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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

nternal f	Revenue	Service	► The or	ganization may have to use a	a copy of this return to satisfy	state reporting	g requirements	Inspection				
A Fo	r the 2	2009 ca	lendar yea	r, or tax year beginning 07-0	1-2009 and ending 06-30-20)10		•				
_		pplicable	Please	C Name of organization Maine College of Art				ntification number				
Add	ress ch	ange	use IRS label or	Doing Business As			01-0378753 E Telephone nu					
Nan	ne char	nge	print or type. See	Somy Business ris								
Inıtı	al retur	rn	Specific Instruc-		ıf maıl ıs not delivered to street add	ress) Room/suite	(207) 699-5 G Gross receipts 9					
Ten	mınated	d	tions.	522 Congress Street			G Gloss receipts s					
_ Ame	ended r	return		City or town, state or country, a Portland, ME 04101	and ZIP + 4	l .	1					
Арр	lication	pending		Tottland, ME 04101								
			F Nan	ne and address of principal o	fficer	H(a) Is th	■ ıs a group return					
						affilia	ates?	⊤Yes ▼ No				
						H(b) Are a	II affiliates include	ed?				
			<u> </u>		-		•	(see instructions)				
				(3) 4 (insert no) 4947(a)	(1) or 527	H(c) Gro	up exemption nui	nber 🟲				
) W	ebsite	· www	ı meca edu									
			Corporat	ion Trust Association Oth	er ►	L Year of fo	ormation M	State of legal domicile ME				
Pai	rt I											
				e organization's mission or m MISSION IS TO PROVIDE E	-							
စ္		THE COLLEGE'S MISSION IS TO PROVIDE EDUCATION IN FINE ARTS										
Governance												
¥e∏	2	Check t	his hov ⊫ F		nued its operations or dispose	ad of more than	25% of its net a	ssets				
9			•		dy (Part VI, line 1a)			26				
			-	dent voting members of the			26					
ile:				nployees (Part V, line 2a)		10,		293				
Activities &				lunteers (estimate if necess				26				
ă	7a	Total gr	oss unrela	ted business revenue from P	art VIII, column (C), line 12		7 a					
	b	Net unre	lated busi	ness taxable income from Fo		7b						
						Pric	or Year	Current Year				
	8	Contrib	outions and	grants (Part VIII, line 1h)			1,381,488	757,214				
nue	9	Progra	m service	revenue (Part VIII, line 2g)			11,521,484	11,128,055				
Revenue	10	Invest	ment incor	ne (Part VIII, column (A), lır	nes 3, 4, and 7d)		95,736	381,557				
	11			art VIII, column (A), lines 5		186,855	119,363					
	12				equal Part VIII, column (A), lı	ine	13,185,563	12,386,189				
	13			r amounts paid (Part IX, col	umn (A), lines 1-3)		3,372,759	3,384,788				
	14			r for members (Part IX, colu				0				
	15				fits (Part IX, column (A), lines	5 -						
Expenses		10)					5,419,728	5,199,588				
ङ्	16a			raising fees (Part IX, column			6,458	0				
짚	Ь			enses (Part IX, column (D), line 25								
	17				la-11d, 11f-24f)		4,252,458	4,280,889				
	18				l Part IX, column (A), line 25)	·	13,051,403	12,865,265				
_ 07	19	Revent	ie iess exp	enses Subtract line 18 from	Reginnin	134,160 g of Current	-479,076					
Net Assets or Fund Balances						_	fear	End of Year				
988 888 1	20	Total a	ssets (Par	t X, line 16)			22,912,158	22,486,665				
44 100	21	Total lı	abilities (F	Part X, line 26)			7,967,203	7,957,085				
	22	Net as:	sets or fun	d balances Subtract line 21	from line 20		14,944,955	14,529,580				
Par	t II	Signa	ature Blo	ock								
					ed this return, including accompanyir of preparer (other than officer) is ba							
Sign Here		**** Signa	** ture of office	er		2011 Date	-05-12					
			Elicker Execu									
		Туре	or print nam	e and title		1	T					
Paid		Preparer's		Nicholas	Date	Check if self-empolyed	Preparer's identify (see instructions)	ying number				
Prepa	rer's		me (or yours	Macdonald Page & Co LLC		<u> </u>						
Use C		ıf self-em address,	ployed), and ZIP + 4	30 Long Creek Dr			EIN Þ					
				-			Phone no 🕨 (20	77) 774-5701				
May t	he ID	L S discus	e this retu	South Portland, ME 04106	aovo? (sao instrustions)			Tyes TNo				

