96,481,936
-S		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
Ð		through 29, and lines 33 and 34.					
au	27	Unrestricted net assets			65,652,918	27	72,685,770
Fund Balance	28	Temporarily restricted net assets	10,310,661	28	11,908,594		
Ξ	29	Permanently restricted net assets			31,610,286	29	32,800,297
Ξ		Organizations that do not follow SFAS 117, check here ► □ and	ıd con	nplet e			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	ınds			32	
Net	33	Total net assets or fund balances			107,573,865	33	117,394,661
	34	Total liabilities and net assets/fund balances			203,764,227	34	213,876,597

			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. 1545-004

OMB No 1545-0047

2009

2009

Inspection

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization Maryland Institute College of Art Inc 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.

Employer identification number

E2 0E01661

									52-059100			
	rt I			blic Charity Stat						tructions		
he	organı	zation is r	not a private	e foundation because	ıtıs (Forlu	nes 1 throu	gh 11, check	conly one bo	x )			
1	Γ	A churcl	n, conventio	on of churches, or as:	sociation of o	churches <b>s</b>	ection 170(b	)(1)(A)(i).				
2	굣	A schoo	school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E)									
3	Γ	A hospit	pital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>									
4	Γ		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state									
5	Γ	_	n organization operated for the benefit of a college or university owned or operated by a governmental unit des									
_	_			1)(A)(iv). (Complete Part II ) , or local government or governmental unit described in section 170(b)(1)(A)(v).								
6	<u> </u>			<del>-</del>	=							
7	'	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)										
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II )										
9	Г			t normally receives					outions, memb	ership fees, a	nd gro	ss
				ties related to its ex								
		ıts supp	ort from gro	ss investment incom	ne and unrela	ited busine	ss taxable ın	come (less :	section 511 ta	x) from busir	nesses	
		acquired	by the org	anızatıon after June 3	30,1975 Se	e <b>sect ion</b> 5	<b>509(a)(2).</b> (C	omplete Par	t III )	•		
LO	Г	An organ	nization org	anized and operated	exclusively	to test for p	oublic safety	Seesection	509(a)(4).			
11 e f	Г	one or m the box a Section	nore publicly that describ Type I king this bo an foundatio 509(a)(2) ganization r	anized and operated y supported organiza pes the type of suppo b Type II ex, I certify that the o on managers and other received a written de	tions describ orting organiz c / organization i er than one c	zation and c Type III s not contr or more pub	on 509(a)(1 complete line - Functional colled directly licly support	) or section ! s 11e through lly integrated or indirectled ed organizat	509(a)(2) See gh 11h d d y by one or mo ions described	Type II  Type II  ore disqualified in section 5	( <b>a)(3).</b> I - Oth d pers 09(a)(	Check ner ons 1) or
g		Since Ai following	ugust 17, 2 persons?	006, has the organiz				•				· ·
				ectly or indirectly co	•		-	persons des	cribed in (ii)		Yes	No
				joverning body of the		_	ation			11g(i)		<u> </u>
			•	r of a person describ	. ,					11g(ii)	+	
				ed entity of a person						11g(iii	<u> </u>	<u> </u>
h		Provide	the followin	g information about t	the supported	d organizat	ion(s)				_	
(i) Name of supported organization		e of rted	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	Is the organizati col (i) list your gove	(iv) Is the organization in col (i) listed in your governing document?		) otify the ation in of your ort?	(vi) Is th organizal col (i) org in the U	ie tion in janized	A m	<b>vii)</b> ount of oport?
				instructions))	Yes	No	Yes	No	Yes	No	1	
ota	1						1				1	

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</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 <b>stop here</b>						-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
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> 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						<b>▶</b> ┌
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>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 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 <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	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	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> 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 <b>stop here.</b> 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: 93493103005231

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization Maryland Institute College of Art Inc 52-0591661 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **\(\mathbb{F}\_{\top}\)** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 🛊 🔛 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 20,000 140,000 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

