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Form **990**

Department of the Treasury

Internal Revenue Service

SCANNED JUN 1 3 2011

(HTA)

CHANGE IN ACCOUNTING PERIOD - SHORT PERIOD RETURN

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

2010 2010

Open to Public Inspection

<u>A</u>	For the	2010 cal	endar year, or tax year beginning	1/1/2010	, and e	nding	6/30/	2010			
В	Check if a	applicable	C Name of organization	College of Design			D Employer i	dentification r	number		
	Address	change	Doing Business As				95-1921340				
	Name ch	ange	Number and street (or P.O box if mail is n	ot delivered to street address) Re	oom/suite		E Telephone	number			
	Initial retu	ım	1700 Lida Street			ľ	(626) 396-22	ากก			
同	Terminate	ed	City or town, state or country, and ZIP + 4				(020) 000 22		·· ·		
二	Amended		Pasadena	CA		91109	G Gross recei	pts \$	85,862,584		
≍		on pending	F Name and address of principal officer				his a group retur				
	. приносия	on ponding	Lorne Buchman 1700 Lida St, Pasa				all affiliates incl		Yes No		
_	.					1	No," attach a list				
_	Tax-exem	•		 ((insert no.) 4947(a)(1) or	527			_	,,,,,		
<u>J</u>	Website	: Parto	enter.edu			H(c) Gro	oup exemption nu	ımber -			
K I	Form of o	rganization.	X Corporation Trust Associ	ation Other ▶	L Yea	ar of forma	ation 1930_	M State of le	gal domicile CA		
	art I	Sui	mmary	·							
	1	Briefly d	escribe the organization's mission of	r most significant activities	: Art C	enter C	ollege of De	sign operat	es an		
	1	indepen	dent, four year curriculum to educat	e artists and designers in c	communic	ation ar	ts				
nce	1	and indu	istrial design that extends its legacy	of professional art and de-	sign pract	ice and					
Activities & Governance		enables	its graduates to realize success, ful	fillment and recognition in t	their-chos	en	·				
Š	2	Check ti	his box ▶ If the organization discon	tinued its operations or disposed	l of ṁ́ore tha	an 25% o	f its net assets -				
€ 5	3	Number	of voting members of the governing	body (Part VI, line 1a) .		.	<u>L</u>	3 <i>j</i>	14		
ies	4		of independent voting members of					-4 '	13		
Ĭ	5		mber of individuals employed in cale				: 🤊 🖰 📙	5	1,454		
Ą	6		mber of volunteers (estimate if nece		1		` .	6	115		
	7a		related business revenue from Part		·		~ ~ ⊢	7a	0		
	<u> </u>	Net unre	elated business taxable income from	Form 990-T, line 34 .				7b	0		
					<u> </u>	Prior Year		Current Year			
ē	8		utions and grants (Part VIII, line 1h)				5,673,		4,960,972		
Revenue	9		n service revenue (Part VIII, line 2g)				68,342,		33,793,379		
ě	10		ent income (Part VIII, column (A), lir			<u> </u>	3,578,		2,251,877 2,000		
	11		evenue (Part VIII, column (A), lines 5								
	12		enue—add lines 8 through 11 (must equand aimster amounts poid (Dort IX)			 			41,008,228		
	13 14		and similar amounts paid (Part IX, co paid to or for members (Part IX, co	• • •		<u> </u>	12,759,	01	8,027,948		
	15		other compensation, employee benefits	 	19,527,892						
ses	16a		onal fundraising fees (Part IX, colun								
Expenses	b		ndraising expenses (Part IX, column	10 vol cont	COLUMNY.		1,180 (大学)				
Щ	17		spenses (Part IX, column (A), lines 1		,011,000	SE. 14. 16.2 - 16.2	22,855,		13,188,208		
	18		penses. Add lines 13–17 (must equi		25)		73,808,		40,745,228		
	19		e less expenses. Subtract line 18 fro				3,808,		263,000		
Net Assets or	8		· · · · · · · · · · · · · · · · · · ·			Beginn	ing of Current Y		End of Year		
sets	[20	Total as	sets (Part X, line 16)				123,096,	000	130,436,000		
¥ S	g 21	Total lia	bilities (Part X, line 26)				37,141,	000	45,988,000		
		Net ass	ets or fund balances. Subtract line 2	1 from line 20	<u></u>		85,955,	000	84,448,000		
	art II		nature Block				·				
Und	ler penalti belief it i	ies of perjur	y, I declare that I have examined this return, in ect, and complete Declaration of preparer (oth	cluding accompanying schedules	and stateme	nts, and to	o the best of my	knowledge			
	_	13 440, 00110	142 (our	er than officer) is based on all lillor	imation of w	nich prepa	7/		2611		
Si	gn	7	Signature of officer				Date Park	12,0	2011		
He	ere		Richard Haluschak		Soni	or VP a	nd Chief Fing	ancial Office	ar .		
			Type or print name and title			<u>OI VF a</u>	nd Chief Fine	ariciai Onice	21		
_		Print	VType preparer's name	Preparer's signature		Date	,		PTIN		
Pa	id			URKid-			Che	eck X if			
Pr	eparer	's Will	ıam R. Kinsella			5/1	2/2011 sel	f-employed			
	e Only	Firm	's name ► William R Kinsella, CPA				Firm's EIN				
_	,	Firm	's address ▶ 7526 Kentwood Ave, Lo	s Angeles, CA 90045]	Phone no (310) 641-3:	255		
Ма	y the IF	RS discus	ss this return with the preparer show	n above? (see instructions)			[X Yes No		
Fo	Paperv	vork Redu	uction Act Notice, see the separate in	structions.			_		Form 990 (2010)		

	990 (2010) Art Center College of Design	95-192134	D Page 2
<u>P</u> a	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III .		📙
1	Briefly describe the organization's mission:		
	to read to the infrared reduced as to the standard advantaged appropriate and appropriate advances		
	learning, research and achivement to the highest levels of excellence, mindful of how art		
	and design shape and define our global culture, with a commitment to progressive education		
	defined by social responsibility, critical thinking, intellectual diversity and the		
	Did the organization undertake any significant program services during the year which were	not listed on	
-	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.	· · · · ·	100 110
3	Did the organization cease conducting, or make significant changes in how it conducts, any	oro arom	
J			Yes X No
		Ц	ies 🔼 No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest prog		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to r		s and
	allocations to others, the total expenses, and revenue, if any, for each program service report	tea	
4a	(Code:) (Expenses \$ 32,034,847 including grants of \$ 8,027,94		
	The College operates an independent, four year curriculum to educate artists and designers		
	communications arts and industrial design. The College offers a bachelor of fine arts degree		
	six majors - Advertising, Film, Fine Art, Graphic Design, Illustration and Photography, and a		
	Transportation Design. It also offers multi-disciplinary undergraduate programs in Animation		
	Digital Media Education and Entertainment Design. Graduate programs lead to the master of		
	arts degree in Advertising, Film, Fine Art, Communication & New Media Design, and Illustra	tion;	
	the master of science degree in Environmental Design, Product Design, and Transportation	Design;	
	and the master of arts degree in Art Theory and Criticism All expenditures relate to academi	С	
	instruction, program support and operation of the College. The FTE enrollment for January to	June	
	2010 was 2,530 students.		
4b	(Code:) (Expenses \$ 0 including grants of \$	0) (Revenue \$	0.)
			· • • • • • • • • • • • • • • • • • • •

4c	(Code) (Expenses \$ 0 including grants of \$	0) (Revenue \$	0)
		/ \	

	•••••••••••••••••••••••••••••••••••••••		
	•••••••••••••••••••••••••••••••••••••••		
	01/		
4d	Other program services. (Describe in Schedule O.)	2.1	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses ► 32,034,847		