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE COLLEGE'S MISSION IS TO PROVIDE EDUCATION IN FINE ARTS

2	•		ant program services during the	year which were not listed on	┌ Yes ┌ No
	If "Yes," describe	these new services on So	hedule O		
3			nake significant changes in how	it conducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sched	ule O		
4	Section 501(c)(3)	and 501(c)(4) organizat	s for each of the organization's t ions and section 4947(a)(1) tru nd revenue, if any, for each prog	sts are required to report the ai	
4a	(Code) (Expenses \$	8,067,081 including grants of s	3,384,788) (Revenue \$	11,128,055)
	concentrating in the	fine arts, a post-baccalaureate	ate institution offering bachelor and mas program in art education, as well as a ery, the Institute of Contemporary Art		
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	Other presents	arusas /Dasariba in C-b	adula O)		
4d	(Expenses \$	ervices (Describe in Sch	edule O) uding grants of \$) (Revenue \$)
) (Revenue »	,
4e	Total program se	rvice expenses►\$	8,067,081		

Dart TV	Char	·blict	Λf	Dequired	Schedule
	CHEC	-KIISL	UI.	Reuuli eu	Scriedule:

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

Part V Statements Regarding Other IRS Filings and Tax Complia

			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		103	
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νο
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	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? \cdot .	5a		Νο
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		No
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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νο
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		N o
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f -		No_
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		No
п	required?	7h		Νo
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			-140
_	Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N o
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Portland, ME 04101 (207) 699-5045

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
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		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
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	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νο
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	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		Νo
	Let the Chates with which a convertible Form 200 is required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the Elizabeth Elicker VP 522 Congress Street	ie orga	nızatıor	n ►

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	ffice	r, dırector, trustee	or key employee						
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week		organizations (W- 2/1099- MISC)	compensation from the organization and related organizations						
See add'l data										

For	m 990 (2009)				Page 8
1b	Total	487,684			50,29
2	anumber of individuals (including but not limited to those listed above) who received more than 000 in reportable compensation from the organization►3 e organization list any former officer, director or trustee, key employee, or highest compensated employee a 1a? If "Yes," complete Schedule J for such individual	•			
				Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or high on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		3		No
4	, , , , , , , , , , , , , , , , , , , ,	•	4	Yes	
5	·	_	5		No
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that i \$100,000 of compensation from the organization	eceived more than			
				(C Compe	
367	LICOVER SECURITY St John St TLAND, ME 04104	SECURITY			119,998

Form **990** (2009)

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization 🗗

Form 99								Page 9
Part V	/1111	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts nts	1a	Federated camp	paigns 1a					
gra You	b		es 1b					
ffs,	С	Fundraising eve						
<u>2</u>	d e	Government grants	ations 1d s (contributions) 1e	246,409				
ons sin	f	_	ons, gifts, grants, and 1f	510,805				
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no	ot included above butions included in					
Ç E	h	Total. Add lines	3 1a-1f	▶	757,214			
				Business Code				
Program Service Revenue	2a	TUITION AND FEES	; 	611,600	9,932,580	9,932,580		
æ	b	Auxilary Income		611,600	1,195,475	1,195,475		
5 €	C							
) J	d							
Ē	e	^ II other progra						
Ď	f	All other progra	ım service revenue					
	g		s 2a-2f		11,128,055			
	3		ome (including dividendar ar amounts)	. F	86,814			86,814
	4		tment of tax-exempt bond	· · ·	0			
	5	Royalties		▶ ↑	0			
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental incor	me or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities 642,833	(II) O ther				
	ь	Less cost or other basis and	348,090					
		sales expenses	204.742					
	c d	Gain or (loss)	294,743 s)		294,743			294,743
	8a	Gross income f						
Other Revenue		events (not inc	luding s reported on line 1c)					
<u>u</u>		Loop diment	a	119,803				
₹	b c		penses b loss) from fundraising	23,352 events ►	96,451			96,451
	9a	Gross income f See Part IV, lin	rom gaming activities e 19					
	b c		penses b loss) from gaming activ	vities	o			
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
	С	_	loss) from sales of inve	entory 🗠	0			
		Miscellaneous	s Revenue	Business Code				
	11a	MISC INCOME	<u> </u>	611,600	22,912			22,912
	Ь							
	C	A.II						
	d	All other revenu	ue					
	12		Sila-iid See Instructions	```` ► ►	22,912			
				-	12,386,189	11,128,055		500,920