794,350

Part	<b>311</b> Organizations Maintaining Co	ollections of Art	, His	torical Tr	eas	ures, or Ot	the	r Similar Ass	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e following t	hat a	re a sıgnıfıca	nt u	se of its collection	n	
а	Public exhibition		d	Loand	rex	change progra	ams			
ь	Scholarly research		e	┌ Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how	they furthe	r the	organızatıon'	sex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•					Yes	┌ No
Par	t IV Escrow and Custodial Arrang					n answered	1 "Y	es" to Form 99	0,	
	Part IV, line 9, or reported an ar		•	•						
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				tions	or other asse	ets i	not F	Yes	Г No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing table				•		
_							_	A mo	unt	
C	Beginning balance						1c			
d	Additions during the year					<u> </u>	1d			
e	Distributions during the year					<u> </u>	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo		e 21?						Yes	No
	If "Yes," explain the arrangement in Part XIV			1 1137		F 000	<u> </u>			
Рα	rt V Endowment Funds. Complete	If the organization (a)Current Year		wered "Yes )Prior Year					<b>e)</b> Four Ye	ears Back
la	Beginning of year balance	50,623,498	(2	62,054,802	+ • •	THIS TEATS BACK	1	yrmee rears back (	<b>-</b>	saro back
b	Contributions	1,025,011		6,244,761	L					
С	Investment earnings or losses	7,656,218		-15,693,825	5					
d	Grants or scholarships	659,996		484,546	5					
e	Other expenditures for facilities and programs	2,029,913		1,379,092	2					
f	Administrative expenses	111,577		118,602	2					
g	End of year balance	56,503,241		50,623,498	3					
2	Provide the estimated percentage of the yea	r end balance held a	as				•	<u>'</u>		
а	Board designated or quasi-endowment	42 000 % %								
ь	Permanent endowment ► 58 000 % %	1								
С	Term endowment ► %									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat are held	and	admınıstered	for	the		
	organization by								Yes	No
	(i) unrelated organizations				•		٠	3a(i)	_	No
h	(ii) related organizations			chodulo P2			•	3a(ii 3b	<u>                                     </u>	No
4	Describe in Part XIV the intended uses of th				•		•	30		
Par	t VI Investments—Land, Building				90, F	Part X, line	10.			
	Description of investment			(a) Cost or o basis (investin	ther	(b)Cost or oth	ner	(c) Accumulated depreciation	( <b>d</b> ) Boo	k value
1a	Land					2,867,	541			2,867,541
b	Buildings					134,234,		27,084,648		7,149,733
	Leasehold improvements						837	15,907		62,930
d	Equipment					17,941,	283	13,820,702	4	4,120,581
e	Other					671,	934	457,954		213,980

114,414,765

Part VII Investments—Other Securities. See  (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
OTHER SECURITIES	13,243,762	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	13,243,762	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		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, III  (a) Descrip		(b) Book value
INT IN FUNDS HELD IN TRUST		1,851,072
DEPOSITS WITH BOND TRUSTEES		8,743,414
ARTWORK BEING HELD FOR SALE		794,350
Total. (Column (b) should equal Form 990, Part X, col.(B) line is	(5.)	11.388.836
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part >		
Part X Other Liabilities. See Form 990, Part >	(, line 25.	11,388,836
Part X Other Liabilities. See Form 990, Part >  (a) Description of Liability	(, line 25. (b) A mount	11,388,836
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes	(, line 25. (b) A mount 0	11,388,836
Part X Other Liabilities. See Form 990, Part >  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE ADVANCES FROM US GOVERNMENT	(, line 25.  (b) A mount  0  2,152,029	
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE ADVANCES FROM US GOVERNMENT	(, line 25.  (b) A mount  0  2,152,029	11,388,836
Part X Other Liabilities. See Form 990, Part >  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE ADVANCES FROM US GOVERNMENT	(, line 25.  (b) A mount  0  2,152,029	11,388,836
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE ADVANCES FROM US GOVERNMENT	(, line 25.  (b) A mount  0  2,152,029	11,388,836
Part X Other Liabilities. See Form 990, Part >  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE ADVANCES FROM US GOVERNMENT	(, line 25.  (b) A mount  0  2,152,029	11,388,836
Part X Other Liabilities. See Form 990, Part >  1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE ADVANCES FROM US GOVERNMENT	(, line 25.  (b) A mount  0  2,152,029	11,388,836
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE ADVANCES FROM US GOVERNMENT	(, line 25.  (b) A mount  0  2,152,029	11,388,836
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE ADVANCES FROM US GOVERNMENT	(, line 25.  (b) A mount  0  2,152,029	11,388,836
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE ADVANCES FROM US GOVERNMENT	(, line 25.  (b) A mount  0  2,152,029	11,388,836
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE ADVANCES FROM US GOVERNMENT	(, line 25.  (b) A mount  0  2,152,029	11,388,836
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE ADVANCES FROM US GOVERNMENT	(, line 25.  (b) A mount  0  2,152,029	11,388,836
Part X Other Liabilities. See Form 990, Part > 1 (a) Description of Liability  Federal Income Taxes  REFUNDABLE ADVANCES FROM US GOVERNMENT	(, line 25.  (b) A mount  0  2,152,029	11,388,836

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	83,232,122
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	81,016,318
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,215,804
4	Net unrealized gains (losses) on investments	4	7,604,992
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	7,604,992
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	9,820,796
Par	t XIII 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	69,970,162
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	7,861,412
3	Subtract line <b>2e</b> from line <b>1</b>	3	62,108,750
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	21,123,372
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	83,232,122
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	60,149,366
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	256,420
3	Subtract line <b>2e</b> from line <b>1</b>	3	59,892,946
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	21,123,372
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	81,016,318

