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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public

B Che					·
_	r the 2010 eck if applicabl	calendar year, or tax year beginning 06-01-2010 and ending 05-31-2011 C Name of organization	1	D Employe	er identification number
	ress change	RINGLING COLLEGE OF ART AND DESIGN		59-063	37903
– Nar	ne change	Doing Business As	-	E Telepho	ne number
– Initi	al return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	•	51-5100
_	mınated	2700 NORTH TAMIAMI TRAIL		. ,	cepts \$ 64,521,015
	ended return Jication pendir	City or town, state or country, and ZIP + 4 SARASOTA, FL 34234 g		C 01033 100	ειρισ ψ 01,321,013
		F Name and address of principal officer	H(a) Isthisag	roup return for	affiliates? Yes No
		LARRY R THOMPSON 2700 NORTH TAMIAMI TRAIL			
		SARASOTA, FL 34234		" attach a	list (see instructions)
Tax	k-exempt stat	IS	H(c) Group	exemption	number 🟲
W	ebsite: ► V	/WW RINGLING EDU			
Forn	n of organizati	on 🔽 Corporation Trust Association Other 🕨	L Year of form	nation 1931	M State of legal domicile FL
		mmary	E rear or roun	iddon 1551	11 State of legal dofficile 12
aovemance	AREA SKILL	PREPARE STUDENTS TO BE DISCERNING VISUAL THINKERS AND ET OF ART AND DESIGN RINGLING'S CURRICULUM BALANCES THE TEAS WITH THE DEVELOPMENT OF CRITICAL, CONCEPTUAL AND CREAPPROVIDE HISTORICAL, MULTICULTURAL, GLOBAL AND FUTURE PER	ACHING OF T FIVE ABILITI	ECHNICA	L KNOWLEDGE AND
	2 Check	this box দ if the organization discontinued its operations or disposed of	more than 25	% of its ne	t assets
Average & W	3 Numbe	r of voting members of the governing body (Part VI, line 1a)		_ 3	3 3 5
	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b)		4	32
}		number of individuals employed in calendar year 2010 (Part V, line 2a) .		<u> </u>	943
		number of volunteers (estimate if necessary)		<u> </u>	5 200
		related business revenue from Part VIII, column (C), line 12 related business taxable income from Form 990-T, line 34		_	a 12,501 b 6,922
	B Net al	Traced business taxable medile noin form 550 T, mie 54 T	Prior '		Current Year
	8 Con	ributions and grants (Part VIII, line 1h)		.0,443,94	
를	9 Prog	ram service revenue (Part VIII, line 2g)	4	7,017,90	3 50,991,637
Havenue	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)		396,01	7 257,959
		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-10,72	3 49,194
		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		7,847,14	4 60,437,310
		its and similar amounts paid (Part IX, column (A), lines 1–3)		3,351,64	4 4,288,729
	14 Ben	efits paid to or for members (Part IX, column (A), line 4)			0 0
- 1		ries, other compensation, employee benefits (Part IX, column (A), lines 5-		1,860,73	
ဖွ	10)			000./ 3	5 23/17/16
2882 1288	16a Prof	assignal fundraising fees (Part IX column (Δ) line 11e)		•	· · ·
chenses		fundraising fees (Part IX, column (A), line 11e)		•	
Expenses	b Total	fundraising expenses (Part IX, column (D), line 25) •1,389,090	2	, ,	0 0
Expenses	b Total			•	2 25,807,686
Expenses	b Total17 Other18 Total	fundraising expenses (Part IX, column (D), line 25) 1,389,090 er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		4,895,34	2 25,807,686 1 53,513,831
	b Total17 Other18 Total	fundraising expenses (Part IX, column (D), line 25) 1,389,090 er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	Beginning o	4,895,34 60,107,72 7,739,42 of Current	2 25,807,686 1 53,513,831
	b Total 17 Oth 18 Total 19 Rev	fundraising expenses (Part IX, column (D), line 25) 1,389,090 er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	Beginning o	4,895,34 60,107,72 7,739,42 of Current	2 25,807,686 1 53,513,831 3 6,923,479 End of Year
	b Total 17 Othe 18 Total 19 Rev 20 Total	fundraising expenses (Part IX, column (D), line 25) 1,389,090 er expenses (Part IX, column (A), lines 11a-11d, 11f-24f) I expenses Add lines 13-17 (must equal Part IX, column (A), line 25) enue less expenses Subtract line 18 from line 12	Beginning of Yes	4,895,34 60,107,72 7,739,42 of Current	2 25,807,686 1 53,513,831 3 6,923,479 End of Year 4 174,041,677
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Labora Balances	b Total 17 Othe 18 Total 19 Rev 20 Total 21 Total 22 Net t II Sig	fundraising expenses (Part IX, column (D), line 25) 1,389,090 er expenses (Part IX, column (A), lines 11a-11d, 11f-24f) I expenses Add lines 13-17 (must equal Part IX, column (A), line 25) enue less expenses Subtract line 18 from line 12	Beginning of Yes 16 8 8	4,895,34 50,107,72 7,739,42 of Current 64,630,99 50,055,58 64,575,41 tements, ar	2 25,807,68 1 53,513,83 3 6,923,47 End of Year 4 174,041,67 3 80,426,30 1 93,615,37
Par Balances	b Total 17 Other 18 Total 19 Revolution 20 Total 21 Total 22 Net 111 Signer edge and be edge.	fundraising expenses (Part IX, column (D), line 25) 1,389,090 er expenses (Part IX, column (A), lines 11a-11d, 11f-24f) I expenses Add lines 13-17 (must equal Part IX, column (A), line 25) enue less expenses Subtract line 18 from line 12 I lassets (Part X, line 16)	Beginning of Year 16 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	4,895,34 50,107,72 7,739,42 of Current 64,630,99 50,055,58 64,575,41 tements, ar	2 25,807,686 1 53,513,833 3 6,923,479 End of Year 4 174,041,677 3 80,426,302 1 93,615,375
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4d	Other program services (Desc	ribe in Schedule O) including grants (of \$) (Revenue \$)
4c	(Code) (Expe	:nses \$	including grants of \$) (Revenue \$)
4b	(Code) (Expe	nses \$	including grants of \$) (Revenue \$)
	EDUCATIONAL INSTITUTION PROVIDIN DEGREE AND NON-CREDIT COMMUNI		D PROGRAM SERVICES TO APPR	OXIMATELY 2,000 STUDENTS IN	FULLY ACCREDITED FOUR YEA
	allocations to others, the total e (Code) (Expe	xpenses, and revenue, if	any, for each program ser		51,085,348)
4	If "Yes," describe these changes Describe the exempt purpose ac Section 501(c)(3) and 501(c)(4	chievements for each of t			
	Did the organization cease cond services?			ucts, any program	┌ Yes ┌ No
	Did the organization undertake a the prior Form 990 or 990-EZ? If "Yes," describe these new serv				⊤Yes ▼ No
MEMB NATIO ASSO	GN, MOTION DESIGN, PAINTINGS OF THE ASSOCIATION OF ONAL ASSOCIATION OF SCHOOL OF SCHOO	INDEPENDENT COLLE OOLS OF ART AND DES SCHOOLS TO AWARD	GES OF ART AND DESIG SIGN [NASAD], THE COM THE BACHELOR OF FINE	N [AICAD] AND IS ACCR MISSION ON COLLEGES ARTS DEGREE [SACS], A	EDITED BY THE OF THE SOUTHERN ND BY THE FIRST
BACH DIGIT	LING COLLEGE OF ART AND D HELOR'S DEGREE IN 14 DISCIP TAL FILMMAKING, FINE ARTS,	PLINES ADVERTISING GAME ART & DESIGN,	DESIGN, BUSINESS OF A GRAPHIC & INTERACTIV	ART & DESIGN, COMPUT 'E COMMUNICATION, IL	ER ANIMATION, LUSTRATION, INTERIO
1	Briefly describe the organization	n's mission			