	990 (2009)				Page 10
Par	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m			(D)	
	ll other organizations must complete column (A) but are not required to		(B), (C), and	(D).	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,384,788	3,384,788		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	487,684		386,406	101,278
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	3,823,978	1,937,221	1,615,539	271,218
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	128,643	57,799	59,730	11,114
9	Other employee benefits	438,949	197,219	203,808	37,922
10	Payroll taxes	320,334	143,925	 	27,675
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	37,007		37,007	
c	Accounting	22,460		22,460	
d	Lobbying	0		==,	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	23,139		23,139	
g .	Other	83,382		83,382	
12	Advertising and promotion	56,902	40,247	4,131	12,524
13	Office expenses	27,853	,	25,376	1,886
14	Information technology	160,495	88,272	· · ·	8,025
15	Royalties	0	30,272	01,230	
16	Occupancy	118,164	54,598	63,566	
17	Travel	137,481	87,367	49,453	661
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	07,507	13,133	
19	Conferences, conventions, and meetings	10,900		10,900	
20	Interest	311,362	194,000	117,362	
21	Payments to affiliates	0		=3.,=22	
22	Depreciation, depletion, and amortization	720,357	390,000	330,357	
23	Insurance	136,868	200	136,668	
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	SUPPLIES	187,259	187,259		
ь	SECURITY	123,688	84,090	34,648	4,950
С	Maintenance and services	279,905	167,943	97,967	13,995
d	ELECTRICITY	137,811	57,867	73,153	6,791
e	dorm	706,117	706,117		
f	All other expenses	999,739	287,578	659,697	52,464
25	Total functional expenses. Add lines 1 through 24f	12,865,265	8,067,081	4,247,681	550,503
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
. —					

Pa	rt X	Balance Sheet									
					(A) Beginning of year		(B) End of year				
	1	Cash—non-interest-bearing				1	0				
	2	Savings and temporary cash investments			234,870	2	610,978				
	3	Pledges and grants receivable, net			1,272,052	3	714,654				
	4	Accounts receivable, net			228,072	4	374,062				
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of								
		Schedule L				5	0				
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	4958(f)(1)) and								
Assets		Schedule L				6	0				
	7	Notes and loans receivable, net	•		723,674	7	937,387				
SS	8	Inventories for sale or use				8	0				
¥	9	Prepaid expenses and deferred charges			224,666	9	281,704				
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	20,967,762							
	ь	Less accumulated depreciation	10b	5,946,821	15,774,828	10c	15,020,941				
	11	Investments—publicly traded securities		3,784,491	11	3,937,305					
	12	Investments—other securities See Part IV, line 11		12	0						
	13	Investments—program-related See Part IV, line 11		13	0						
	14	Intangible assets		14	0						
	15	Other assets See Part IV, line 11	669,505	15	609,634						
	16	Total assets. Add lines 1 through 15 (must equal line 34)			22,912,158	16	22,486,665				
	17	Accounts payable and accrued expenses .	659,858	17	557,529						
	18	Grants payable		18							
	19	Deferred revenue			618,812	19	893,800				
	20	Tax-exempt bond liabilities	5,383,084	20	5,627,611						
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21					
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified									
Lie		persons Complete Part II of Schedule L				22					
	23	Secured mortgages and notes payable to unrelated third parties			741,000	23	300,000				
	24	Unsecured notes and loans payable to unrelated third parties				24					
	25	Other liabilities Complete Part X of Schedule D			564,449	25	578,145				
	26	Total liabilities. Add lines 17 through 25			7,967,203	26	7,957,085				
Fund Balances		Organizations that follow SFAS 117, check here ▶ ↓ and comp through 29, and lines 33 and 34.	let e li	ines 27			_				
สม	27	Unrestricted net assets			8,500,184	27	8,751,685				
Ba	28	Temporarily restricted net assets			1,754,871	28	1,065,510				
þι	29	Permanently restricted net assets			4,689,900	29	4,712,385				
큔		Organizations that do not follow SFAS 117, check here ▶ ┌ an	Organizations that do not follow SFAS 117, check here ▶ ┌ and complete								
0r		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 fu	ınds			32					
Net	33	Total net assets or fund balances			14,944,955	33	14,529,580				
_	34	Total liabilities and net assets/fund balances			22,912,158	34	22,486,665				