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

### 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

Ident if ier	Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2d		CONSISTS OF ANNUITY BENEFITS PAID \$127,008 AND RENTAL EXPENSES \$129,412
SCHEDULE D, PART XII, LINE 4b		CONSISTS OF FINANCIAL AID OF \$21,123,372
SCHEDULE D, PART XIII, LINE 2d		CONSISTS OF ANNUITY BENEFITS PAID \$127,008 AND RENTAL EXPENSES \$129,412
SCHEDULE D, PART XIII, LINE 4b		CONSISTS OF FINANCIAL AID OF \$21,123,372
SCHEDULE D, PART V, LINE 4		THE COLLEGE'S ENDOWMENT FUNDS PROVIDE AN IMPORTANT SOURCE OF REVENUE WHICH SUPPORTS SCHOLARSHIPS, GRANTS, SPECIALIZED PROGRAMS, FACILITIES, AND GENERAL OPERATIONS OF THE COLLEGE
SCHEDULE D, PART III, LINE 4	DESCRIPTION OF COLLECTION	PAINTINGS FURTHER THE ADVANCEMENT OF ART IN THE COLLEGE COMMUNITY
SCHEDULE D, PART X, LINE 2		As an educational institution meeting the requirement of Section 501(c)(3) of the Internal Revenue Code, the College is exempt from income taxes on income related to its exempt purpose as provided in Section 501(a) except to the extent it has taxable income from activities that are not related to its exempt purpose. The College accounts for uncertain tax positions, if any, in accordance with FASB Interpretation No 48, Accounting for Uncertainty in Income Taxes. No provision for income taxes was required for 2009 or 2008.

# OMB No 1545-0047

# OMB No 1545-004

2009

Open to Public

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

**Schools** 

► Attach to Form 990 or Form 990-EZ.

Name of the organization Maryland Institute College of Art Inc Employer identification number

	25-0231001		T 1	
			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?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No,"			
	please explain	3	Yes	
	The following statements appear in the College's catalog notice of nondiscrimination in education and employment the Maryland Institute College of Art does not discriminate against any individual for reasons of race, color, religion, national origin, age, sex, or handicap in any relationship with the institution or in any of its programs or offerings, hiring of faculty and staff, or any terms and conditions of employment. Inquiries concerning the application of these regulations may be referred to the affirmative action officer. The college reserves the right in its discretion to make from time to time changes affecting policies, fees, curricula, or other matters announced in this catalog. The statements in this catalog do not constitute a contract. Statement of equal opportunity and services to the disabled in compliance with federal, state and local laws and regulations, the Maryland Institute College of Art does not discriminate on the basis of race, color, national origin, sex, se			
4	Does the organization maintain the following?			
а	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?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
	Students' rights or privileges?	5a		Νo
b	Admissions policies?	5b		Νo
C	Employment of faculty or administrative staff?	5c		Νo
	Scholarships or other financial assistance?			
u	Scholarships of other infancial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		Νo
	Athletic programs?	_		
y	Attrietic programs,	5g		No
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	
	Has the organization's right to such aid ever been revoked or suspended?	6b		Νο
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	7	Yes	

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DLN: 93493103005231

2009

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

## **Statement of Activities Outside the United States**

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

Open to Public **Inspection** 

Name of the organization Maryland Institute College of Art Inc

**Employer identification number** 

52-0591661

Part I	General Information on	<b>Activities Outside the United States.</b>	. Complete if the organization answer	ed
	"Yes" to Form 990, Part IV	line 14b.		

1	For grantmakers. Does the organization maintain records to substantiate the amount of the grants or			
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award			
	the grants or assistance?	Yes	Γ	No

For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed ) 3

Activites per Region (U	se Schedule F-1	(Form 990) If add	itional space is needed )		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean		4	Program Services	STUDY ABROAD	7,763
East Asia and the pacific		5	Program Services	STUDY ABROAD	8,429
Europe (Including Iceland and Greenland)		21	Program Services	STUDY ABROAD	305,061
Middle East and North Africa		3	Program Services	STUDY ABROAD	22,919
Central America and the Caribbean			Grantmakıng		29,200
Europe (Including Iceland and Greenland)			Grantmaking		99,350
East Asia and the Pacific			Grantmakıng		398,775
North America			Grantmaking		84,950
Russia and the Newly Independent States			Grantmakıng		9,100
South America			Grantmakıng		33,200
South Asia			Grantmaking		21,750
Sub-Saharan Africa			Grantmakıng		12,700
-		33			1,033,197
Totals ▶					
For Privacy Act and Paperwork Re	eduction Act Notic	ce, see the Instruc	tions for Form 990.	Cat No 50082W Scho	edule F (Form 990) 2009