Part TV	Checklist	of Require	d Schedules
	CHECKHOL	oi Keguiie	u Scheuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	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	Yes	
c	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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
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	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	N
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1,877			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c		
	gaming (gambling) winnings to prize winners?			
	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?	2ь	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
9	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
	Organizations that may receive deductible contributions under section 170(c).	"	1 00	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
:	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		'
		1		
2	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	1		
_	facilities	1		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
ь	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	4		
С	Enter the amount of reserves on hand 13c			
а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
L	If "Voc " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	1/lb		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			110
0	year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	•		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
Ь	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		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed FL			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 MONICA WAID 2700 N TAMIAMI TRAIL SARASOTA, FL 34234 (941) 359-7514

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

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

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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, 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 organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi		C) (che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Highest compensated employee Key employee Officer		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
See Additional Data Table										
-										
			<u> </u>							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours	erage Position (check all urs that apply)						(D) Reportable compensation from the	(E) Reportable compensation		(F) Estima mount o	ited fother
		per week (describe hours for related organizations in Schedule O)		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	or	compens from t ganizati relate organiza	he on and ed
See A	dditional Data Table										\top		
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		_				+					+		
						-					+		
						_					┷		
1b	Sub-Total			. .	٠.	٠.	٠	>			\top		
С	Total from continuation sheet:						Þ				\top		
d	Total (add lines 1b and 1c) .							Þ	1,667,424	0		- 2	233,105
2	Total number of individuals (inc \$100,000 in reportable compe	-					above) who	received more tha	n			
												Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete So								r highest compens	ated employee	3		Νο
4	For any individual listed on line organization and related organi	zations greater t	han \$15	50,00	002	If "Y	es," co					V	

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CUSTODIAL MAINTENANCE INC NORMA DESOR 2480 FRUITVILLE ROAD SUITE 9 SARASOTA, FL 34237	CUSTODIAL SERVICES	923,125
WILLIS A SMITH CONSTRUCTION 5001 LAKEWOOD RANCH BLVD N SARASOTA, FL 34240	CONSTRUCTION MANAGEMENT	284,923
CHARTWELLS DINING SERVICES CO BANK OF A PO BOX 91337 CHICAGO, IL 606931337	FOOD SERVICE MANAGEMENT	200,000
AYERSSAINTGROSS INCORPORATED 1040 HULL STREET SUITE 100 BALTIMORE, MD 21230	ARCHITECTURAL SERVICES	191,021
PREFERRED BENEFIT ADMINISTRATORS INC PO BOX 916188 LONGWOOD, FL 372916188	PENSION ADMINISTRATION	115,665
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►7) who received more than	

Form 9							Pa	ge 9
Part \	<u>V1+1+</u>	Statement of Reven	ıe		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
								512, 513, or 514
nts ots	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	. 1b					
its,	С	Fundraising events	. 1c	333,847				
		Related organizations	. 1d					
ions Sir		Government grants (contributions)	1e	368,837				
후	f	All other contributions, gifts, grants, similar amounts not included above	, and 1f e	8,435,836				
E G	g	Noncash contributions included in li	nes 1a-1f \$	2,001,317				
೧ ಕ	h	Total. Add lines 1a-1f	· •		9,138,520			
e	_			Business Code				
Program Serwce Revenue	2a	TUITION & FEES		900099	42,611,373	42,611,373		
産	Ь			900099		7,522,638	1	
FMC	c d	CONTINUING EDUCATION		900099	857,626	857,626		
ക് =	e							
Çiraşı	f	All other program service rev	/enue					
ᇫ	a	Total. Add lines 2a-2f			50,991,637			
	3	Investment income (includin						
		and other similar amounts)			287,820			287,820
	4	Income from investment of tax-ex						
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	1,920	(ii) i diseilai				
	b	Less rental expenses	2,987					
	С	Rental income or (loss)	-1,067					
	d	Net rental income or (loss)		1	-1,067			-1,067
			(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	3,816,703					
		than inventory	2.046.564					
	b	Less cost or other basis and sales expenses	3,846,564					
	С	Gain or (loss)	-29,861					
		Net gain or (loss)			-29,861			-29,861
ë	8a	Gross income from fundraisii (not including	ng events					
Other Revenue		\$ 333,847						
æ		of contributions reported on See Part IV, line 18						
her			а	122,156				
ŏ		Less direct expenses Net income or (loss) from fur		200,978	-78,822			-78,822
			ctivities See Part IV, line 19	a 5,440	, 5,522			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Less direct expenses		b 2,449				
		Net income or (loss) from ga			2,991			2,991
	10a	Gross sales of inventory, les returns and allowances	S					
			a	50,607				
		Less cost of goods sold .		30,727	40.000			10.000
	_ c	Net income or (loss) from sa Miscellaneous Revenue	ies of inventory F	Business Code	19,880			19,880
	11 a	OTHER REVENUE		900099	93,711	93,711		
		PARTNERSHIP INCOME		525990	12,501		12,501	\vdash
	,	-						
	6	d All other revenue						
	e	Total. Add lines 11a-11d .			106,212			
	12	Total revenue. See Instruction	ons .	}				\vdash
			-		60,437,310	51,085,348	12,501	200,941