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			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)

Employer identification number

OMB No 1545-0047

OMB No 1545-004

2000

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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

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

Public Charity Status and Public Support

Name of the organization Maine College of Art

01-0378758

Pai	rt I	Reas	on for Pul	blic Charity Stat	us (All orga	anızatıons r	nust comple	ete this par	t.) See inst	ructions	
The c	rganı			e foundation because							
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of c	hurches se	ction 170(b)(1)(A)(i).			
2	굣	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedule	e E)				
3	Γ	A hospi	tal or a coop	perative hospital serv	vice organiza	tion describe	ed in section	170(b)(1)(A)(iii).		
4	Γ			organization operate y, and state	ed in conjunct	tion with a h	ospital descri	bed in sectio	on 170(b)(1)(A)(iii). Ente	r the
5	Г	An orga	nızatıon ope	rated for the benefit	of a college o	or university	owned or ope	erated by a g	overnmental	unıt describe	_ ed in
		section	170(b)(1)(A	A)(iv). (Complete Pa	rt II)						
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)									
7	Γ										
8	\vdash			described in section)(vi) (Comn	lete Part II \				
9	<u>'</u>			t normally receives					tions mamba	rchin faac a	nd aross
,	'			ties related to its ex							
		•			-	_					
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)									
10	\vdash			anized and operated	•			•	•		
11	<u>'</u>	-	_	·	•	•	•			arry out the	nurnoses of
	'	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other									
e	Γ	other th section	an foundation 509(a)(2)	x, I certify that the o	er than one o	r more public	cly supported	lorganızatıoı	ns described	ın section 50	09(a)(1) or
f g		check t	hıs box	eceived a written def 006, has the organiz						supporting o	organization,
9			g persons?	o o o , mas time organiz	ation decept	da an, gire o	. continuation				
		(i) a pe	rson who dır	ectly or indirectly co	ntrols, either	ralone or tog	jether with pe	rsons descr	ıbed ın (ıı)		Yes No
		and (III)	below, the g	joverning body of the	the supporte	ed organizati	ion?			11g(i)	
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) abov	e?				11g(ii)	
		(iii) a 3	5% controll	ed entity of a person	described in	(ı) or (ıı) ab	ove?			11g(iii)	
h 		Provide	the followin	g information about t	he supported	d organizatio	n(s)				
(i) Name suppo organiz		e of (ii) (described on orted EIN lines 1 - 9 above		organızatı col (ı) lıst your gover	(iv) Is the organization in col (i) listed in your governing document?		ify the on in your t?	(vi) Is the organization col (i) orga in the U	on in inized	(vii) A mount of support?	
				ınstructions))	Yes	No	Yes	No	Yes	No	
Total											

ınstructions

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

▶□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	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 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					uii 22 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

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

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

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OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** Maine College of Art 01-0378758 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
- Total number of conservation easements
- Total acreage restricted by conservation easements
- Number of conservation easements on a certified historic structure included in (a)
- Number of conservation easements included in (c) acquired after 8/17/06
- Held at the End of the Year 2a 2b 2c
- 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 **-**__ 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
 - (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 following amounts required to be reported under SFAS 116 relating to these items
- - Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X
- For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