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

OSC Scriculic	T I (TOTHI 330) II dudic	ionar space is	necaca.				
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
EDUCATIONAL	Cent A merica/Caribbean	3			29,200	TUITION DISC	FMV
EDUCATIONAL	Europe/Iceland/Greenland	10			99,350	TUITION DISC	FMV
EDUCATIONAL	East Asia/Pacific	47			398,775	TUITION DISC	FM∨
EDUCATIONAL	North America	9			84,950	TUITION DISC	FM∨
EDUCATIONAL	Russia	1			9,100	TUITION DISC	FMV
EDUCATIONAL	South America	3			33,200	TUITION DISC	FM∨
EDUCATIONAL	South Asia	3			21,750	TUITION DISC	FMV
EDUCATIONAL	Sub-Saharan Africa	2			12,700	TUITION DISC	FMV

Schedule F (Form 990) 2009

Part IV Supplemental Info	mation	
Complete this part to	provide the information required	ın Part I, line 2, and any additional information.
I dentifier	ReturnReference	Explanation
Schedule F, Part I, Line 2		FOR FINANCIAL AID GRANTS/SCHOLARSHIPS, THE COLLEGE AWARDS THESE TO STUDENTS EACH SEMESTER BASED ON SEVERAL FACTORS THE AWARDS ARE APPLIED DIRECTLY TO THE STUDENT'S ACCOUNT BALANCE FOR TUITION
		Schodulo E /Form 990\ 2009

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Schedule I

(Form 990)

Department of the Treasury

DLN: 93493103005231 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. Attach to Form 990

Open to Public Inspect ion

Internal Revenue Service Name of the organization **Employer identification number** Maryland Institute College of Art Inc 52-0591661 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable (book, FMV, appraisal, non-cash assistance or assistance grant cash other) or government assistance Enter total number of section 501(c)(3) and government organizations . . . . . . . . . . . . . . . . 

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

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

Ident if ier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2		FOR FINANCIAL AID GRANTS/SCHOLARSHIPS, THE COLLEGE AWARDS THESE TO STUDENTS EACH SEMESTER BASED ON SEVERAL FACTORS THE AWARDS ARE APPLIED DIRECTLY TO THE STUDENT'S ACCOUNT BALANCE FOR TUITION FOR FACULTY DEVELOPMENT GRANTS, THE COLLEGE COLLECTS A DETAILED ACCOUNTING OF ALL GRANT RELATED EXPENDITURES ALONG WITH ALL CORRESPONDING RECEIPTS ALL EXPENDITURES ARE REVIEWED TO ENSURE THAT THEY ARE RELATED TO THE GRANT AND THERE IS PROPER DOCUMENTATION THE GRANT RECIPIENT ALSO SUBMITS A REPORT TO ACADEMIC AFFAIRS SUMMARIZING THEIR EXPERIENCE

(f)Description of non-cash assistance

Software ID: Software Version:

**EIN:** 52-0591661

Name: Maryland Institute College of Art Inc

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance (b) Number of (c) A mount of (d) A mount of (e) Method of valuation (book,

	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
COMPETITIVE SCHOLARSHIPS	1532	14,517,855			
UNDERGRADUATE GRANTS	800	2,645,085			
GRADUATE SCHOLARSHIP	232	1,666,975			
RESTRICTED SCHOLARSHIPS & AWARDS	538	1,149,266			
FEDERAL COLLEGE WORK STUDY	447	414,466			
SUPPLEMENTAL EDUC OPPORTUNITY GRANT	273	261,250			
MICA WORK STUDY	177	179,415			
CONTINUING STUDIES SCHOLARSHIPS	170	72,440			
DEPARTMENTAL SCHOLARSHIPS	141	119,510			
LUCAS SCHOLARSHIP	35	94,230			
FACULTY DEVELOPMENT GRANTS	29	39,719			
OTHER TUITION ASSISTANCE	5	2,880			

DLN: 93493103005231

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name o	of t	t he	orga	niza	t ic	n	
1arylan	d In	stitu	te Co	ollege	of	Art	In