	990 (2010)				Page 10
Part			•		
А	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, o, 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	37,300	37,300		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,251,429	4,251,429		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	, , ,	, , ,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,070,293		1,070,293	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	17,102,619	14,971,171	1,282,231	849,217
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	574,673	488,944	49,491	36,238
9	Other employee benefits	3,410,716	2,684,909	625,866	99,941
10	Payroll taxes	1,259,115	1,117,739	73,052	68,324
а	Fees for services (non-employees) Management	183,333	183,333		
Ь	Legal	134,814		134,814	
С	Accounting	77,350		77,350	
d	Lobbying	9,000		9,000	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	50,335		50,335	
g	Other	2,337,653	2,232,894	85,284	19,475
12	Advertising and promotion	907,391	527,420	304,009	75,962
13	Office expenses	2,222,182	1,815,555	356,421	50,206
14	Information technology	879,175	878,191	911	73
15	Royalties	·			
16	Occupancy	2,643,849	2,562,056	74,068	7,725
17	Travel	553,970	443,257	 	53,094
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	,	,	· · ·
19	Conferences, conventions, and meetings	493,920	343,763	53,474	96,683
20	Interest	2,414,103	2,130,482	 	·
21	Payments to affiliates	<u> </u>			
22	Depreciation, depletion, and amortization	8,978,412	8,404,678	573,457	277
23	Insurance	339,587	333,610	3,973	2,004
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	CONTRACTED FOOD SERVICE	1,754,777	1,744,923		9,854
b	OTHER CONTRACTED SERVIC	1,045,855	995,107	40,817	9,931
С	STUDENT RELATED EXPENSE	495,793	490,593	5,200	
d	MOVING & INTERVIEWING	110,181	46,612	63,569	
е	BAD DEBTS	99,590	1,971	97,607	12
f	All other expenses	76,416	48,905	17,437	10,074
25	Total functional expenses. Add lines 1 through 24f	53,513,831	46,734,842	5,389,899	1,389,090
26	Joint costs. Check here ► ☐ If following	· · ·			<u> </u>
	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				000 (2.01.0)

Part X Balance Sheet (A) (B) Beginning of year End of year 1 17,685,263 19.088.177 2 12,821,637 14,490,986 3 219,024 215,100 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 6 7 8 8 Prepaid expenses and deferred charges 967,209 9 1,117,696 10a Land, buildings, and equipment cost or other basis Complete 152,793,118 10a Part VI of Schedule D 43.343.628 ь Less accumulated depreciation 10b 109,052,963 **10c** 109,449,490 11 11 19,302,540 12 30,030,559 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 2,913,009 15 1,319,018 15 164,630,994 16 16 174,041,677 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 4.223.384 17 5.326.629 17 Accounts payable and accrued expenses . 18 18 754,943 19 19 879.620 70,869,109 69,374,638 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 4,208,147 25 4,845,415 Other liabilities Complete Part X of Schedule D 26 80.055.583 26 80,426,302 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 35.967.750 40.653.086 Unrestricted net assets Temporarily restricted net assets 28 34,046,667 28 37,180,679 Fund 14,560,994 29 15,781,610 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 84,575,411 33 93,615,375 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 164,630,994 174,041,677

Par	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		60.4	137,310
2	Total expenses (must equal Part IX, column (A), line 25)	2			513,83:
3	Revenue less expenses Subtract line 2 from line 1	3		6,9	923,479
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		84,5	575,41:
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2,1	16,48
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		93,6	515,375
Par	T XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			দ	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

DLN: 93493107012152

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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

Attach to Form 990 or Form 990-EZ. See separate instructions. **Employer identification number**

Inspection

RING	LING CO	DLLEGE OF ART AND DESIGN							
			59-0637903						
Pa	rt I	Reason for Public Charity Status (All organizations must complete this	part.) See instruc	<u>ctions</u>					
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one	box)						
1		A church, convention of churches, or association of churches described in section 17 0	(b)(1)(A)(i).						
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state							
5	Γ	An organization operated for the benefit of a college or university owned or operated b	y a governmental un	ıt describe	d ın				
	_	section 170(b)(1)(A)(iv). (Complete Part II)							
6		A federal, state, or local government or governmental unit described in section 170(b)							
7	Γ	An organization that normally receives a substantial part of its support from a governi described in section 170(b)(1)(A)(vi) (Complete Part II)	nental unit or from th	ne general	public	:			
8	Γ	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)							
9	Γ	An organization that normally receives (1) more than 331/3% of its support from con	ributions, membersh	าเp fees, ar	nd gro	SS			
		receipts from activities related to its exempt functions—subject to certain exceptions	, and (2) no more tha	an 331/3%	of				
		its support from gross investment income and unrelated business taxable income (les	s section 511 tax) f	rom busine	esses				
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete F	art III)						
10	\sqcap	An organization organized and operated exclusively to test for public safety. See secti	on 509(a)(4).						
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the form one or more publicly supported organizations described in section 509(a)(1) or section the box that describes the type of supporting organization and complete lines 11e through Type I b Type II c Type III - Functionally integra	n 509(a)(2) See se o ough 11h		a)(3).	Chec			
e	Γ	By checking this box, I certify that the organization is not controlled directly or indire other than foundation managers and other than one or more publicly supported organizaction 509(a)(2)							
f		If the organization received a written determination from the IRS that it is a Type I, Tycheck this box	pe II or Type III su	pporting o	rganız	ation, [
g		Since August 17, 2006, has the organization accepted any gift or contribution from a following persons?	•	1					
		(i) a person who directly or indirectly controls, either alone or together with persons d	escribed in (II)	11-/:\	Yes	No			
		and (III) below, the governing body of the the supported organization?		11g(i)		_			
		(ii) a family member of a person described in (i) above?		11g(ii)					
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)					
h		Provide the following information about the supported organization(s)							

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove	Is the Organization in or		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		
		`		No	Yes	No	Yes	No		
Total										

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar 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						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15		16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

Software ID: Software Version:

EIN: 59-0637903

Name: RINGLING COLLEGE OF ART AND DESIGN

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

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	rage Position (check all rs that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
ISABEL NORTON CHAIR	1 00	Х		х				0	0	0	
CHARLES SMITH VICE CHAIR	1 00	Х		х				0	0	0	
WENDY SURKIS SECRETARY	1 00	Х		х				0	0	0	
ALFRED GOLDSTEIN TREASURER	1 00	Х		х				0	0	0	
ROBERT A KIMBROUGH ASST SECRETARY	1 00	Х		х				0	0	0	
WILLIAM T KIRTLEY ASST SECRETARY	1 00	Х		х				0	0	0	
DR VALLIERE AUZENNE TRUSTEE	1 00	Х						0	0	0	
ROBERT O BARKLEY JR TRUSTEE	1 00	Х						0	0	0	
DR RICHARD BASCH TRUSTEE	1 00	Х						0	0	0	
PAULINE BECKER TRUSTEE	1 00	Х						0	0	0	
DIANNE BELK TRUSTEE	1 00	Х						0	0	0	
LOUIS CABOT TRUSTEE	1 00	X						0	0	0	
CAROL CAMIENER TRUSTEE	1 00	Х						0	0	0	
KEVIN DAVES TRUSTEE	1 00	Х						0	0	0	
LINDA DICKINSON TRUSTEE	1 00	Х						0	0	0	
ARTHUR FERGUSON TRUSTEE	1 00	Х						0	0	0	
WENDY GINGERICH TRUSTEE	1 00	Х						0	0	0	
JACK HARRISON TRUSTEE	1 00	Х						0	0	0	
WILLIAM ISAAC TRUSTEE	1 00	Х						0	0	0	
DR EDWARD JENNINGS TRUSTEE	1 00	Х						0	0	0	
CAROLYN JOHNSON TRUSTEE	1 00	Х						0	0	0	
ROBERT JOHNSON TRUSTEE	1 00	Х						0	0	0	
ELAINE KEATING TRUSTEE	1 00	Х						0	0	0	
CHERYL LOEFFLER TRUSTEE	1 00	Х						0	0	0	
LAWRENCE A MACIARIELLO TRUSTEE	1 00	Х						0	0	0	