'ar	Titl Organizations Maintaining Co	<u>llections of Art, </u>	<u>, Hist</u>	toric	cal Tre	easu	ires, or (<u> </u>	<u>r Simila</u>	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofthe	e foll	owing th	at ar	e a signific	ant ι	ise of its co	ollectio	n	
а	Public exhibition		d	Γ	Loan or	rexc	hange prog	rams	;			
ь	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
ļ	Provide a description of the organization's co	ollections and explai	n how	they	further	the o	organizatio	n's ex	xempt purp	ose in		
;	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	√ No
a l	t IV Escrow and Custodial Arrang						n answere	ed "Y	es" to Fo	rm 990),	
	Part IV, line 9, or reported an an											
а	Is the organization an agent, trustee, custod included on Form 990, Part X?					ons	or other as:	sets	not	Γ	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI	√ and complete the f	followi	ng ta	ble		r		1			
_							-		1	A mou	unt	
с	Beginning balance							1c	-			
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
а	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior '		(c) ⊤	wo Years Bac	k (d)Three Years	Back (e	Four Y	ears Back
3	Beginning of year balance	3,784,491		4	,340,243			_				
b	Contributions	255,985			255,976							
С	Investment earnings or losses	413,447			-664,416			_				
d	Grants or scholarships							_				
e	Other expenditures for facilities and programs	399,061			147,312							
f	Administrative expenses							+				
g	End of year balance	4,054,862		3	,784,491							
9	Provide the estimated percentage of the yea	r end halance held a	<u> </u>		<u> </u>							
	Board designated or quasi-endowment	1.000 %	3									
а												
b	remailent endowment F											
C	rerm endowment			L_#_	الماما م			J 6	. 4 6 -			
а	Are there endowment funds not in the posses organization by	ssion of the organiza	ition ti	nata	re neia a	and a	iaministere	атог	tne		Yes	No
	(i) unrelated organizations									3a(i)		No
	(ii) related organizations									3a(ii)		Νο
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	on So	ched	ule R?					3b		Νo
	Describe in Part XIV the intended uses of th											
aΤ	t VI Investments—Land, Buildings	s, and Equipmer	nt. Se	ee Fo	orm 99	0, P	art X, lıne	10.	T			
	Description of investment				Cost or ot (investm		(b) Cost or o		(c) Accumi depreciat		(d) Boo	ok value
а	Land											
b	Buildings		. [872	,634	17,93	5,573	4,4	83,232	1	4,324,975
c	Leasehold improvements		. [
d	Equipment		. [
e	Other		. [Ī	2,15	9,555	1,4	63,589	-	695,966

15,020,941

Part VII Investments—Other Securities. See	Form 990, Part X, line 13	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		·
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
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
(a) bescription of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
	ne 15	
Part IX Other Assets. See Form 990, Part X, II	16 13.	
(a) Descri		(b) Book value
		(b) Book value
(a) Descri	ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	(5.)	
(a) Descri	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes gift annuities payable	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes gift annuities payable	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes gift annuities payable	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes gift annuities payable	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes gift annuities payable	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes gift annuities payable	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes gift annuities payable	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes gift annuities payable	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes gift annuities payable	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes gift annuities payable	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes gift annuities payable	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes gift annuities payable	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes gift annuities payable	(5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes gift annuities payable	(5.)	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,386,189
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,865,265
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-479,076
4	Net unrealized gains (losses) on investments	4	336,549
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-272,849
9	Total adjustments (net) Add lines 4 - 8	9	63,700
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-415,376
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	9,088,453
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	87,052
3	Subtract line 2e from line 1	3	9,001,401
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	3,384,788
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	12,386,189
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	9,503,829
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	
c	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	23,352
3	Subtract line 2e from line 1	3	9,480,477
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 4a and 4b	4c	3,384,788
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	12,865,265
Par	TXIV Supplemental Information		

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

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

Ident if ier	Return Reference	Explanation
Part XIII, Line 4b	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	student aid \$3384788
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	special event expense \$23352
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Student Aid \$3384788
Part XI, Line 8	· · · · · · · · · · · · · · · · · · ·	Unrealized loss on investment \$ -0 Loss on extinguishment of debt \$ -272849
Part III, Line 1a	are, historical treasures, o	The College does not capitalize collections, primarily library books and art objects, as they are held for public exhibition and education rather than financial gain. Any proceeds from the sale of collection items are used to acquire other items for the collection. The College estimates the value of the collection to be approximately \$91,000 at June 30, 2010.