**Employer identification number** 

52-0591661

Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	$\Gamma$	Housing allowance or residence for personal use			
	Travel for companions	$\sqcap$	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	$\sqcap$	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 orga reimbursement orprovision of all the expenses describ			1b		
2	Did the organization require substantiation prior to reli officers, directors, trustees, and the CEO/Executive D			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that  Compensation committee		·			
	✓ Independent compensation consultant	<u>'</u>				
	Form 990 of other organizations	<u> </u>				
	1 orm 550 or other organizations	,-	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VI	I, Section A, line $1  extsf{a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt?	4a		Νo
Ь	Participate in, or receive payment from, a supplementa	al non	iqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and prov					
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, III	ne 1a	did the organization provide any non-fixed			
-	payments not described in lines 5 and 6? If "Yes," des			7		Νo
8	Were any amounts reported in Form 990, Part VII, pai	dora	accured pursuant to a contract that was			
	subject to the initial contract exception described in R	egs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the resection 53 4958-6(c)?	ebutt	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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	reakdown of W-2 and/or 1099-MISC compe				(E) Total of columns	
		(i) Base compensation	(i) Base (ii) Bonus & incentive compensation		other deferred compensation		(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
FRED LAZARUS IV	(ı) (ıı)	320,000 0			0 104,350 0 0	31,730	456,080	,
RAYMOND V ALLEN	(ı) (ıı)	229,615 0	0	·	0 0	29,999	259,614	
THERESA LYNCH BEDOYA	(ı) (ıı)	161,923 0	0	1	0 0	22,820	184,743	,
MICHAEL MOLLA	(ı) (ıı)	144,615 0	0	·	0 0	7,336	151,951	
DOUGLAS R MANN	(ı) (ıı)	189,615 0	0	·	0 0	26,433	216,048	
THOMAS G HYATT	(ı) (ıı)	142,769 0			-	23,638	166,407	
MICHAEL FRANCO	(ı) (ıı)	167,692 0		-	0 0	24,706	192,398	,
JAN STINCHCOMB	(ı) (ıı)	132,290 0	-	0	0 0	22,185	154,475	
GUNALAN NADARAJAN	(ı) (ıı)	165,310 0	0		0 0	22,173	187,483	
DOUGLAS L FROST	(ı) (ıı)	109,101	_		0 0	16,477 0	125,578	ı
			<u> </u>					<del> </del>
		+						
			<del></del>					
	'	<u> </u>	<del>                                     </del>			1		

#### 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
Schedule J, Part I, Line 4b		Fred Lazarus was the only participant and he did not recieve any payments from the plan during the year

Schedule J (Form 990) 2009

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

(b) Issuer EIN

(c) CUSIP #

DLN: 93493103005231 OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Information on Tax Exempt Bonds**

(f) Description of Purpose

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

(d) Date Issued

(e) Issue Price

Cat No 50193E

Open to Public Inspect ion

(h) O n

Behalf of

Issuer

Name of the organization Maryland Institute College of Art Inc

**Bond Issues** 

(a) Issuer Name

Employer identification number

(g) Defeased

Schedule K (Form 990) 2009

52-0591661

					<b>I</b>									, u c .
											Yes	No	Yes	No
A	MHHEFA	52-0936091	574217VQ5	01-05-	2006		99 M	иннега во	NDS 2006	i,		×		x
В	MHHEFA	52-0936091	574217G25	06-27-	-2007		98 M	ИННЕГА ВО	IEFA BONDS 2007			Х		Х
Pai	rt III Proceeds	•	-	•	•		•				•			•
					A		В		С		)		E	
1	Total proceeds of issue			3	30,504,380		38,527,96	8						
2	Gross proceeds in reserve funds				4,922,160		2,251,42	6						
3	3 Proceeds in refunding or defeasance escrows			2	25,557,418		25,557,41	8						
4	Other unspent proceeds													
5	Issuance costs from proceeds				412,533	484,015		5						
6	6 Working capital expenditures from proceeds													
7	7 Capital expenditures from proceeds			2	25,169,687		7,732,55	8						
8	Year of substantial completion			2008		20	2008			•		•		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	ès	No
9	Were the bonds issued as part of	a current refunding i	ssue?		х		×							
10	Were the bonds issued as part of	an advance refundın	g issue?		х	×								
11	Has the final allocation of proceed	ds been made?		х		х								
12	2 Does the organization maintain adequate books and records to support the final allocation of proceeds?			х		х								
Par	t IIII Private Business Use			_					•					
				A B		(		D			<u>, E</u>			
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	:s	No
1	Was the organization a partner in which owned property financed by				Х		Х							
2					х		х							

Schedule K (Form 990) 2009

Part III Private Business Use (Continued)

			Α		В		С	D			E	
		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?		x		x							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government											
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government											
6	Total of lines 4 and 5											
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х								
Par	t IV Arbitrage											

	Arbitrage		A		3		С	ı	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		х		х						
2	Is the bond issue a variable rate issue?		Х		X						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х		х						
ь	Name of provider										•
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		Х		Х						
ь	Name of provider										
С	Term of GIC										
d	<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		x		×						
6	Did the bond issue qualify for an exception to rebate?		х		Х						
			•	•	•	•	•	•	Schedul	le K (Form 99)	n) 2009

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DLN: 93493103005231

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions with Interested Persons**

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

Name of the organization Maryland Institute College of Art Inc **Employer identification number** 