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
RICHARD MATSON TRUSTEE	1 00	Х						0	0	0
BRANDON OLDENBURG TRUSTEE	1 00	Х						0	0	0
SUSAN PALMER TRUSTEE	1 00	Х						0	0	0
RONALD RICE TRUSTEE	1 00	Х						0	0	0
DIANE ROSKAMP TRUSTEE	1 00	Х						0	0	0
STEVEN STEIN TRUSTEE	1 00	Х						0	0	0
ROBERT STUFFINGS TRUSTEE	1 00	х						0	0	0
LOIS STULBERG TRUSTEE	1 00	Х						0	0	0
PETER WEILL TRUSTEE	1 00	Х						0	0	0
BONITA A WRIGHT TRUSTEE	1 00	Х						0	0	0
GRACE RIKER EX-OFFICIO MEMBER	1 00	Х						0	0	0
LARRY R THOMPSON PRESIDENT	40 00			х				386,924	0	84,624
TRACY A WAGNER VP FOR FINANCE & ADMIN	40 00			х				176,407	0	21,434
MELODY M WEILER VP FOR ACADEMIC AFFAIRS	40 00				x			176,870	0	8,505
CHRISTINE C DEGEORGE VP FOR HUMAN & ORG DEVELOP	40 00				x			170,356	0	25,955
LANCE BURCHETT VP FOR ADVANCEMENT	40 00					Х		176,124	0	31,376
MAHMOUD PEGAH DIR OF INST TECHNOLOGY	40 00					х		177,416	0	21,565
TAMMY WALSH VP FOR STUDENT LIFE	40 00					х		143,657	0	10,150
JAMES H DEAN DEAN OF ADMISSIONS	40 00					Х		131,533	0	15,087
KRIS T PEGAH DIR OF ADMIN COMPUTING	40 00					х		128,137	0	14,409

DLN: 93493107012152

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

ganization.
ganization.
Γ Yes Γ No
, 103 110
)(3).
which the filing s Also enter the tion, such as a in Part IV s) A mount of political
and promptly and rectly delivered to a separate political rganization If none, enter -0-
w s t i

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768	3
	(election under section 501(h)).	

		(a	1)	(b)	
		Yes	No	A mount	
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		10,000	
j	Total lines 1c through 1i			10,000	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		İ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES		THE COLLEGE EMPLOYS A LOBBYIST FOR THE PURPOSES OF SURVEYING ACTIVITY CONCERNING THE FLORIDA RESIDENT ACCESS GRANT AND THE COMMUNITY CONTRIBUTION TAX CREDIT PROGRAM THE FLORIDA RESIDENT ACCESS GRANT BENEFITS FLORIDA COLLEGE STUDENTS THE COMMUNITY CONTRIBUTION TAX CREDIT PROGRAM SUPPORTS DONATIONS FROM ELIGIBLE DONORS TO THE COLLEGE'S CAPITAL CONSTRUCTION AND IMPROVEMENT PROGRAM

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As Filed Data -

DLN: 93493107012152

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization **Employer identification number** RINGLING COLLEGE OF ART AND DESIGN 59-0637903 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year - A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year + Does each conservation easement reported on line 2(d) above satisfy the requirements of section	3	
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
enforcement of the conservation easements it holds? 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year * 5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	Yes	┌ No
B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		
9 In Part XIV describe how the organization reports conservation easements in its revenue and expense statement and	Yes	┌ No
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements		

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

P\$____

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

L. A

b Assets included in Form 990, Part X

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Schedule D (Form 990) 2010

Par	444 Organizations Maintaining Co	llections of Art	, His	torical Tre	<u>eası</u>	ires, or O	the	r Similar As:	sets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e following th	hat ar	re a significa	ant u	se of its collect	on	
а	Public exhibition		d	┌ Loan o	rexc	hange progr	ams			
b	Scholarly research		e	┌ Other						
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v they further	rthe	organızatıon	ı's ex	cempt purpose II	า	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•					√ Yes	┌ No
Par	t IV Escrow and Custodial Arrang					n answere	d "Y	es" to Form 9	90,	
	Part IV, line 9, or reported an an			•						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				ions	or other ass	ets		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing table		г				
_						-		Am	ount	
C	Beginning balance					-	1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance					L	1f	_	_	
2a	Did the organization include an amount on Fo	•	e 21?						Yes	No
	If "Yes," explain the arrangement in Part XIV			1 1137		F 000	<u> </u>	1.71/ 1 40		
Ра	rt V Endowment Funds. Complete	if the organization (a)Current Year		<u>wered "Yes</u>)Prior Year		Form 990, Two Years Bacl		TIV, IINE IU. I)Three Years Back	(e)Four Y	ears Back
1a	Beginning of year balance	21,577,226		17,998,684		21,572,8		.,	(-)	
ь	Contributions	2,879,729		1,901,933		1,073,0	27			
c	Investment earnings or losses	3,473,038		1,764,143		-3,864,9	11			
d	Grants or scholarships	149,125		37,003		232,1	25			
e	Other expenditures for facilities and programs	335,550				498,5	00			
f	Administrative expenses	51,341		50,530		51,6	42			
g	End of year balance	27,393,977		21,577,227		17,998,6	84			
2	Provide the estimated percentage of the yea	r end balance held a	s							
а	Board designated or quasi-endowment 🕨	36 500 %								
Ь	Permanent endowment 🕨 63 500 %									
c	Term endowment ► 0 %									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	that are held	and a	administere	d for	the		
	organization by							3-/:	Yes	No
	(i) unrelated organizations				•		•	3a(i	_	N o
ь	(ii) related organizations				٠.٠.		٠.	3b	-	110
4	Describe in Part XIV the intended uses of th	•					Ī			
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Form 99	90, P	art X, line	10.			
	Description of investment			(a) Cost or o basis (investm		(b)Cost or ot basis (other		(c) Accumulated depreciation	(d) Boo	k value
1a	and					17,782,	,988		1	7,782,988
Ь	Buildings					91,435,	,029	26,468,146	6	1,966,883
c I	_easehold improvements					92,	416	44,462		47,954
d I	Equipment					37,852,	,777	15,019,159	2	2,833,618
e	Other					5,629,	,908	1,811,861		3,818,047