Part	Checklist of Required Schedules			
		$\overline{}$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	х	
2	complete Schedule A	2	X	
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_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	1	:	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	_	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			1
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		l
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	Ť		
•	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		X
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	_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			\ \
^	complete Schedule D, Part III	8		X
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
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	X.	_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11a	X	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Па		_
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	الما		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		┢─
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," complete Schedule D, Part X.	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	142		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		┝
Ų	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			,
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			广
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some	201		
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b		

Par	t V Checklist of Required Schedules (continued)	1 1		
			Yes	No
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		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		V	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ا مم ا	v I	
	employees? If "Yes," complete Schedule J	23	Χ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		х	
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 ^-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c 24d		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		├~
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	250		Х
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		 ^-
D	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	25b		х
26	990-EZ? If "Yes," complete Schedule L, Part I	230		 ^
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	120		 ^-
27	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		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	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		_X
-	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			<u> </u>
U	Schedule L, Part IV	28b		x
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	100		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		lх
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>			
٠.	Part I	31		х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		•	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			1
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		X
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		X
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	Х	<u> </u>
		Form	990	(2010)

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		├^
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
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			
		4a		х
L	account)?	4 a		 ^
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
E o	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		 ^
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-00		
Va	organization solicit any contributions that were not tax deductible?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			<u> </u>
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ
_	and services provided to the payor?	7a		Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c_		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ļ
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	_	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
l2a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	. <u>.</u>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
I4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
L	It "Vos " hos it filed a Form 720 to report those payments? If "No " provide an explanation in Schedule O	14h	Ι	Г

_	_	_	_	_		,	•	٠,	
ľ	•	3	ľ	t	٦	/[Ī		

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

Check if Schedule O contains a response to any question in this Part VI

	Check if Schedule O contains a response to any question in this Part VI			X				
Sect	ion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
	any other officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct			١				
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6 7a	Does the organization have members or stockholders?	6_		-				
1 a	of the governing body?	7a		Х				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
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		X				
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	<u>ode.)</u>						
			Yes	No				
_	Does the organization have local chapters, branches, or affiliates?	10a		_X_				
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						
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the							
	form?	11a	_X_					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	 _					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_X_					
b	rise to conflicts?	12b	х					
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	Х					
13	Does the organization have a written whistleblower policy?	13	X					
14	Does the organization have a written document retention and destruction policy?	14	Х					
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?							
a	The organization's CEO, Executive Director, or top management official.	15a	X					
b	Other officers or key employees of the organization	15b	X					
160	If "Yes" to line 15a or 15b, 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		X				
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	104		$\hat{}$				
	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						
Sect	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► CA							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	<i>(</i>)	- -	_ = =				
	available for public inspection. Indicate how you make these available Check all that apply							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest							
00	policy, and financial statements available to the public.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	00						
	organization: ► Art Center College of Design (626) 396-22	00						
	1700 Lida Street, Pasadena, CA 91109							

121	1340	Page	

Form	agn	(2010)	

Part VII

Art Center College of Design

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor ar					_		i	(D)	(E)	(F)
(A) Name and Title	(B) Average	Posit	ion (d		C) k all t	that ap	ply)	Reportable	Reportable	Estimated
Name and Tide	hours per week (describe hours for related organizations in Schedule	Individual trustee or director	-	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Robert Davidson, Jr Chair	1.	х						0	0	0
(2) Douglas Boyd Trustee	1.	х						0	0	0
(3) Lorne Buchman President & CEO	40	х		х				100,500	0	_0
(4) William Gross Trustee	1	х						0	0	0
(5) Kıt Hınrıchs Vice-Chair	1.	х						0	0	_0
(6) William Horsfall Treasurer & Secretary	1	х						0	0	0
(7) Cleon Knapp Trustee	<u>1.</u>	Х						0	0	_0
(8) Timothy Kobe Trustee	1.	X						0	0	0
(9) George Ladyman Trustee	1	X						0	0	0
(10) Samuel Mann Trustee	1.	X						0	0	. 0
(11) Reiner Triltsch Trustee	_1.	Х						0	0	0
(12) Paul Violich Trustee	1.	Х						0	0	0
(13) Judy Webb Trustee	1.	X						0	0	0
(14) Alyce de Roulet Williamson Trustee	1	х						0	0	0
(15) Nikolaus Hafermas Acting Chief Academic Officer	40			х				246,881	0	36,427
(16) Richard Haluschak Sr VP, Chief Financial Officer	40.			х				223,184	0	

Form 990 (2010) Art Center College of Design Part VII Section A. Officers, Directors, Tr	ustops Kov E.	nnle	VAC		nd	Hiab.	oe+	Company			1340 ntinu		age 8
(A)	(B)	lipio:	yee.		:iu :)	nigni	531	(D)	(E)	, (00	iuiu	(F)	
Name and title	Average hours per		r	chec	k all	that ap		Reportable compensation	Reportabl compensat			stimate mount	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relate organizatio (W-2/1099-M	ns	org ar	other opensa rom the ganizati d relate anizati	e ion ed
17) Jean Ford	40.			X				215,532		0		37	2,982
Sr VP, Trustee Relations [18] George Falardeau	40.			^				215,552					.,302
Sr. VP, Real Estate	40			Х				177,899		0		27	7,096
(19) Jeffrey Hoffman			H					,					1
Dean of Students	40			Х				122,703		0		13	3,167
20) Irıs Gelt													
Sr. VP, Communications	40	<u> </u>	_			X		257,049		0		2	2,150
21) Erica Clark Sr. VP, Intril Initiatives	40	•			,	x		192,121		0			158
22) Fred Fehlau	40							132,121			-		100
Dean of Academic Affairs	40.					х		174,665		0		26	6,600
23) Andrew Ogden						l l							
Dean, Industrial Design	40	ļ	-			Х		171,839		0		20),891
24) Stewart Reed /P, Education	40					$ _{x} $		152,972		0		11	1,519
(ac) B: 1 11/ 1 1	40	 	Н			ı ^		102,912					,010
25) Richard Kosnalek ex President & CEO	1.						х	657,779		0			588
26) Patricia Oliver													
ex Sr VP, Planning	1		Ш			Щ	Х	163,143		0			
27) Nathan Young	_						V						
ex Ex VP, Chief Academic Officer	1	-	Н		_		Х	158,603		0			<u>C</u>
28)								٥		0			C
1b Sub-total		٠.					•	3,014,870		0		200	0,516
c Total from continuation sheets to Part VII,	Section A						•	0		0			C
d Total (add lines 1b and 1c)			<u></u>				>	3,014,870		0		200	<u>),516</u>
2 Total number of individuals (including but not I		listed) wh	o rec	eiv	ed more than \$1	00,000 in				
reportable compensation from the organization	<u> </u>		3	4								Yes	No
3 Did the organization list any former officer, dir	ector or trustee	kev	emi	nlov	/ee	or hi	ahe	st compensated	1			163	140
employee on line 1a? If "Yes," complete Sche							_	•			3	Х	
4 For any individual listed on line 1a, is the sum													
the organization and related organizations gre											,	'	
individual		,									4	Х	
5 Did any person listed on line 1a receive or acc	rue compensati	ion fro	om a	any	unr	elate	d o	ganızation or inc	dividual				
for services rendered to the organization? If "	es," complete	Sche	dule	J f	or s	uch p	ers	on			5		X
Section B. Independent Contractors													
 Complete this table for your five highest comp compensation from the organization 	ensated indepe	nden	t co	ntra	cto	rs tha	t re	ceived more tha	n \$100,000	of			
(A)								(B)			(0	;)	
Name and business add								Description of sen	vices			nsation	
	hire Blvd, Los A							curity services					0,002
Sodexho 9801 Wa	shington Blvd. (Saith	ersb	urg	, M	D 208	Ca	mpus Catering s	ervices			239	9,315

	Name	(A) e and business address	(B) Description of services	(C) Compensation
	Universal Security Solution	639 Wilshire Blvd, Los Angeles, CA 90017	Security services	400,002
	Sodexho	9801 Washington Blvd, Gaithersburg, MD 20	Campus Catering services	239,315
	Specialty Services	45 LaPorte St , Arcadia, CA 91006	Janitorial services	181 <u>,735</u>
	Alert Security Systems	1232 N. Monte Vista Ave, Upland, CA 91786	Security Services	106,805
	PricewaterhouseCoopers	350 S Grand Ave, Los Angeles, CA 90071	Audit Services	82,179
2	Total number of independent co			
	more than \$100,000 in compen			

e Total. Add lines 11a-11d.