								2-05916			
Part I Excess Benefit Tran											
Complete If the organizat	ion ans	wered "	Yes" on Fori	m 990, F I	Part IV, line 25a o	or 25	b, or Form	990-EZ,	Part V, lır		
1 (a) Name of disqu	ualıfıed	person			<b>(b)</b> Desc	riptio	on of transa	ction		<u> </u>	rrected?
										Yes	No
											1
2 Enter the amount of tax impos		he orgai		_				_	r		
section 4958		• •							* \$		
3 Enter the amount of tax, If any	, on line	2, abo	ve, reimburs	ed by th	e organization .			· · •	• \$		
Part III Loans to and/or F	From	Intere	sted Pers	sons.							
Complete if the organiz					), Part IV, line 26	, or F	orm 990-E	Z, Part V	, line 38a		
· · · · · ·								(f)			
(a) Name of interested person and	(b) Loan to		(c)0 rig	unal			<b>e)</b> In	Approv		(g)Writte	
purpose	1	zation?	principal a		(d)Balance due	def	fault?	by board or committee?		agreemer	nt?
	To	From				Yes	No	Yes	No	Yes	No
	10	FIGIN				165	110	163	140	162	140
								+			
									+		
otal				<b>▶</b> \$	1						
Part IIII Grants or Assistan					Dersons						
Complete if the orga						/. line	e 27.				
<u> </u>					en interested per						
(a) Name of interested pers	on	,			ganızatıon .		(c)A m	ount of g	rant or typ	oe of assis	tance
Part IV Business Transact											
Complete if the orga	nızatıc	n ansv	wered "Yes	" on Fo	rm 990, Part IV	<u>/, line</u>	e 28a, 28	b, or 28	c.		
			) Relationshi							1	naring of
(a) Name of interested persor	ו	1	veen interest erson and the		(c) A mount of transaction		(d) Descr	iption of	transactio	n I -	ızatıon's enues?
			rganization		transaction					Yes	No
HERESA L BEDOYA			MISSIONS		1 3 7 3	76	SPOUSES	EMPI O V	MENT	163	N o
		1		<del>-  </del>	137,3		J. 0 0 0 L 0				1,1
		1									
		1				$\dashv$					
		<del>                                     </del>				_					+

DLN: 93493103005231

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 Maryland Institute College of Art Inc

**Employer identification number** 

Pa	rt I Types of Property				52-0591661			
		(a) Check ıf applıcable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d)</b> Method of de revenu		ııng	
1	Art—Works of art	X	4	-	RESALE VALUE			
2	Art—Historical treasures .			·				
3	Art—Fractional interests							
4	Books and publications	Х						
5	Clothing and household goods	X						
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock $$ .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts ART							
25	Other ► ( <u>SUPPLIES</u> )	Х	8	0	0			
26	O ther ▶()							
27	O ther ▶()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl		=		29		1	3
20-	During the year, did the organiza	t.on	a hu aantrihiitian anu nrana	why reported in Dout T. lines	1 30 that it	-+	Yes	No
30a								
	must hold for at least three year			on, and which is not require				N -
	for exempt purposes for the entire					30a		No_
ь 31	If "Yes," describe the arrangeme Does the organization have a gif			eview of any non-standard	contributions?	31	Yes	
	-	•		•	Ī			
32a	Does the organization hire or use contributions?	e third parti	es or related organizations	to solicit, process, or sell i		32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	revenuesı	n column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II							

#### Part II

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

Ident if ier	Ret urn Reference	Explanation
SCHEDULE M, PART I, LINE 33		The college does not record contributions of in-kind property in the accounting records unless it is an item of considerable value (The College considers this to be anything over \$20,000) In the current year, the college determined that three donations of in-kind property were of considerable value

Schedule M (Form 990) 2009

Software ID: **Software Version:** 

**EIN:** 52-0591661

Name: Maryland Institute College of Art Inc

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DLN: 93493103005231

OMB No 1545-0047

Inspection

As Filed Data -

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE 0** 

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

**Supplemental Information to Form 990** 

► Attach to Form 990.

Name of the organization Maryland Institute College of Art Inc **Employer identification number** 

52-0591661

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 12A, 12B AND 12C		Each Trustee and Officer annually sign a statement that affirms such person has received and carefully read the Conflict of Interest policy, understands and agrees to comply with the policy, and further understands that the College is a charitable organization and that in order to maintain its federal tax exemption, it must engage primarily in activities that accomplish one or more of its tax exempt purposes. Trustees and officers are covered under the Conflict of Interest Policy. Trustees or Officers who have declared or have been found to have a conflict of interest shall refrain from participating in the consideration of any proposed transaction, unless for special reasons the Board requests information or interpretation from the person or persons involved, and shall not vote, or be present at the time of voting, on any matter under consideration at a Board or Committee meeting which such Trustee has a known conflict of interest. The Chairman of the Board, who, together with Counsel, shall be responsible for administration of this policy.