109,449,490

Part VII Investments—Other Securities. See I	Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Fınancıal derivatives		
(2)Closely-held equity interests		
(3)O ther (A) MUTUAL FUNDS	14,541,805	F
(B) DEBT RELATED SECURITIES	5,845,902	F
(C) CORPORATE BONDS	5,551,380	F
(D) LONG-BIASED II, LP	1,577,902	F
(E) INVESTMENT IN PROPERTY	1,565,000	F
(F) DISTRESSED OP FUND, LP	601,803	F
(G) US GOVERNMENT OBLIGATIONS	305,118	F
(H) LIFE INSURANCE CSV	41,649	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	30,030,559	
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:		
Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount	
Federal Income Taxes		
FUNDS HELD IN CUSTODY FOR OTHERS	96,735	
ANNUITY PAYABLE	744,663	
INTEREST RATE SWAP LIABILITY STUDENT DEPOSITS	3,558,520 445,497	
	443,437	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	4,845,415	

53,513,831

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	60,437,310
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	53,513,831
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,923,479
4	Net unrealized gains (losses) on investments	4	2,128,986
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-12,501
9	Total adjustments (net) Add lines 4 - 8	9	2,116,485
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	9,039,964
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Reti	ırn
1	Total revenue, gains, and other support per audited financial statements	1	58,602,363
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -4,300,771		
e	Add lines 2a through 2d	2e	-2,059,587
3	Subtract line 2e from line 1	3	60,661,950
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b -224,640		
c	Add lines 4a and 4b	4c	-224,640
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	60,437,310
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	49,562,399
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	349,339
3	Subtract line 2e from line 1	3	49,213,060
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 51,342		
ь	Other (Describe in Part XIV) 4b 4,249,429	1	
c	Add lines 4a and 4b	4c	4,300,771

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Ident if ier	Return Reference	Explanation
	PART III, LINE 1A	THE COLLEGE'S COLLECTIONS INCLUDE WORKS OF ART THAT ARE MAINTAINED IN THE COLLEGE'S GALLERIES AND LIBRARY AND LOANED TO ON-CAMPUS DEPARTMENTS AND LOCAL ENTITIES THESE COLLECTIONS ARE PROTECTED AND PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED PERIODICALLY
	PART III, LINE 4	PAINTINGS, PRINTS AND SCULPTURE REFLECTING A MYRIAD OF ARTISTIC STYLES DONATED BY INDIVIDUALS TO THE COLLEGE FOR SELECTIVE PUBLIC DISPLAY THE COLLECTION SERVES AS AN IMPORTANT CULTURAL RESOURCE FOR OUR STUDENTS, FACULTY, STAFF AND COMMUNITY SERVING TO EDUCATE AND INSPIRE THE COLLEGE'S COLLECTIONS INCLUDE WORKS OF ART THAT ARE MAINTAINED IN THE COLLEGE'S GALLERIES AND LIBRARY AND LOANED TO ON-CAMPUS DEPARTMENTS AND LOCAL ENTITIES THESE COLLECTIONS ARE PROTECTED AND PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND PERIODICALLY
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE USED TO SUPPORT STUDENT SCHOLARSHIPS, ACADEMIC PROGRAMS AND INSTITUTIONAL SUPPORT
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COLLEGE'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO THE COLLEGE, EXCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO A TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF MAY 31, 2011 AND ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED
PART XI, LINE 8 - OTHER ADJUSTMENTS		INCOME FROM PARTNERSHIPS -12,501
PART XII, LINE 2D - OTHER ADJUSTMENTS		SCHOLARSHIP ALLOWANCE SHOWN NET OF REVENUE ON FINANCIALS -4,249,429 INVESTMENT EXPENSES -51,342
PART XII, LINE 4B - OTHER ADJUSTMENTS		INCOME FROM PARTNERSHIPS 12,501 RENTAL EXPENSES -2,987 FUNDRAISING EVENT EXPENSES -200,978 GAMING ACTIVITIES EXPENSES -2,449 COST OF GOODS SOLD -30,727
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 2,987 FUNDRAISING EVENTS EXPENSES 200,978 GAMING ACTIVITIES EXPENSES 2,449 COST OF GOODS SOLD 30,727
PART XIII, LINE 4B - OTHER ADJUSTMENTS		SCHOLARSHIP ALLOWANCE SHOWN NET OF REVENUE ON FINANCIALS 4,249,429

Additional Data

Software ID: Software Version:

EIN: 59-0637903

Name: RINGLING COLLEGE OF ART AND DESIGN

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory(including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
MUTUAL FUNDS	14,541,805	F
DEBT RELATED SECURITIES	5,845,902	F
CORPORATE BONDS	5,551,380	F
LONG-BIASED II, LP	1,577,902	F
INVESTMENT IN PROPERTY	1,565,000	F
DISTRESSED OP FUND, LP	601,803	F
US GOVERNMENT OBLIGATIONS	305,118	F
LIFE INSURANCE CSV	41,649	F

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

RINGL	ING COLLEGE OF ART AND DESIGN	. ,			
-		59-0637903		VEC	NO
Pa	rtI			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in rother governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student address, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broads the period of solicitation for students, or during the registration period if it has no solicitation pro that makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain If you need more space use Part II	gram, ın a way	3	Yes	
4	Does the organization maintain the following?				
а	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the puwith student admissions, programs, and scholarships?	iblic dealing	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II				
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		Νo
Ь	Admissions policies?		5b		Νo
c	Employment of faculty or administrative staff?		5c		Νo
	Scholarships or other financial assistance?		5d		Νo
е	Educational policies?		5e		Νo
f	Use of facilities?		5f		Νo
g	Athletic programs?		5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h_		No
			-		
	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
Ь	Has the organization's right to such aid ever been revoked or suspended?		6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pa		_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	of Nev 1106 75-50, 1575-2 C. B. 507, covering facial nondiscrimination. If No, explain of re-	1 C 1 I	7	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE POLICY IS PUBLISHED ON THE COLLEGE'S WEBSITE FOR PROSPECTIVE STUDENT APPLICANTS
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY IS DISTRIBUTED TO STUDENTS USING FEDERALLY APPROVED FINANCIAL NEED ANALYSIS CRITERIA

Schedule E (Form 990 or 990-EZ) 2010

DLN: 93493107012152

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public Inspection

Name of the organization **Employer identification number** RINGLING COLLEGE OF ART AND DESIGN 59-0637903 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1	Indicate whether the organ	nızatıon raısed funds	through a	ny of the	following activities Ch	eck all that apply	
а	Mail solicitations			е	☐ Solicitation of no	n-government grants	
b	Internet and e-mail so	licitations		f	☐ Solicitation of go	vernment grants	
c	Phone solicitations			g	Special fundraisii	ng events	
d	☐ In-person solicitations	5					
2a	Did the organization have or key employees listed in						Г _{Yes} Г _{No}
b	If "Yes," list the ten highes to be compensated at leas						
((i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tota	ıl			>			
					<u> </u>	1	1