Total revenue. See instructions. .

0

33,793,379

41.008.228

2,253,877

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

anizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must complete column (A)) but are not require	ed to complete colu	mns (B), <u>(</u> C), and (D	<u>)</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S See Part IV, line 21 .	ol			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	8,027,948	8,027,948		
3	Grants and other assistance to governments,	-7-			
	organizations, and individuals outside the			l l	
	U.S. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0	-		
5	Compensation of current officers, directors,				
	trustees, and key employees	818,548	210,515	541,113	66,920
6	Compensation not included above, to disqualified	5.13,5.13			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	149,169		149,169	
7	Other salaries and wages	15,392,904	11,537,984	3,099,218	755,702
8	Pension plan contributions (include section 401(k)	10,002,001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,555,215	
·	and section 403(b) employer contributions)	914,688	745,617	124,165	44,906
9	Other employee benefits	1,077,756	806,839	217,808	53,109
10	Payroll taxes	1,174,827	847,411	268,124	59,292
11	Fees for services (non-employees)	1,117,027	057,511	200,124	99,232
a	Management	5,660		5,660	
b	Legal	91,419	38,399	47,194	5,826
C	Accounting	109,114	6,714	102,400	
d	Lobbying	0	9,711		
e	Professional fundraising services. See Part IV, line 17	1,180			1,180
f	Investment management fees	166,804		166,804	
g	Other	851,074	439,168	358,530	53,376
12	Advertising and promotion	16,610	9,617	6,993	
13	Office expenses	2,939,040	1,555,653	1,270,885	112,502
14	Information technology	256,534	78,887	175,364	2,283
15	Royalties	200,001	7.0,001		
16	Occupancy	4,415,499	4,171,312	169,517	74,670
17	Travel	682,389	430,849	126,004	125,536
18	Payments of travel or entertainment expenses			,	
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	32,537	14,493	14,406	3,638
20	Interest	0			
21	Payments to affiliates	0	-		
22	Depreciation, depletion, and amortization	978,629	925,358	36,981	16,290
23	Insurance	783,065	783,065		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
а	Licenses, Permits, Dues and Fees	210,502	94,785	113,059	2,658
b	Cost of Student Materials Sold	125,679	125,679		
С	Uncollectible accounts/pledges	401,392	62,303	339,089	
d	Fees on Tax Exempt Debt	332,802	332,802		
е		0			
f	All other expenses	789,459	78 <u>9,449</u>		10
25	Total functional expenses. Add lines 1 through 24f	40,745,228	32,034,847	7,332,483	1,377,898
26	Joint costs. Check here ▶ if following				
	SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				
					Form 990 (2010)

Pá	art X	Balance Sheet					
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest-bearing		r	5,518	1	8,012
	2	Savings and temporary cash investments			8,822,901		8,801,103
	3	Pledges and grants receivable, net			695,221	3	764,986
	4	Accounts receivable, net			4,217,000	4	7,028,000
	5	Receivables from current and former officers,					
		employees, and highest compensated employ	ees Co	omplete Part II of		5	
		Schedule L				3	
	6	Receivables from other disqualified persons (a		l l			
		4958(f)(1)), persons described in section 4958					
ro.		employers and sponsoring organizations of se					
Assets	_	employees' beneficiary organizations (see inst				<u>6</u> 7	
Ş	7	Notes and loans receivable, net			0 27.700		0 04 600
	8	Inventories for sale or use	•		67,763		94,639
	9	Prepaid expenses and deferred charges .	1 1		50,181	9	730,624
	10a	Land, buildings, and equipment: cost or	1				
		other basis. Complete Part VI of Schedule D			10.001.000	42	10.015.000
	b	•		13,154,000			46,015,000
	11	Investments—publicly traded securities			61,550,000		64,903,000
	12	Investments—other securities. See Part IV, lin			0		0
	13	Investments—program-related. See Part IV, lin			0		0
	14	Intangible assets			0		0
	15	Other assets See Part IV, line 11			796,416		2,090,636
	16	Total assets. Add lines 1 through 15 (must ed			123,096,000		130,436,000
	17	Accounts payable and accrued expenses .			5,784,062		5,182,807
	18	Grants payable				18	
	19	Deferred revenue			446,509		9,89 <u>6,181</u>
	20	Tax-exempt bond liabilities			30,330,000		30,330,000
es	21	Escrow or custodial account liability. Complete	e Part I\	/ of Schedule D .		21	
≣	22	Payables to current and former officers, direct	ors, trus	stees, key			
Liabilities		employees, highest compensated employees,					8 ad 4
=		persons Complete Part II of Schedule L .				22	
	23	Secured mortgages and notes payable to unre	elated th	nird parties	0	-	0
	24	Unsecured notes and loans payable to unrelat	ted third	l parties	0	24	0
	25	Other liabilities Complete Part X of Schedule	D.		580,429	25	579,012
	26	Total liabilities. Add lines 17 through 25			37,141,000	26	45,988,000
		Organizations that follow SFAS 117, check	here	▶ X and			
es		complete lines 27 through 29, and lines 33					
anc	27	Unrestricted net assets			35,929,000	27	35,418,000
3al	28	Temporarily restricted net assets			11,163,000		5,077,000
Ā	29	Permanently restricted net assets			38,863,000		43,953,000
ڃ		Organizations that do not follow SFAS 117,	abaak				
Net Assets or Fund Balances		and complete lines 30 through 34.	, cneck	nere P			
ş	30	Capital stock or trust principal, or current funds	9			30	
SSe	31	Paid-in or capital surplus, or land, building, or		ent fund		31	
ĕ	32	Retained earnings, endowment, accumulated			****	32	
ě	33	Total net assets or fund balances			85,955,000		84,448,000
_	34				123,096,000		130,436,000
	34	Total liabilities and fiet assets/fund balances	٠		123,030,000		Form 990 (2010)

Form 9	990 (2010) Art Center College of Design	<u>95-19</u>	21340	Pa	ge 12
Pari	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				X
	Table 200 (Control De IVIII col con (A) line 40)			1 000	2 220
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,228
2	Total expenses (must equal Part IX, column (A), line 25)	3	4		5,228 3,000
3	Revenue less expenses. Subtract line 2 from line 1	4			5,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5		-	0,000
5 6	Other changes in net assets or fund balances (explain in Schedule O)			1,770	,,000
О	column (B))	6		4,448	3,000
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ļ	X
b	Were the organization's financial statements audited by an independent accountant?		2b_	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			ł	
	issued on a separate basis, consolidated basis, or both:			ļ	
	X Separate basis Consolidated basis Both consolidated and 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	X	<u> </u>
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	X	
			Form	990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Publi

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶See separate instructions.