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SEC C, LINE 19		FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
SCHEDULE K, PART I		REFUNDING OF 12/01/2001 BOND ISSUE, REFINANCE OF 2002 POOLED LOAN, AND ADDITIONAL FUNDS FOR CONSTRUCTION OF RESIDENCE HALL AND FOR RENOVATION OF FACILITIES ON CAMPUS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11A		An electronic copy of the organization's Form 990 (including all schedules), was provided to each voting member of the organization's governing body prior to its filing with the IRS. The organization's officers and full Board of Trustees performed a high-level review of the prepared form 990 prior to filing it with the IRS. A more in-depth review was performed by the Board Finance Committee, which is comprised of trustees and officers.

ldentifier	Return Reference	Explanation
Part VI, Section B, Lines 15a and 15b		The President's salary is reviewed by a Chair appointed Presidential Review Committee/compensation committee, then goes to the Board in Executive Session During that review, they compare the College's salaries with other AICAD colleges. In addition, there is a periodic outside review. The last review was done in February 2007 by Kennedy and Rand Consulting. Notes of the deliberation process are taken and maintained.

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**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493103005231

OMB No 1545-0172

Department of the Treasury See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number Maryland Institute College of Art Inc GENERAL DEPRECIATION 52-0591661 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 \$ 125.000 2 Total cost of section 179 property placed in service (see instructions) 2 \$ 500.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 0 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L MMS/L i Nonresidential real property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L c 40-vear 40 vrs ММ S/L Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 0 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the

23

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

comp	lete only	24a, 24b, colui	mns (a	a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectio	n B, a	nd Se	ction (	C if ap	oplicat	ile.
Section A—Depre																
<b>24a</b> Do you have eviden	ce to support	the business/investi	ment us	e claimed	d? ┌ Yes	. □ <sub>No</sub>			24b lf	"Yes."	s the ev	/ idence	written?	Tye	sГNo	)
										,						-
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed II service	(c) Business/ In investment use percentage	(d) Cost or o	other	(busines	(e) deprecia s/investr e only)	- 11	<b>(f)</b> Recove period		(g) Method/ onvention		<b>(h</b> Deprec deduc	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busir	•	lified listed property i	placed in	service (	l during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	inacci	15.0						20						
Lot roperty asea more	thun 50 70	% %	111033	450			П				$\top$			$\Box$		
		%														
	orlassin	%   %	C 11C A													
27 Floperty used 50 %	01 1633 111	%	35 USE				П		S/L	-	Т			$\Box$		
		%							S/L							
		%			L				S/L		_			+		
28 Add amounts in co		_				ne 21,	page	1 .		2	8					
29 Add amounts in co	ılumn (ı), lır							•		•			29			
Complete this section	forvobicle				mation						r rolat	ad nar	con			
if you provided vehicles to	your employe	es, first answer the q	uestions	in Section	on C to see	e if you n	neet a	n exce	otion t	o comple	ting this	section	for thos	e vehic	les	
30 Total business/investment miles driven during the			the	(a)								d)		(e)		f)
year ( <b>do not</b> include commuting miles)			Vehi	Vehicle 2		Y ehic		cle 3 V		/ ehicle 4		Vehicle 5		Vehicle 6		
<b>31</b> Total commuting n	niles driver	during the year	F													
32 Total other person			, <u>,</u> ,													
·	•		<b>⊢</b>			<u> </u>		+								
<b>33</b> Total miles driven through 32	· · ·	year Add lines 3	٠. ا													
34 Was the vehicle av	allable for	personal use		Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs?		.													
35 Was the vehicle us owner or related pe	•	y by a more than	5%													
36 Is another vehicle		or personal use?	` .` -													
		estions for Em	volar	ers W	ho Pro	vide \	/ehi	cles	for	Use b	v The	ir Er	nplov	ees	<u> </u>	<u> </u>
Answer these question 5% owners or related	ns to deterr	nine if you meet a									-				<b>not</b> moi	re tha
<b>37</b> Do you maintain a employees?	written poli	cy statement tha	t prohil	bits all	personal •	use of	vehic	les, ı	nc lud	ling cor	nmutır	ıg, by y	our.	Y	es	No
<b>38</b> Do you maintain a employees? See th																
39 Do you treat all us								,, 01 1	, o o i		-					
<b>40</b> Do you provide mo	re than five	vehicles to your	•			- ormatio	n fron	n you	emp	loyees	- about	the us	e of the	a -		
vehicles, and retai			العامل ما		la damar				•			•	•	$\vdash$		
Note: If your answ																
Part VI Amortiz		5, 39, 40, 01 41 1	5 165,	40 110	Comple	te seci	.1011 6	101 11	ie co	vereu v	emcie	<u> </u>				
Part VI Amortiz		(b)				I				(6	.,					
(a)		Date		(c	-		(d) Code section			A morti	-		(f)			
Description of c	osts	amortization		A mort amo						period or		A mortiza		rtizatio his yea		
		begins 								perce	ntage					
<b>42</b> A mortization of co	sts that be	gins during your 2	2009 ta	ax year	(see ins	truction	ıs)									
42 A months = 1 - 1		ann hafar	000 +-	V 146 - 5							43					
<b>43</b> A mortization of co	sis that be	gan before your 2	UUY ta	x year		•	•		•	•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44

Software ID: Software Version:

**EIN:** 52-0591661

Name: Maryland Institute College of Art Inc

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	Posi t	tion ( hat a	che				( <b>D)</b> Reportable compensation from the	<b>(E)</b> 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
MR STEPHEN BOESEL TRUSTEE	1 0	Х						0	0	0
MR GEORGE L BUNTING JR TRUSTEE	1 0	Х						0	0	0
MS M GWEN DAVIDSON TRUSTEE	1 0	x						0	0	0
MS ROSALEE C DAVISON TRUSTEE	1 0	Х						0	0	0
MR MATHIAS J DEVITO TRUSTEE	1 0	×						0	0	0
MR FRANCISCO ESCOBAR TRUSTEE	1 0	Х						0	0	0
MR RONALD E FIDLER TRUSTEE	1 0	Х						0	0	0
MR AARON FINK TRUSTEE	1 0	х						0	0	0
MS ANN M GARFINKLE TRUSTEE	1 0	х						0	0	0
MS ALICE FALVEY GREIF TRUSTEE	1 0	Х						0	0	0
MS FREDYE W GROSS TRUSTEE	2 0	х						0	0	0
MR DAVID HAYDEN TRUSTEE	1 0	Х						0	0	0
MS BARBARA L HIMMELRICH TRUSTEE	1 0	Х						0	0	0
MS TONYA INGERSOL TRUSTEE	1 0	Х						0	0	0
MS WENDY JACHMAN TRUSTEE	1 0	Х						0	0	0
MR DAVID JACOBS TRUSTEE	1 0	Х						0	0	0
MR THOMAS JASEK TRUSTEE	1 0	Х						0	0	0
MR ROSS JONES TRUSTEE	1 0	Х						0	0	0
MR NEIL A MEYERHOFF TRUSTEE	1 0	Х						0	0	0
MR JIM MILLER TRUSTEE	1 0	Х						0	0	0
MR CHARLES NEARBURG TRUSTEE	1 0	Х						0	0	0
MS ANNE S PERKINS TRUSTEE	1 0	Х						0	0	0
MR ROGER POWELL TRUSTEE	1 0	Х						0	0	0
MS SHEILA K RIGGS TRUSTEE	1 0	Х						0	0	0
MS NANCY SASSER TRUSTEE	1 0	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

<b>(A)</b> Name and Title	(B) Average hours		tion (	(che	′)			<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation	
	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)	from the organization and related organizations	
MR WILLIAM O STEINMETZ TRUSTEE	1 0	Х						0	0	0	
MR TYRONE TABORN TRUSTEE	1 0	Х						0	0	0	
MS SALLIE FRAENKEL ZUCH TRUSTEE	1 0	Х						0	0	C	
MR JAMES BLUE TRUSTEE	1 0	Х						0	0	C	
DR JUDITH BURTON TRUSTEE	1 0	Х						0	0	C	
MR KEVIN DONOVAN TRUSTEE	1 0	Х						0	0	C	
MR KIBEBE GIZAW TRUSTEE	1 0	Х						0	0	(	
MR JOHN MORIKIS TRUSTEE	1 0	Х						0	0	(	
FRED LAZARUS IV PRESIDENT	40 0			х				320,000	0	136,080	
RAYMOND V ALLEN VP ACADEMIC AFFAIRS & PROVOST	40 0			х				229,615	0	29,999	
J DAVIDSON PORTER VP STUDENT AFFAIRS	40 0			х				124,615	0	18,403	
THERESA LYNCH BEDOYA VP ADMIN AND FINANCIAL AID	40 0			х				161,923	0	22,820	
MICHAEL MOLLA VP OPERATIONS	40 0			х				144,615	0	7,336	
DOUGLAS R MANN VP FINANCE	40 0			х				189,615	0	26,433	
THOMAS G HYATT VP TECHNOLOGY SYSTEMS	40 0			х				142,769	0	23,638	
MICHAEL FRANCO VP DEVELOPMENT	40 0			х				167,692	0	24,706	
GUNALAN NADARAJAN VICE PROVOST FOR RESEARCH	40 0				х			165,310	0	22,173	
JAN STINCHCOMB DEAN-UNDERGRADUATE STUDIES/FAC	40 0					х		132,290	0	22,185	
KAREN CARROLL DEAN OF ART EDUCATION	40 0					х		116,221	0	15,048	
CHRISTOPHER SHIPLEY FACULTY	40 0					Х		117,404	0	19,530	
LUCILLE HUGHES ASSOC VP	40 0					х		113,507	0	17,648	
TIMOTHY APP FACULTY	40 0					х		117,058	0	16,610	
DOUGLAS L FROST VP EMERITUS & SPECIAL COUNSEL	40 0						х	109,101	0	16,477	

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT	136,346		136,346	
MEMBERSHIP	129,024		126,137	2,887
STUDENT SERVICES	303,488	302,469		1,019
OTHER/AUXILIARY	2,643,825	2,643,825		
TUITION & FEES	381,679	381,679		