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

Maine	e College of Art	• •			
		01-0378758		YES	NO
				TES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it	ts charter, bylaws,	١.	\ ,	
_	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 student brochures, catalogues, and other written communications with the public dealing with student adr				
	programs, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadd the period of solicitation for students, or during the registration period if it has no solicitation protein that makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain	gram, ın a way	3	Yes	
	The nondiscriminatory policy is listed in the Student Handbook, the College recruitment View Boo College's web site	ok, and on the			
4	Does the organization maintain the following?				
•	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
ı	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the pu	blic dealing			
	with student admissions, programs, and scholarships?		4c	Yes	
•	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
ı	Admissions policies?		5b		Νo
•	Employment of faculty or administrative staff?		5c		Νo
•	Scholarships or other financial assistance?		5d		Νo
•	e Educational policies?		5e		Νo
1	Use of facilities?		5f		Νo
9	g Athletic programs?		5g		Νo
I	n 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)			
			_		
	a Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
I	has the organization's right to such aid ever been revoked or suspended?		6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 🦸 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 Sc		7	Yes	

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DLN: 93493132027701

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Internal Revenue Service

Department of the Treasury Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization Employer identification number Maine College of Art Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did (v) A mount paid to fundraiser have (vi) A mount paid to (i) Name of individual

or entity (fundraiser)	(ii) Activity	control of contributions?		from activity	fundraiser listed in col (i)	(or retained by) organization	
		Yes	No	7			
Total			>				

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

Pa	rt II	Fundraising Events. Components than \$15,000 on Form					report	ted
			(a) Event #1 ART AUCTION AND HONORS GALA (event type)	(b) Event #2 Art Honors (event type)	(c) O ther Events (total number)	(d) Tot (Add col co		
Reveilue	1 2	Gross receipts Less Charitable	90,41	1 29,392			11	9,803
-¥ 	3	contributions Gross income (line 1 minus line 2)	90,41	1 29,392			11	9,803
	4	Cash prizes						
မွာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs						
ă	7	Food and beverages						
Direct	8	Entertainment						
ā	9	Other direct expenses .	9,63	13,720			2	3,352
	10	Direct expense summary Add line	es 4 through 9 ın columr	n(d)	🛌		2	3,352
	11	Net income summary Combine lin	nes 3, column d, and line	10			9	6,451
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col co		
	1	Gross revenue						
9	2	Cash prizes						
penses	3	Non-cash prizes						
<u>ស</u> ប	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor		Г Yes% Г No	Г Yes			
		Direct expense summary Add lines	-					
	8	Net gaming income summary Coml	bine lines 1, column d, a	nd line /	· · · · · · · ·		Yes	No
9 a	Is th	er the state(s) in which the organiza he organization licensed to operate				· 9a		
b		No," Explain						
10a b								
11 12	Is th	s the organization operate gaming a he organization a grantor, beneficiar	ry or trustee of a trust or			11		

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

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DLN: 93493132027701 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

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

Name of the organization						Employer identifica	ation number
Maine College of Art						01-0378758	
Part I General Infor	mation on Grants	s and Assistance					
Does the organization m the selection criteria useDescribe in Part IV the organization	ed to award the grants organization's procedu	or assistance? ures for monitoring the us	e of grant funds in the	United States			☐ Yes ☐
Form 990, Part	IV, line 21 for any	o Governments and recipient that receive 90) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
						<u> </u>	
2 Enter total number of se	ction 501(c)(3) and g	overnment organizations					0

Part III	Grants and Other Assist	ance to Individuals in the Un	ited States.	Complete if the organization	answered "	'Yes" to Form 990,	Part IV, line 2	2.
	Use Schedule I-1 (Form 990)) if additional space is needed.						