Open to Public Inspection

	Name of the organization Employer Identification number												
		r College of D		** ** ***					<u> </u>		921340		
Pa				arity Status (All org						struction	ns		
1 ne	organ			ation because it is: (Forches, or association o						١			
2	岗			on 170(b)(1)(A)(ii). (Ai			ca iii see		(D)(1)(\\\\)(1	,-			
3	屵			nospital service organi			section	170(h)(1)	(A)(iii)				
4	Ħ	· ·	-	ation operated in conju						/h\/1\/Δ\	(iii) En	ter the	
•		hospital's na	ime, city, and sta	ate:	· • • • • • • • • • • • • • • • • • • •				-				
5		_		r the benefit of a collect (Complete Part II)	ge or univ	ersity owr	ned or ope	erated by	a governr	nental un	it descr	bed	
6	\Box	A federal, st	ate, or local gov	ernment or governmer	ntal unit d	escribed i	n sectio	n 170(b)(1)(A)(v).				
7		•		y receives a substanti (1)(A)(vi). (Complete l	-	its suppor	t from a g	overnme	ntal unit o	r from the	genera	ıl publi	С
8		A community	y trust described	l in section 170(b)(1)	(A)(vi). (C	complete l	Part II.)						
9	\sqcap			y receives: (1) more th				om contrib	outions, m	embershi	ip fees,	and gr	oss
		receipts from support from	n activities relate i gross investme	ed to its exempt function in the income and unrelated after June 30, 1975	ons—subj ed busine	ect to ceri ess taxabl	tain exce _l e income	otions, and (less sec	d (2) no n tion 511 ta	ore than	33 1/39	6 of its	
10	\Box		-	nd operated exclusive						4).			
11		An organization	tion organized a one or more pul	nd operated exclusive blicly supported organi at describes the type o	ly for the zations d	benefit of, escribed i	, to perfor n section	m the fun 509(a)(1)	ctions of, or sectio	or to carr n 509(a)(2) See		on
		a Type		Type II c		· III–Fund					ype III-	-Other	
е				y that the organization			~	-	ov one or		• •		
·		persons other		on managers and othe					-				n
f		_	zation received a	a written determination	from the	IRS that	it is a Typ	e I, Type	II, or Type	e III supp	orting		
g				the organization accep	pted any (gift or con	tribution f	rom any o	of the				
		following per (i) A pers		or indirectly controls, e	outhor alou	ne or tode	ther with	nersons c	lescribed	in (ii)		Yes	No
				erning body of the su						()	11g(ı)	-105	
				person described in (i)							11g(ii)		
		(iii) A 35%	controlled entit	y of a person describe	d in (i) or	(ii) above	?.				11g(iii)		
<u>h</u>				ation about the suppor				 .	<u> </u>		Т.		
(i)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify		s the tion in col		Amount support	of
	·			above or IRC section		document?	∞l (i)	of your	(i) organi	zed in the			
				(see instructions))	Yes	No	Yes	No No	Yes	S 7 No	1		
(A)					103				1	.,,,	 		
(B)								<u> </u>			<u> </u>		0
	_			<u> </u>	_								0
(C)													0
(D)	_							l					<u>_</u>
		<u> </u>								ļ. 			0
(E)													0
											İ		

Total

Sched	ule A (Form 990 or 990-EZ) 2010 Art Center Colle	ege of Design				95-192134	0 Page 2
Par	t II Support Schedule for Organizat	ions Describ	ed in Sectio	ns 170(b)(1)(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you checked the	box on line 5	, 7, or 8 of Pa	art I or if the o	rganization fa	iled to qualify	under
	Part III. If the organization fails to						
Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.")	ol					0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on			•			
	its behalf	o					0
3	The value of services or facilities	 :					
	furnished by a governmental unit to the						
	organization without charge	0					0
4	Total. Add lines 1 through 3	0	. 0	0	0	0	0
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)						
6	Public support. Subtract line 5 from line 4.	<u></u>					0
	ion B. Total Support		41.0007	4) 0000	4.11.0000	4) 2040 1	(D. T. (-)
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,					i	
	payments received on securities loans,]		j		J	
	rents, royalties and income from similar			i			
_	sources	0					0
9	Net income from unrelated business	İ					
	activities, whether or not the business is						•
40	regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets				ĺ		
	•	ol					0
11	(Explain in Part IV.)						0
12	Gross receipts from related activities, etc. (s	oo instructions				12	
13	First five years. If the Form 990 is for the or			d fourth or fift	· · l h tay year as a		/3)
10	organization, check this box and stop here	_			·	3000011001(0)	▶ □
Soot				· ·	_ · _···		
<u>Sect</u>	ion C. Computation of Public Support Public support percentage for 2010 (line 6, c		d by line 11	olumn (f)\		14	0 00%
15	Public support percentage from 2009 Sched	, ,	•	, , , ,		15	0 00%
16a	33 1/3% support test—2010. If the organiza						
IVa	and stop here . The organization qualifies as						
b	33 1/3% support test–2009. If the organiza						
	box and stop here . The organization qualified						
17a	10%-facts-and-circumstances test–2010.	•					
174							
	is 10% or more, and if the organization meet Part IV how the organization meets the "fact						
	_			=			
b	organization 10%-facts-and-circumstances test–2009.						· P
IJ	15 is 10% or more, and if the organization m						
	Part IV how the organization meets the "fact						-Apialii III
	supported organization	3-anu-0116u1115ta	ances test II		quaimes as a j	Jubliciy	
18	Private foundation. If the organization did r	ot chack a hay	on line 13 16	a 16h 17a or	17h chack this	s hov and soo	
10	-						ightharpoonup
	instructions	• •	· · ·	<u> </u>	<u> </u>	•_ •	

Page 3

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support		_				
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	o					0
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	0					0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	o					0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
8 8	Add lines 7a and 7b Public support (Subtract line 7c from	0	0	0	0	0	0
500	line 6)	l					
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
							0
9	Amounts from line 6	0	0	0	0	U	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business		1				
	activities not included in line 10b, whether						0
40	or not the business is regularly carried on						0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0		,			0
13	Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, secon	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)	. •
Sec	tion C. Computation of Public Support	Percentage	-				
15	Public support percentage for 2010 (line 8, column	(f) divided by line	e 13, column (f))			15	0.00%
16	Public support percentage from 2009 Schedule A,					16	0 00%
	tion D. Computation of Investment Inco					47	0.00%
17	Investment income percentage for 2010 (line 10c,			ımn (t))		17	0.00% 0.00%
18 19a	Investment income percentage from 2009 Schedul 33 1/3% support tests–2010. If the organization d	id not check the	box on line 14, a			and line 17 is	
b	not more than 33 1/3%, check this box and stop h 33 1/3% support tests–2009 . If the organization d	id not check a bo	ox on line 14 or li	ne 19a, and line	16 is more than	33 1/3% and	
20	line 18 is not more than 33 1/3%, check this box ar						

Schedule A (Form	990 or 990-EZ) 2010	Art Center College of Design	95-1921340	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanations required	by Part II, line	10;
	Part II line 17a	or 17b; and Part III, line 12. Also complete this part for any additional	information. (S	ee
	instructions).	or tro, and t are m, mile 12.7 also complete and part for any additional	(0	
	injatructions).			
				
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SCHEDULE D (Form 990)

Department of the Treasury

Name of the organization

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.

20**10**

Employer identification number

Open to Public Inspection

95-1921340 Art Center College of Design Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year. 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements h 2b Number of conservation easements on a certified historic structure included in (a). 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 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 5 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 Yes 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and 9 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items Assets included in Form 990, Part X.