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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 AVANT GARDE (event type)	(b) Event #2 GOLF OUTING (event type)	(c) O ther Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
₽	1	Gross receipts	273,572	137,191	45,239	456,002
Revenue	2	Less Charitable contributions	177,392	128,791	27,663	333,846
	3	Gross income (line 1 minus line 2)	96,180	8,400	17,576	122,156
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages	37,594	6,762	48,955	93,311
Direct	8	Entertainment	2,102		2,104	4,206
Δ	9	Other direct expenses .	47,831	38,930	16,700	103,461
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	200,978
	11	Net income summary Combine li	nes 3 and 10 in column (i	d)		-78,822
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes % Г No	┌ Yes % ┌ No	┌ Yes %	
		Direct expense summary Add lines Net gaming income summary Com			. .	
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in each			· Fyes FNo
10a b	Wer	re any of the organization's gaming l Yes," Explain	licenses revoked, suspen		the tax year?	· · Fyes Fno

11	Does the organization operate ga	aming activities with nonmembers?		Γ_{Yes} Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity	
	formed to administer charitable (jaming?		Г _{Yes} Г _{No}
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility			1
b	An outside facility		13b	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a		ntract with a third party from whom th		
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the	
c	If "Yes," enter name and address	5		
	Name 🟲			
	Address 🟲			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation l	\$		
	Description of services provided	>		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distrib		
p.				· Fyes Fno
D		required under state law distributed activities during the tax year > \$	to other exempt organizations or spent	
Par			r responses to question on Schedule	e G (see
	Identifier	ReturnReference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

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

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

OMB No 1545-0047

Inspect ion

DLN: 93493107012152

Department of the Treasury Internal Revenue Service Name of the organization

RINGLING COLLEGE OF ART AND DESIGN

Attach to Form 990

Employer identification number

59-0637903

. Check this box if r	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant
cash assistance	valuation (book, FMV, appraisal,	non-cash assistance	Or assistance LOBO AWARDS DINNER AND AWARD DINNER TABLE SPONSORSHIP SPONSORSHIP TO PROMOTE ARTS AND CULTURE IN SARASOTA AND
			DINNER AND AWARD DINNER TABLE SPONSORSHIP SPONSORSHIP TO PROMOTE ARTS AND CULTURE IN SARASOTA AND
			PROMOTE ARTS AND CULTURE IN SARASOTA AND

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS & GRANTS	705	4,251,429			

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

Ident if ier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 DISBURSEMENTS TO STUDENTS RECEIVING FINANCIAL AID ARE MADE IN
MONITORING GRANTS		ACCORDANCE WITH INSTITUTIONAL PROCEDURES TO ENSURE THAT THOSE RECEIVING AID ARE QUALIFYING
IN THE U S		RECIPIENTS FEDERAL FINANCIAL AID AND/OR ASSISTANCE FROM GOVERNMENTAL AGENCIES IS DISTRIBUTED
		AND MONITORED IN ACCORDANCE WITH FEDERALLY APPROVED NEED ANALYSIS CRITERIA OR OTHER AGENCY
		PROVIDED CRITERIA

DLN: 93493107012152

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

RIN	GLING COLLEGE OF ART AND DESIGN					
			59-0637903			
Pa	rt I Questions Regarding Compensation					
					Yes	Νο
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	✓ Housing allowance or residence for				
	Travel for companions	Payments for business use of personal p				
	Tax idemnification and gross-up payments	Health or social club dues or initiat				
	Discretionary spending account	Personal services (e g , maid, chau				
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ			1b		No
2	Did the organization require substantiation prior to rei officers, directors, trustees, and the CEO/Executive D	- · · · · · · · · · · · · · · · · · · ·		2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee	·	e			
	Independent compensation consultant	✓ Compensation survey or study				
	Form 990 of other organizations	Approval by the board or compens	ation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VII, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pa	ayment from the organization or a related o	organization?	4a		Νo
b	Participate in, or receive payment from, a supplement	al nonqualified retirement plan?		4b	Yes	
С	Participate in, or receive payment from, an equity-bas	ed compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ide the applicable amounts for each item	ın Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	complete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the revenues of	ne 1a, did the organization pay or accrue a	iny			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lir compensation contingent on the net earnings of	ne 1a, did the organization pay or accrue a	iny			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des		n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R	d or accured pursuant to a contract that v				
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow the r	ebuttable presumption procedure describ	ed in Regulations			

section 53 4958-6(c)?

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) LARRY R THOMPSON	(I) (II)	270,356 0	45,000 0		57,250 0	46,018 0	490,192 0	
(2) TRACY A WAGNER	(I) (II)	158,047 0	0 0	18,360 0	8,830 0	16,348 0	201,585 0	
(3) MELODY M WEILER	(I) (II)	176,474 0	0	396 0	0	12,249 0	189,119 0	
(4) CHRISTINE C DEGEORGE	(I) (II)	161,357 0	0	8,999 0	8,741	20,958 0	200,055	
(5) LANCE BURCHETT	(I) (II)	164,891 0	0	11,233 0	9,002	26,118 0	211,244 0	
(6) MAHMOUD PEGAH	(I) (II)	156,698 0	0 0	20,718 0	8,961 0	16,348 0	202,725 0	
(7) TAMMY WALSH	(I) (II)	141,422 0	0	2,235 0	2,145 0	11,749 0	157,551 0	
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	1A	DR LARRY R THOMPSON, PRESIDENT RECEIVES A TAXABLE HOUSING ALLOWANCE GROSS-UP PAYMENT WHICH IS REPORTED AS REPORTABLE COMPENSATION ON FORM 990, PAGE 7, PART VII, SECTION A, COLUMN D AND SCHEDULE J, PAGE 2, PART II, COLUMN B(III) THE ORGANIZATION PAYS COUNTRY CLUB AND SOCIAL CLUB DUES ON BEHALF OF DR LARRY R THOMPSON, PRESIDENT PERSONAL USE IS NOT REIMBURSED, BUT THE PORTION OF THE PAYMENT FOR COUNTRY CLUB AND SOCIAL CLUB DUES THAT IS DEEMED TO BE FOR PERSONAL USE IS TAXABLE TO THE EMPLOYEE AND IS REPORTED AS REPORTABLE COMPENSATION ON FORM 990, PAGE 7, PART VII, SECTION A, COLUMN D AND SCHEDULE J, PAGE 2, PART II, COLUMN B(III) THE ORGANIZATION PAID SOCIAL CLUB DUES ON BEHALF OF LANCE BURCHETT, VICE PRESIDENT FOR ADVANCEMENT PERSONAL USE IS NOT REIMBURSED, BUT THE PORTION OF THE PAYMENT FOR COUNTRY CLUB AND SOCIAL CLUB DUES THAT IS DEEMED TO BE FOR PERSONAL USE IS TAXABLE TO THE EMPLOYEE AND IS REPORTED AS REPORTABLE COMPENSATION ON FORM 990, PAGE 7, PART VII, SECTION A, COLUMN D AND SCHEDULE J, PAGE 2, PART II, COLUMN B(III)
	· ·	THE BOARD OF TRUSTEES DETERMINED THAT THE COLLEGE WOULD PROVIDE THE HOUSING ALLOWANCE AND SOCIAL CLUB DUES FOR THE PRESIDENT (DESCRIBED ABOVE) AND THOSE BENEFITS ARE INCLUDED IN THE PRESIDENT'S APPOINTMENT LETTER FROM THE BOARD OF TRUSTEES THE PRESIDENT DETERMINED THAT THE COLLEGE WOULD PROVIDE THE SOCIAL CLUB DUES FOR LANCE BURCHETT, VICE PRESIDENT FOR ADVANCEMENT THAT BENEFIT (DESCRIBED ABOVE) WAS APPROVED BY THE BOARD OF TRUSTEES
	PART I, LINE 4B	DR LARRY R THOMPSON, PRESIDENT, PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DESCRIBED IN SECTION 457(F) OF THE IRS CODE THE ORGANIZATION MADE A \$45,000 CONTRIBUTION TO THE PLAN WHICH IS REPORTED AS OTHER COMPENSATION ON FORM 990, PAGE 7, PART VII, SECTION A, COLUMN FAND SCHEDULE J, PAGE 2, PART II, COLUMN C