		1			
(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
SPECIFIC ASSISTANCE -SEOG	133	128,630			
GRANTS AND ALLOCATIONS	357	3,256,158			
See Additional Data Table					
	_				

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

Identifier Return Reference Explanation

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DLN: 93493132027701

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of	t he	orgar	ıizat ion
Maine Coll	ege o	f Art	

Employer identification number

01-0378758

Рa	Till Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		,	2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all to Compensation committee					
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u>, </u>				
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	l paymen	nt?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?					Νo
c	Participate in, or receive payment from, an equity-l	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7						
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	9		No

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JAMES BAKER	(1) (11)	168,844				15,943	184,787	
			•	•				

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
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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DLN: 93493132027701

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

▶ 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.

Open to Public Inspect ion Employer identification number

	ne of the organization									Employ	er identifi	cation n	umber	
ı ı aı	ine College of Art									01-03	78758			
P	art I Bond Issues									•				
	(a) Issuer Name	er Name (b) Issuer EIN		(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of F	Purpose	(g) De	feased	Beh)On alfof suer
											Yes	No	Yes	No
A _	MHHEFA Series 2006F	01-0314384	560425G20	08-01-2006		2,315,000		Purchase ai residence h		on of		х		х
Pa	art III Proceeds													
1	Total proceeds of issue				A	E	В		С	[)		E	
2	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasance escrows													
4	Other unspent proceeds													
5	Issuance costs from proceeds													
6	Working capital expenditures	from proceeds												
7	Capital expenditures from pro	oceeds												
8	Year of substantial completio	n						·						
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as par	rt of a current refunding i	ssue?											
10	Were the bonds issued as par	rt of an advance refundin	g issue?											
11	Has the final allocation of pro	ceeds been made?												
12	Does the organization mainta final allocation of proceeds?	ın adequate books and ro	ecords to support the											
Pa	rt IIII Private Business l	Jse				_						_		
					<u> </u>		В		C)		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1	Was the organization a partne which owned property finance													
2	Are there any lease arrangem which may result in private bu	•	financed property											
For	Privacy Act and Paperwork Reduction	on Act Notice, see the Ins	tructions for Form 990.			Cat No 50	0193E				Schedule	K (Form	990) 20	009

3 Cileudie r	(101111 990) 2009							
Part III	Private Business Use (Continued)							
			A		В		С	
		Yes	No	Yes	No	Yes	No	Ye

			<i>F</i>	4	6	5	'	C		D		E
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts with respect to financed property which may result in private business use?	the										
3b	Are there any research agreements with respect to the financed which may result in private business use?	d property										
Вс	Does the organization routinely engage bond counsel or other or counsel to review any management or service contracts or rese agreements relating to the financed property?											
	Enter the percentage of financed property used in a private bus	IDAGG UGA										
4	by entities other than a section 501(c)(3) organization or a sta 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											
5	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?											
Par	t IV Arbitrage							<u>'</u>	•			•
		A		В			С		D		E	
		Yes	No	Yes	No	Yes	s N	lo	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?											
2	Is the bond issue a variable rate issue?											
За	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?											
b	Name of provider				·				·			
С	Term of hedge											
1a	Were gross proceeds invested in a GIC?											
b	Name of provider											
С	Term of GIC											
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?											
5	Were any gross proceeds invested beyond an available temporary period?											
5	Did the bond issue qualify for an exception to rebate?											

DLN: 93493132027701

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 Maine College of Art

Employer identification number

					01-0378758			
Pa	rt I Types of Property		_	_				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermı	nıng	
1	Art—Works of art	Х	145		Sale Price			
	Art—Historical treasures .		143	50,411	Sufe i fice			
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	16	302,577	Sale Price			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	O ther ▶ ()							
	Other ►()							
	Other ►()							
	Other ► ()							
29	Number of Forms 8283 received for which the organization compl				29			
20-	Dumpe the year did the energy	u	a hu aantuhutus	who was a shad on Dant T. Jones	1 20 that it		Yes	No
30a	During the year, did the organiza						1	
	must hold for at least three year			on, and which is not require	a to be usea		1	
	for exempt purposes for the enti					30a	\vdash	No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif	*		•		31	Yes	
32a	Does the organization hire or use contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	ın column (c) for a type of p	roperty for which column (a) is checked,			