(ii) related organizations				3a(II) X				
If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?								
Describe in Part XIV the intended uses of the organization's endowment funds.								
VI Land, Buildings, and Equipment	t. See Form 990, Pa	rt X, line 10.						
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
Land	0	3,679,000		3,679,000				
Buildings	0	51,896,000	12,090,610	39,805,390				
Leasehold improvements	0	0	0	0				
Equipment	0	_597,000	202,909	394,091				
Other	0	2,997,000	860,481	<u>2,136,519</u>				
. Add lines 1a through 1e (Column (d) must	equal Form 990, Part	K, column (B), line 10((c).) ▶	46,015,000				
	If "Yes" to 3a(ii), are the related organization Describe in Part XIV the intended uses of th VI Land, Buildings, and Equipmen Description of investment Land Buildings Leasehold improvements Equipment Other	If "Yes" to 3a(ii), are the related organizations listed as required on Describe in Part XIV the intended uses of the organization's endow VI Land, Buildings, and Equipment. See Form 990, Pa Description of investment (a) Cost or other basis (investment) Land 0 Buildings 0 Leasehold improvements 0 Equipment 0 Other 0 Ot	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . Describe in Part XIV the intended uses of the organization's endowment funds. VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (investment) (investment) (investment) Land 0 3,679,000 Buildings 0 51,896,000 Leasehold improvements 0 0 597,000 Other 0 2,997,000	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . Describe in Part XIV the intended uses of the organization's endowment funds. VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (investment) (investment) (c) Accumulated depreciation Land 0 3,679,000 (c) Accumulated depreciation Buildings 0 51,896,000 12,090,610 Leasehold improvements 0 0 597,000 202,909				

Page	3
Page	3

Part VII	Investments—Other Securities	es. See Form 990, Part X,	line 12.	
(a)	Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year r	narket value
	derivatives	0		
	eld equity interests	0		
(3) Other		0		
		0		
(B)		0	·	
(C)		0		
		0		
(E)		0		
(F)				
(G)	······	0		·····
(H)		0		
	must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Relat	ed See Form 990 Part X	7 line 13	
			(c) Method of va	luation
(a) Description of investment type	(b) Book value	Cost or end-of-year r	
(1)		0		· · · · · · · · · · · · · · · · · · ·
(2)		0		
(3)		0		
(4)		0		
(5)		0		
(6)		0		
(7)		0		
(8)		0		
(9)		0		
(10)		0		
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 13)	0		
Part IX	Other Assets. See Form 990,	Part X, line 15.		
		a) Description		(b) Book value
(1)				0
(2)				0
(3)				0
(4)				0
(5)				0
(6)				0
				0
(8)				0
(9)				0
(10)	(h)	not (B) line 15 \		0
	mn (b) must equal Form 990, Part X,		<u> </u>	<u></u>
Part X	Other Liabilities. See Form 99		<u> </u>	
1.	(a) Description of liability	(b) Amount		
	income taxes	164 013		
	uity payment liability	164,012 415,000		
	student loan funds	415,000		
(4)		0		
<u>(5)</u>	· <u> </u>		1	
(6)		0	i	
<u>(7)</u> (8)		0	1	
(9)		0	1	
(10)		0	1	
(11)		0	1	
	must equal Form 990, Part X, col. (B) line 25.)	579,012	1	

Page 4

Par	t XI	Reconciliation of Change in Net Assets from Form 990 to	<u> Audit</u>	<u>ed Financial St</u>	ateme	nts
1		evenue (Form 990, Part VIII, column (A), line 12)			1	41,008,228
2	Total e	xpenses (Form 990, Part IX, column (A), line 25)			2	40,745,228
3	Excess	or (deficit) for the year Subtract line 2 from line 1			3	263,000
4	Net uni	realized gains (losses) on investments			4	-1,770,000
5	Donate	d services and use of facilities			5	
6		nent expenses	•		6	
7	-	eriod adjustments			7	
8		Describe in Part XIV.)	•		8	4 ==== 000
9		djustments (net) Add lines 4 through 8) -	9	-1,770,000
10		or (deficit) for the year per audited financial statements. Combine lines			10	-1,507,000
Par		Reconciliation of Revenue per Audited Financial Statemen		ith Revenue pe	ĭ	
1		y ondo, game, and outer oupport por accided interiorist classification	•		1	32,041,000
2		ts included on line 1 but not on Form 990, Part VIII, line 12:	۔م ا	I		
a		realized gains on investments	2a			
b		d services and use of facilities	2b		┥	
C	Recove	eries of prior year grants	2c 2d	7,35	:=	
d	-		_ Zu	1,3	2e	7,356
e		es 2a through 2d		•	3	32,033,644
3		ct line 2e from line 1	١ .	ı		32,033,044
4		nent expenses not included on Form 990, Part VIII, line 7b	4a		-	
a b		Describe in Part XIV.)	4b	8,974,58	34	
C		es 4a and 4b		, , ,	4c	8,974,584
5		es 4a and 4b			5	41,008,228
	t XIII	Reconciliation of Expenses per Audited Financial Stateme				
1				THE EXPENSES	1	31,778,000
2		ts included on line 1 but not on Form 990, Part IX, line 25:				01,710,000
a		d services and use of facilities	2a	1	1	
b		ear adjustments	2b		- -	
c		osses	2c		7	
ď		Describe in Part XIV)	2d	7,35	56	
e		es 2a through 2d			2e	7,356
3		ct line 2e from line 1			3	31,770,644
4		ts included on Form 990, Part IX, line 25, but not on line 1:				
а		nent expenses not included on Form 990, Part VIII, line 7b	4a			
b		Describe in Part XIV.)	4b	8,974,58	34	
С	,				4c	8,974,584
5		xpenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18	l.)		5	40,745,228
Par	t XIV	Supplemental Information				
and 2	2b; Part \	s part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Par ovide any additional information				
		The endowments are restricted by the donors for scholarships and support				
	•	rograms and initiatives				
		There is no FIN 48 footnote included in the audited financial statements				
		2d Rental expenses netted against rental revenue but included in opera				
		he financial statements The financial statemen				
	•	4b College and donor financial aid netted against tuition, Federal financial				
		ash contributions.				
Part	XIII Line	2d Rental expenses netted against rental revenue but included in opera	ating			

Art Center College of Design

95-1921340

Schedule D (Form 9	990) 2010	Page 5
Part XIV	Supplemental Information (continued)	
expenses in the	ne financial statements.	
Part XIII Line 4	4b College and donor financial aid netted against tuition, Federal	
financial aid an	nd noncash contributions.□	

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

2010

Open to Public Inspection

Employer identification number

95-1921340 Art Center College of Design Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . 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 Х 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 3 X describe. If "No," please explain. If you need more space, use Part II The College publicizes its racially nondiscriminatory policy through brochures, print media, registration materials and its website. Does the organization maintain the following? Х a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . 4a Records documenting that scholarships and other financial assistance are awarded on a racially 4b Х nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Х 4d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to. Х Students' rights or privileges? 5a 5b Admissions policies? Х 5c Х Employment of faculty or administrative staff? Х 5d Scholarships or other financial assistance? . Educational policies? . . 5e 5f Use of facilities? 5g Athletic programs? 5h Х Other extracurricular activities? . . . If you answered "Yes" to any of the above, please explain If you need more space, use Part II. Х 6a Does the organization receive any financial aid or assistance from a governmental agency? Х Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 7

4 05 of Rev. Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If "No," explain on Part II.