Schedule J (Form 990) 2010

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Schedule 0 (Form 990).

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

DLN: 93493107012152

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
RINGLING COLLEGE OF ART AND DESIGN

Bond Issues

Employer identification number

(h) O n

59-0637903

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose		on of Purpose (g) Defeased Behali			I financing		
								Yes	No	Yes	No	Yes	No
A	HIGHER EDUCATIONAL FACILITIES FINANCING AUTHORITY	90-0058227		12-01-2010	30,000,000		RENTLY REFUND PART HE SERIES 2008 ISSUE		x	х			Х
В	HIGHER EDUCATIONAL FACILITIES FINANCING AUTHORITY	90-0058227		12-01-2009	19,400,000		RENTLY REFUND SERIES ISSUE		х	х			Х
c	HIGHER EDUCATIONAL FACILITIES FINANCING AUTHORITY	90-0058227	34073TAZ0	06-26-2008	52,500,000		STRUCT ACADEMIC & DENTIAL BUILDINGS		х	х			Х
_													
De	rt III Proceeds												
	Proceeds				Α		В		С		1	D	
1	A mount of bonds retired				1,000	0,000	1,000,000		31,8	10,000	,		
2	A mount of bonds legally defea	ased											
3	Total proceeds of issue				30,000	0,000	19,400,000		52,5	00,000			
4	Gross proceeds in reserve fur	nds											
5	Capitalized interest from proc	eeds			1,019	9,065			1,0	19,065	5		
6	Proceeds in refunding escrow												
7	Issuance costs from proceed:	s			380	0,684			3	80,684	1		
8	Credit enhancement from prod	ceeds			3;	2,945				32,945	5		
9	Working capital expenditures	from proceeds											
10	Capital expenditures from pro	ceeds			50,596	6,412			50,5	96,412	2		
11	Other spent proceeds				30,000	0,000	19,400,000						
12	Other unspent proceeds				470	0,894			4	70,894	1		
13	Year of substantial completion	n			2009		2006		2009				

alloc	ation of pro	ceeds?	
Part III	Private	Business	Use

14

15

16

17

			1		В	(С	[D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х		×		×		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		×		x		

Yes

Χ

Х

Were the bonds issued as part of a current refunding issue?

Has the final allocation of proceeds been made?

Were the bonds issued as part of an advance refunding issue?

Does the organization maintain adequate books and records to support the final

No

Χ

Yes

Χ

Χ

Χ

No

Χ

Yes

Χ

Χ

No

Χ

Χ

Yes

No

Part III Private Business Use (Continued)

	111 ate basiness est (continued)								
			4	I	В		С	I	D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	Х		×		×			
b	Are there any research agreements that may result in private business use of bond- financed property?		x		×		×		
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	х		x		x			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		1 100 %		1 900 %		1 100 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		
6	Total of lines 4 and 5		1 100 %		1 900 %		1 100 %		
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х		Х			

Part IV Arbitrage

Pai	t IV Arbitrage					_				
			4	В		C	;	D		
		Yes	No	Yes	No	Yes	No	Yes	No	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the									
	bond issue?		X		Х		X			
2	Is the bond issue a variable rate issue?	Х		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?									
		X		X		X				
ь	Name of provider	SUNTRUST	BANK	SUNTRUST E	J BANK	SUNTRUST	<u>l</u> BANK			
c	Term of hedge	10 0000	00000000	10 0000	0000000	10 0000	00000000			
d	Was the hedge superintegrated?		х		х		X			
e	Was a hedge terminated?		х		х		Х			
4a	Were gross proceeds invested in a GIC?		Х		Х		Х			
b	Name of provider		•							
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
5	Were any gross proceeds invested beyond an available temporary period?		х		х		х			
6	Did the bond issue qualify for an exception to rebate?		х	х			Х			

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanation
PART II, LINE 11, COLUMNS A & B		PROCEEDS WERE SPENT TO RETIRE REFUNDED BONDS

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury

DLN: 93493107012152

Transactions with Interested Persons

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

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization RINGLING COLLEGE OF ART AND DESIGN 59-0637903 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction 1 Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (g)Written (e) In Approved or from the (a) Name of interested person and (c)O riginal default? by board or agreement? (d)Balance due organization? purpose principal amount committee? Τо From Yes Yes Yes No No Total Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	ili aliswered tes oli	FUITH 990, Part IV, III	ie zoa, zob, ui zoc.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organız rever	aring of zation's nues?
	organization			Yes	No
(1) PETER WEILL	PETER WEILL IS A TRUSTEE	,	LEGAL SERVICES FEES WERE NEGOTIATED AT ARM'S LENGTH AND ARE AT FAIR MARKET VALUE		No
(2) WILLIAM KIRTLEY	WILLIAM KIRTLEY IS A TRUSTEE	,	BOND-RELATED LEGAL SERVICES FEES WERE NEGOTIATED AT ARM'S LENGTH AND ARE AT FAIR MARKET VALUE		No
(3) CAROLYN JOHNSON	TRUSTEE CAROLYN JOHNSON'S DAUGHTER-IN-LAW IS THE DIRECTOR OF DEVELOPMENT	,	EMPLOYMENT RELATIONSHIP, SALARY IS REASONABLE AND COMPARABLE TO EMPLOYEES AT THE SAME LEVEL OF EMPLOYMENT		No
				1	l