Part II

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

Ident if ier	Return Reference	Explanation
Part I, Line 33, Revenues Not Reported		GIFTS OF BOOKS AND PUBLICATIONS ARE ACKNOWLEDGED BUT NOT VALUED
Part I, Line 32, Hire and Use of Third Parties		THE ART GIFTS ARE SOLD AT AUCTION BY A THIRD PARTY VOLUNTEER AUCTIONEER OUR INVESTMENT ADVISOR SELLS STOCK GIFTS AT MARKET PRICE

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 01-0378758

Name: Maine College of Art

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493132027701

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

Name of the organization Maine College of Art **Employer identification number**

01-0378758

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	_	The College makes its governing documents and financial statements available to the public upon request

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The President's or CEO's compensation is determined by the Executive Committee of the Board of Trustees. They conduct a review of the President annually, review the salary survey made available by the Association of Independent Colleges of Art and Design (AICAD) as a resource in determining the level of compensation and review and update his employment contract. The President determines the compensation for the Officers of the College. She/he conducts an annual review of each Officer or Vice President and reviews the salary survey made available by the Association of Independent Colleges of Art and Design (AICAD) as a resource in determining levels of compensation.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The Board Chair, Finance Committee, and management review the 990 prior to submission

Software ID: Software Version:

EIN: 01-0378758

Name: Maine College of Art

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 per	Posi t	tion (hat a	che	′)	_	T	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	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		
WILLIAM R DILL Director	2 00	×						0	0	0		
WILLIAM C THORNTON Director	2 00	х						0	0	0		
Timothy Kane VP Advancement	40 00			x				101,278	0	10,096		
SHARON PORTELANCE VP Academic Aff	40 00			х				63,031	0	7,803		
SAMUEL PIERCE VICE CHAIR	2 00	Х		х				0	0	0		
RONALD BUFORD Director	2 00	×						0	0	0		
RICHARD E CURRAN jr Director	2 00	Х						0	0	0		
RALPH HARDING Director	2 00	х						0	0	0		
PAULA CRANE LUNDER Director	2 00	Х						0	0	0		
MARY SCHENDEL Director	2 00	×						0	0	0		
MARIA CANNING Director	2 00	х						0	0	0		
MARGARET MINISTER O'KEEFE Director	2 00	х						0	0	0		
JUDITH A KANE PHD DIRECTOR	2 00	Х						0	0	0		
JOHN COLEMAN Director	2 00	Х						0	0	0		
JOAN AMORY Director	2 00	×						0	0	0		
JILL N REICH Director	2 00	Х						0	0	0		
JANE BRIGGS DIRECTOR	2 00	Х						0	0	0		
JAMES BAKER President	40 00			x				168,844	О	15,943		
JAC OUELLETTE Director	2 00	х						0	0	0		
ERICK LAHME Director	2 00	х						0	0	0		
Elizabeth Elicker Exec VP Admn	40 00			х				105,092	0	11,232		
DOROTHY SCHWARTZ Director	2 00	Х						0	0	0		
DEBORAH H DLUHY Director	2 00	×						0	0	0		
CYNTHIA THOMPSON Director	2 00	х						0	0	0		
CLAUDIA C PACHIOS Director	2 00	х						0	0	0		

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

(A) Name and Title	(B) A verage hours	Posi t	((tion (hat a	ched)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Chris Whittey VP for Academic	40 00			х				49,439	0	5,218
CARON ZAND Director	2 00	х						0	0	0
CANDACE PILK KARU CHAIR	2 00	х		х				0	0	0
ANNETTE L ELO WITCH Director	2 00	х						0	0	0
ANNE M IRELAND Director	2 00	х						0	0	0
ANDREA VERSOZA Director	2 00	х						0	0	0

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
SUPPLIES	187,259	187,259		
SECURITY	123,688	84,090	34,648	4,950
Maintenance and services	279,905	167,943	97,967	13,995
ELECTRICITY	137,811	57,867	73,153	6,791
dorm	706,117	706,117		