	(Form 990 or 990-EZ) (2010)	Art Center College of Design	95-1921340	Page 2
Part II	Supplemental Infor 6b, and 7, as application	mation. Complete this part to provide the explanations ible. Also complete this part to provide any other addition	required by Part I, lines 3, 4 onal information (see instruct	d, 5h, tions).
Line 6a Ti	he College administers va	rious scholarship programs provided by governmental		
agencies	(including Pell grants, SE	OG and Federal work study programs) and awards are made		
based upo	on the criteria established	by the governmental agency. □		
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Schedule F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990.

▶ See separate instructions.

OMB No 1545-0047 Open to Public

Internal Revenue Service Name of the organization

Department of the Treasury

Inspection Employer identification number

95-1921340

Art Center College of Design	1				95-1921340
Part I General Info			ide the United States. C	Complete if the organization a	answered
_	es' eligibility for	the grants or as	cords to substantiate the amsistance, and the selection		Yes No
2 For grantmakers. De United States	scribe in Part V	the organization	s's procedures for monitoring	g the use of grant funds outs	side the
3 Activities per Region (1	The following Pa	rt I, line 3 table	can be duplicated if addition	nal space is needed)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
East Asia and the (1) Pacific	0	0	Program Service	Study Abroad (Semester)	17,582
Europe (2)	0		Program Service	Study Abroad (Semester)	61,957
East Asia and the (3) Pacific	0	0	Investments		342,481
Europe (4)	0	0	Investments		397,775
Middle East and North (5) Africa	0	0	Investments		66,212
North America (6)	0	.0	Investments		574,965
South America (7)	0	0	Investments		9,001
Central America and (8) the Caribbean	0	0	Investments		101,959
(9)	0	0			0
(10)	0	0			0
(11)	0	_0		-	0
(12)	0	0			0
(13)	0	0			0
(14)	0	0			0
(15)	0	0			0
(16)	0	0			0
(17)	0	0			0
3a Sub-total	0	0			1,571,932
b Total from continuation sheets to Part 1.	0	0			0

1,571,932

c Totals (add lines 3a and 3b)

95-1921340

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		Grants and Other Assistance to Organizations or Entities Outside the Unit
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Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000	(b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EiN grant cash grant cash grant disbursement assistance (fi applicable) (fi applica	0	0	0	0 0	0 . 0	0			0		0 0	0	0	0	0	
cance to Organizations cipient who received mo f additional space is nee																	
Grants and Other Assistance to Organiza Part IV, line 15, for any recipient who receiv Part II can be duplicated if additional space	(a) Name of organization	(1)	(2)	(3)	(4)	(5)	(9)	(2)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	

it organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	
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ariji	iva
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nize	rantee or counsel has provided a section 501(c)(3) equivaler
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Art Center College of Design Schedule F (Form 990) 2010

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.

Schedule F (Form 990) 2010 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance ᅙ 0 0 (f) Amount of non-cash assistance (e) Manner of cash disbursement 0 0 0 0 0 (d) Amount of cash grant (c) Number of recipients Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance (11) (14) 9 (13) (15) 9 13 (18) € 2 9 **₹** (5) 9 5 € 6 (12)

Part	V Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Yes	X No
		Sched	ule F (Form 990) 2010

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions Inspection Name of the organization Employer identification number Art Center College of Design Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I 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 Solicitation of non-government grants а е Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C d 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 services? 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 (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization ∞l (i) Yes No 1 0 0 0 0 0 0 5 0 0 0 6 0 0 0 0 0 0 10 0 0 0 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

341	ouule v	G (Form 990 or 990-EZ) 2010 A	rt Center College of Design	gn		95-1921340 Page 2
P	art II	_				
		more than \$15,000 of t			come on Form 990-EZ	, lines 1 and 6b. List
		events with gross rece				,
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			(event type)	(event type)	(total number)	(add col (a) through col (c))
e			(Ovorit type)	(cvain type)	(total nambar)	
Revenue	1	Gross receipts	0	0	0	o
æ	2	Less: Charitable				
	•	contributions	0	0	0	0
	3	Gross income (line 1 minus line 2)	o	o	0	0
		mindo into Zj				<u>~</u>
	4	Cash prizes	0	0	0	0
	_					
٠,	5	Noncash prizes	0	0	0	0
ses	6	Rent/facility costs .	o	o	0	0
ber		• • • • • • • • • • • • • • • • • • • •				
ñ	7	Food and beverages .	0	0	0	0
Direct Expenses	8	Entertainment	o	0	0	0
۵		Entertainment				
	9	Other direct expenses .	0	o	0	0
					_	
	10	Direct expense summary Add	•	1 *		(0)
P:	11 Intell	Net income summary Combined Gaming. Complete if the complete is the complete of the complete o) Part IV line 19 or re	norted more
		_				
		than \$15,000 on Form	990-EZ. line 6a.			sported more
ē		than \$15,000 on Form		(b) Pull tabs/instant		(d) Total gaming (add
enne		than \$15,000 on Form	990-EZ, line 6a.	·	(c) Other gaming	·
Revenue				(b) Pull tabs/instant		(d) Total gaming (add
Revenue	1	than \$15,000 on Form Gross revenue		(b) Pull tabs/instant		(d) Total gaming (add
	1 2			(b) Pull tabs/instant		(d) Total gaming (add
	_	Gross revenue Cash prizes		(b) Pull tabs/instant		(d) Total gaming (add col (a) through col (c)) 0
	2	Gross revenue		(b) Pull tabs/instant		(d) Total gaming (add col (a) through col (c))
	_	Gross revenue Cash prizes Noncash prizes		(b) Pull tabs/instant		(d) Total gaming (add col (a) through col (c)) 0
Direct Expenses Revenue	_	Gross revenue Cash prizes		(b) Pull tabs/instant		(d) Total gaming (add col (a) through col (c)) 0
irect Expenses	_	Gross revenue Cash prizes Noncash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)) 0
irect Expenses	3	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses .		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)) 0 0
irect Expenses	3	Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)) 0 0
irect Expenses	3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo Yes% No	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col (c)) 0 0 0 0
irect Expenses	3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	(a) Bingo Yes% No	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c)) 0 0
irect Expenses	3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo Yes % No I lines 2 through 5 in colu	(b) Pull tabs/instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c)) 0 0 0 0
Direct Expenses	3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary. Add. Net gaming income summary	(a) Bingo Yes% No I lines 2 through 5 in column	(b) Pull tabs/instant bingo/progressive bingo Yes% No umn (d)	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c)) 0 0 0 0 0 0
Direct Expenses	3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add. Net gaming income summary.	(a) Bingo Yes% No I lines 2 through 5 in column Combine line 1, column	(b) Pull tabs/instant bingo/progressive bingo Yes % No umn (d)	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c)) 0 0 0 0 0 0 0
Direct Expenses	3 4 5 6 7 8 E a ls	Gross revenue	(a) Bingo Yes% No d lines 2 through 5 in column Combine line 1, column ganization operates gam perate gaming activities in	Yes % No umn (d)	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c)) 0 0 0 0 0 0 0 0
Direct Expenses	3 4 5 6 7 8 E a ls	Gross revenue	(a) Bingo Yes% No d lines 2 through 5 in column Combine line 1, column ganization operates gam perate gaming activities in	Yes % No Jmn (d)	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c)) 0 0 0 0 0 0 . Yes No
Direct Expenses	3 4 5 6 7 8 E a ls	Gross revenue	(a) Bingo Yes% No d lines 2 through 5 in column Combine line 1, column ganization operates gam perate gaming activities in	Yes % No Jmn (d)	(c) Other gaming Yes % No	(d) Total gaming (add col (a) through col (c)) 0 0 0 0 0 0 . Yes No
Direct Expenses	3 4 5 6 7 8 E a ls b lf	Gross revenue	(a) Bingo Yes % No I lines 2 through 5 in column Combine line 1, column ganization operates gam perate gaming activities in	Yes % No Jmn (d)	(c) Other gaming Yes % No No	(d) Total gaming (add col (a) through col (c)) 0 0 0 0 0 0 .