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanatio	Ident if ier	Return Reference	Explanat ior
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Schedule L (Form 990 or 990-EZ) 2010

DLN: 93493107012152

NonCash Contributions

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

Name of the organization RINGLING COLLEGE OF ART AND DESIGN

Employer identification number

59-0637903

Pa	Types of Property					
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining oncash contribution amounts	
1	Art—Works of art	Х	24	0		
2	Art—Historical treasures					
3	Art—Fractional interests					
4	Books and publications					
	Clothing and household					
good						—
	Cars and other vehicles . Boats and planes					—
7 8	Intellectual property					—
9	Securities—Publicly traded	Х	6	260 842	FAIR MARKET VALUE	—
_	Securities—Fublicity traded Securities—Closely held		0	209,042	TAIR MARKET VALUE	—
10	stock					
	Securities—Partnership, LLC, or trust interests .					
12	Securities—Miscellaneous					
13	Qualified conservation contribution—Historic structures					
14	Qualified conservation contribution—Other					
15	Real estate—Residential .					
16	Real estate—Commercial					
17	Real estate—Other					
18	Collectibles	Х	5	0		
19	Food inventory	Х	8	20,638	FAIR MARKET VALUE	
20	Drugs and medical supplies					
	Taxidermy					
	Historical artifacts					
	Scientific specimens					
24	Archeological artifacts .					
25	Other ► (COMPUTERS)	Х	6	1,667,737	FAIR MARKET VALUE	—
26	GOLF - 60 Other ► (<u>RDS</u>)	x	1	30,000	 FAIR MARKET VALUE	
27	Other • (GIFTS)	X	160		FAIR MARKET VALUE	—
28	Other ► ()			,		_
29	Number of Forms 8283 received by	the org	anızatıon durıng the tax yea	ar for contributions		
	for which the organization complete				29	_1
					Yes N	lo
30a	During the year, did the organization	n receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it	
	must hold for at least three years f	rom the o	late of the initial contribution	on, and which is not require	d to be used	
	for exempt purposes for the entire	nolding p	eriod?		30a N	0
b	If "Yes," describe the arrangement	ın Part I	I			
31	Does the organization have a gift a	cceptano	e policy that requires the r	eview of any non-standard	contributions? 31 N	0
32a	Does the organization hire or use the contributions?	nırd partı • • •	es or related organizations	to solicit, process, or sell i		0
33	If "Yes," describe in Part II If the organization did not report re describe in Part II	venues i	n column (c) for a type of p	roperty for which column (a) is checked,	

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
RINGLING COLLEGE OF ART AND DESIGN

Employer identification number

59-0637903

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE PUBLIC DISCLOSURE COPY IS PROVIDED TO THE BOARD OF TRUSTEES SO THAT THE DONOR'S REQUEST TO REMAIN ANONY MOUS ARE GRANTED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE COLLEGE ANNUALLY PROVIDES A CONFLICT OF INTEREST POLICY AND FORM TO DISCLOSE ALL CONFLICTS OF INTEREST TO ALL TRUSTEES AND KEY EMPLOYEES THESE RESPONSES ARE REVIEWED TO DETERMINE IF THERE ARE ANY POTENTIAL ISSUES OR ITEMS FOR DISCLOSURE IN THE EVENT OF A POTENTIAL CONFLICT, THE TRUSTEE IN QUESTION WILL RECUSE THEMSELVES FROM ANY DISCUSSION OR VOTE

Identifier Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT IS EVALUATED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES THE COMPENSATION COMMITTEE, A SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE, IS RESPONSIBLE FOR THE ANNUAL EVALUATION, COMPENSATION, PERSONNEL ACTIONS AND OTHER EMPLOYMENT ISSUES RELATED TO THE APPOINTMENT OF THE PRESIDENT THE COMMITTEE CONDUCTS AN ANNUAL PERFORMANCE APPRAISAL, COLLECTS AND EVALUATES COMPARATIVE SALARY DATA FROM ASSOCIATION OF INDEPENDENT COLLEGES OF ART AND DESIGN (AICAD), 990 DATA, AND PROVIDES A RECOMMENDATION FOR THE PRESIDENT'S ANNUAL COMPENSATION TO THE EXECUTIVE COMMITTEE THE PROCESS REQUIRES THAT THE PRESIDENT COMPLETES A SELF-ASSESSMENT AND THAT THE BOARD OF TRUSTEES MEMBERS COMPLETE PERFORMANCE ASSESSMENT FORMS THE COMPENSATION COMMITTEE REVIEWS THE ASSESSMENTS, AND PREPARES A SUMMARY ASSESSMENT AND RECOMMENDATION FOR THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE REVIEWS THE DELIBERATIONS WITH THE BOARD OF TRUSTEES THE PRESIDENT EVALUATES AND DETERMINES THE COMPENSATION OF EACH SENIOR OFFICER USING AICAD DATA AND THE RESULTS OF THE ANNUAL PERFORMANCE REVIEW THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION, THE VICE PRESIDENT FOR ACADEMIC AFFAIRS, THE VICE PRESIDENT FOR HUMAN AND ORGANIZATIONAL DEVELOPMENT, THE VICE PRESIDENT FOR ADVANCEMENT, AND THE VICE PRESIDENT FOR STUDENT LIFE ARE SENIOR OFFICERS THE PRESIDENT REVIEWS WITH THE COMPENSATION COMMITTEE THE DATA AND THE ANNUAL PERFORMANCE OF EACH OF THE SENIOR OFFICERS IT IS THE POLICY OF THE COLLEGE TO EVALUATE THE EFFECTIVENESS OF ALL STAFF THROUGH THE ANNUAL PERFORMANCE EVALUATION PROCESS EACH SENIOR OFFICER COMPLETES A SELF-ASSESSMENT FOR THE PRESIDENT'S REVIEW DOCUMENTATION INCLUDES NOTES TAKEN AT THE COMPENSATION COMMITTEE MEETINGS OF DATA REVIEW AND DELIBERATIONS ANNUAL ASSESSMENT DOCUMENTS ARE MAINTAINED FOR THE PRESIDENT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 2,128,986 INCOME FROM PARTNERSHIPS -12,501 TOTAL TO FORM 990, PART XI, LINE 5 2,116,485

ldentifier	Return Reference	Explanation
AUDIT COMMITTEE	1 ' '	THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES ASSUMES RESPONSIBILITY FOR THE SELECTION OF THE INDEPENDENT ACCOUNTANTS AND OVERSIGHT OF THE AUDIT PROCESS