Sched	ule G (Form 990 or 990-EZ) 2010 Art Center College of Design	95	<u>-1921340</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		— г	☐ No
13	Indicate the percentage of gaming activity operated in:			
а	•	13a		%
	· · · · · · · · · · · · · · · · · · ·	13b		<u>%</u>
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?		□ vas l	Пио
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ 0 and the	•	res (
_	amount of gaming revenue retained by the third party \$\bigs\\$ 0			
С	If "Yes," enter name and address of the third party:			
	Name ▶			-
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$0			
	Description of services provided		. .	
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations			
_	or spent in the organization's own exempt activities during the tax year		line Oh le	0
Pari	Supplemental Information. Complete this part to provide the explanations required by P (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide the explanations required by P			
	provide any additional information (see instructions).	.c.c u	iis part ic	,
	provide any additional information (eee metadetene).			

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Art Center College of Design

Part

Name of the organization

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

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

▶ Attach to Form 990.

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

the selection criteria used to award the grants or assistance?.

General Information on Grants and Assistance

Open to Public 2010

OMB No 1545-0047

Employer Identification number

95-1921340

ĝ

X Yes

Part II		Assistance to ine 21, for any	Governments a recipient that rec	nd Organizations is seived more than \$5,	in the United States, 000. Check this box	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. Part II	anization answered sceived more than \$	"Yes" to 5,000. Part II
	can be duplicated if additional space is needed	additional spa	ce is needed.					
1 (a)	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)				0	0			
(S)				0	0			
(9)				0	0			
(4)				0	0			
(5)				0	0			
(9)				0	0			
(<u>n</u>)				0	0			<u> </u>
(8)				0	0			
(6)				0	0			
(10)				0	0			
(11)				0	0			
(12)				0	0			
2 8	Enter total number of section 501(c)(3) and government Enter total number of other organizations	n 501(c)(3) and on	government organi	organizations			A •	

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

Schedule I (Form 990) (2010)

Art Center College of Design

Schedule I (Form 990) (2010)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 10,179 2,926,685 4,828,012 609,486 111,029 (c) Amount of cash grant Part III can be duplicated if additional space is needed. 962 103 1,413 425 0 (b) Number of recipients 4 Student special circumstance tuition waivers 3 Pell grants, SEOG and work study awards 5 Educational program tuition discounts (a) Type of grant or assistance 1 Undergraduate scholarships 2 Graduate scholarships Part IV 9

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection
Employer identification number

Schedule J (Form 990) 2010

Art C	enter College of Design	95-192134	·U	
Par	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in F 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these item	orm		
		is.		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	. 2		
	·			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply.			
	Compensation committee X Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee	э 📗		
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization.			
а	Receive a severance payment or change-of-control payment from the organization or a related organization	on? 4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	. 4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?			X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	0 1 (1 - F04/-)(0) and F04/-)(4) annual actions must complete lines F 0			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5	compensation contingent on the revenues of:			
а	The organization?	. 5a		X
b	Any related organization?	. 5b		Х
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
a	The organization?	. <u>6a</u> 6b	-	X
b	Any related organization?	60	رک نت	
7	If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describ	e		
	in Part III .	<u>8</u>		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	. 9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)

Schedule J (Form 990) 2010

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

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

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

		(B) Breakdown of	of W-2 and/or 1099-MISC compensation	SC compensation	,	object to Man	(E) Total of solumns	
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(ı)(a)	reported in prior Form 990 or Form 990-EZ
Nikolane Hafermas	Ξ	246,881	O	0	32,377	4,050	283,308	283,308
1 Minoraus Franciscos	(E)	0	0	0	0	0	0	0
Dictory Holing	(i)	223,184	0	0	28,938	0	252,122	252,122
2 Nichald Haluschak	(ii)	0	0	0	0	0	0	0
	(i)	215,532	0	0	27,686	5,296	248,514	248,514
3 Jean Fold	€	0	0	0	0	0	0	0
George Falardean	€	177,899	0	0	21,800	5,296	204,995	204,995
4	Ξ	0	0	0	0	0	0	0
lris Gelt	ε	96,133	0	160,916	0	2,158	259,207	259,207
2	€	0	0	0	0	0	0	0
Fire Clark	ε	33,178	0	158,943	0	158	192,279	192,279
6 Lica Clair	(E)	0	0	0		0	0	0
Fred Feblan	Ξ	174,665	0	0	21,312	5,296	201,273	201,273
7 1501 51180	≘	0	0	0	0	0	0	0
Andrew Onder	Ξ	171,839	0	0	20,891	0	192,730	192,730
S S S S S S S S S S S S S S S S S S S	≘	0	0	0	0	0	0	0
Stewart Road	€	152,972	0	0	6,223	5,296	164,491	164,491
9 Stewart Iveed	≘	0	0	0	0	0	0	0
Richard Koshalak	8	43,269	374,000	240,510	0	588	658,367	658,367
10 Morial Mostialen	€	0	0	0	0	0	0	0
Datricia Olivar	€	0	0	163,143	o	0	163,143	163,143
11 rationa Olivei	≘		0	0		0	0	
Saucy South	€	0	0	158,603	0	0	158,603	158,603
12 Mauran Tourig	(E)	0	0	0	0	0	0	0
	(I)	0	0	0	0	0	0	0
13	<u>(ii)</u>		0	0	0	0	0	0
	€	0	0	0	0	0	0	0
14	(E)		0	0	0	0	0	0
	€	0	0	0	0	0	0	0
15	€	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
16	(E)	0	0	0	0	0	0	0
•							Sche	Schedule J (Form 990) 2010

Schedule J (Form 990) 2010
nort period covered by this return. All data on Schedule J. Part II was also reported on the Form 990 filled for the calendar year
om the data reported in 990, Part VII) is for the calendar year ended December 31, 2009 since no December 31 falls within the
art II INFORMATION PREVIOUSLY REPORTED IN 2009 - In accordance with IRS guidance, the data shown in Part II (which is derived
Be
Shedule J (Form 990) 2010 Page 3

SCHEDULE K (Form 990) Department of the Treasury nternal Revenue Service

Name of the organization

Supplemental Information on Tax-Exempt Bonds

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

OMB No 1545-0047

Open to Public Employer Identification number Inspection

> ▶ See separate instructions. Attach to Form 990.

95-1921340

Yes No (I) Pooled financing ĝ ŝ Yes No (h) On behalf of Δ Yes Yes (g) Defeased ŝ Yes ŝ ŝ Construct South campus classrooms ပ 9,940,000 Refinance exisiting taxable loan (f) Description of purpose Yes Yes ŝ ŝ œ Yes Yes e) Issue price 5,723,474 226,304 3,990,222 9,940,000 ŝ å × × × 2009 ⋖ Yes Yes (d) Date issued × 8/13/2009 Are there any lease arrangements that may result in private business use Was the organization a partner in a partnership, or a member of an LLC, Does the organization maintain adequate books and records to support (c) CUSIP # 1301780T7 Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? 52-1705592 (b) Issuer EIN which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds A California Educational Facilities Authority Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Part III Private Business Use Gross proceeds in reserve funds the final allocation of proceeds? Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion of bond-financed property? (a) Issuer name Other unspent proceeds Amount of bonds retired Art Center College of Design Total proceeds of issue **Bond Issues** Other spent proceeds Proceeds Part II Part I ~ ∞ 6 15 16 က 4 Ŋ 9 9 2 5 4 В

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{(\mathrm{HIA})}$

Schedule K (Form 990) 2010

95-1921340

Page 2

Art Center College of Design

Private Business Use (Continued) Schedule K (Form 990) 2010

% ŝ ŝ Yes Yes % % % ŝ ŝ Yes Yes % % % å ş œ α Yes Yes 30.25 % %06 0 0.90% ŝ ŝ × × × × Wells Fargo Bank Yes Yes × × × × ▲ Enter the percentage of financed property used in a private business use as a Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Are there any research agreements that may result in private business use of Enter the percentage of financed property used in a private business use by esult of unrelated trade or business activity carried on by your organization, Was the regulatory safe harbor for establishing the fair market value of the Are there any management or service contracts that may result in private Has the organization adopted management practices and procedures to Has the organization or the governmental issuer entered into a qualified ensure the post-issuance compliance of its tax-exempt bond liabilities? another section 501(c)(3) organization, or a state or local government. Does the organization routinely engage bond counsel or other outside entities other than a section 501(c)(3) organization or a state or local counsel to review any management or service contracts or research Arbitrage Rebate, been filed with respect to the bond Issue? agreements relating to the financed property? 4a Were gross proceeds invested in a GIC? business use of bond-financed property? Is the bond issue a variable rate issue? hedge with respect to the bond issue? d Was the hedge superintegrated? Was the hedge terminated? bond-financed property? Total of lines 4 and 5 Arbitrage b Name of provider b Name of provider c Term of hedge. GIC satisfied? c Term of GIC government Part IV 3a ပ S 9

South Campus The College's South Campus is in a former industrial zone now designated by the city of Pasadena for research, medical and educational uses and the building Part I, Col A(f) - Bond proceeds were used, in part, to refinance a taxable loan that was used to construct classrooms, galleries, studio space and administrative offices on the Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) College's South Campus In addition, the College used a portion of the proceeds to reimburse expenditures related to the completion of several renovation projects on the among the first LEED certified buildings in the city.

×

Were any gross proceeds invested beyond an available temporary period?

2

Did the bond issue qualify for an exception to rebate?

Part II, Line 7 - Issuance costs from proceeds includes \$198,800 for bond issuance costs and \$27,504 for credit enhancement costs

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service
Name of the organization

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

Employer identification number

Art C	t Center College of Design 95-1921340						
Par			-				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts		
1	ArtWorks of art						
2	Art—Historical treasures						
3	Art—Fractional interests .						
4	Books and publications						
5	Clothing and household						
	goods						
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	1					
	structures						
14	Qualified conservation						
	contribution—Other						
15	Real estate—Residential						
16	Real estate—Commercial .						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxidermy	ļ					
22	Historical artifacts	<u> </u>					
23	Scientific specimens						
24	Archeological artifacts .	ļI					
25	Other ► ()		0	0			
26	Other ► ()		0	0			
27	Other ► ()		0				
28_	Other ► ()	<u> </u>	0				
29	Number of Forms 8283 received						
	which the organization completed	1 Form 828	3, Part IV, Donee Acknowle	eagement	29		
20-	Daniel Harrison (Pd.)		L L. (L A)	to an anti-dia Banki kana 4	Yes No		
30a	During the year, did the organiza				-28		
	that it must hold for at least three required to be used for exempt p				300		
_	•	•	_		30a		
	If "Yes," describe the arrangement			wave of any non standard			
31	Does the organization have a gift	•			24		
22-	contributions?			o colicit process or call	31		
J∠d	•	•	•	* *	322		
h	If "Yes," describe in Part II.				. 32a		
33	If the organization did not report a	an amount i	n column (c) for a type of n	roperty for which column (a) is		
33	checked, describe in Part II	an amount i	in conditing (c) for a type of p	roperty for which column (a) 13		

Schedule M (Fo	orm 990) (2010) Art Center College of Design	95-1921340	Page 2
Part II	Supplemental Information. Complete this part to provide the information required by Part 32b, and 33. Also complete this part for any additional information.		
			-
		• • • • • • • • • • • • • • • • • • • •	
		••	
• • • • • • • • • • • • • • • • • • • •			
-			
	·		
			· • • • • • • •

· SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

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

Attach to Form 990 or 990-EZ.

Art Center College of Design

Employer identification number 05-1021340

Art Center Conlege of Design
Form 990 Part Part I CHANGE IN ACCOUNTING PERIOD - Effective January 1, 2010 the College
changed its tax and accounting period from the calendar year to a fiscal year ending June 30.
This return covers the six month short period from January 1 through June 30, 2010.
Form 990 Part Part VII INFORMATION PREVIOUSLY REPORTED IN 2009 - In accordance with IRS
guidance, the data shown in Part VII is for the calendar year ended December 31, 2009 since no
December 31 falls within the short period covered by this return. All data on Part VII and
Schedule J was also reported on the Form 990 filed for the calendar year ended December 31,
2009
Form 990 Part Part VI Section A Line 1 EXECUTIVE COMMITTEE - The Executive Committee consists
of at least seven (7) Board members and includes the Chair of the Board, who shall be Chair of
the Committee, the President, the Vice Chair-Chair Elect, the Chairs of all Standing
Committees, and in each case provided he or she is a Board member, the Secretary and
Treasurer. The Executive Committee has authority to undertake any urgent or emergency actions
between Board Meetings, to assist the President in addressing and undertaking routine business
between regular Board meetings, to assist the Chair and the President in their joint
responsibility to help the Board to function effectively and efficiently by suggesting Board
meeting agenda items, and to assess the performance of the President The Chair of the Board,
the President or the Secretary shall, promptly after any action is taken by the Executive
Committee, advise all Boardmembers of the circumstances requiring action and the action taken
by the Executive Committee.□
Form 990 Part Part VI Section B Line 11b 990 REVIEW PROCESS - The Form 990 is reviewed first
by the Controller and the Chief Financial Officer. It is then reviewed by the Audit Committee
of the Board of Trustees and the full Board of Trustees during February or March prior to
filing with the IRS.□
Form 990 Part Part VI Section B Line 12c CONFLICT OF INTEREST POLICY - The College's conflict

Schedule O (Form 990 or 990-EZ) (2010)	Page 2					
Name of the organization Art Center College of Design	Employer identification number 95-1921340					
Each covered person must attest annually that they are in compliance with the policy. The						
statements are reviewed each year by the Audit Committee. The Governance Committee determines						
of conflict exists. Any transaction in which a conflict may exist must be approved by the						
Board of Trustees Any person with a conflict may not participate in the Board's deliberations						
or vote with regard to the transaction.□						
Form 990 Part Part VI Section B Line 15 COMPENSATION REVIEW AND APPROVAL PROCESS - a)						
President and CEO - The Executive Committee of the Board of Trustees reviews comparable data						
from a variery of sources and includes research and advice from one or more independent						
compensation consultants and attorneys. The Executive Committee then makes a recommenda	ation to					
the full Board of Trustees for approval. b) Officers and other key employees - The President						
sets the salaries for these positions using comparable data studies. The President's action						
must be approved by the Executive Committee of the Board of Trustees This process was last						
undertaken during 2009 □						
Form 990 Part Part VI Section C Line 19 AVAILABILITY OF GOVERNING DOCUMENTS, POL	ICIES AND					
FINANCIAL STATEMENTS - Articles of Incorporation, Bylaws, Conflict of Interest policy and						
audited financial statements are available upon request □	•••••					
Form 990 Part Part XI Line 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES - Unrealized loss on						
investments.						