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DLN: 93493135041462

Department of the Treasury

Activities & Governance

Rayenue

Net Assets or Fund Balances

20

21

22

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)

2010

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 A For the 2010 D Employer identification number B Check if applicable Rhode Island School of Design Address change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (401) 454-6441 TWO COLLEGE STREET Terminated **G** Gross receipts \$ 488,551,189 City or town, state or country, and ZIP + 4 PROVIDENCE, RI 02903 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes JOHN MAEDA TWO COLLEGE ST ┌ Yes ┌ No **H(b)** Are all affiliates included? PROVIDENCE, RI 02903 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Tax-exempt status **▽** 501(c)(3) **□** 501(c) () **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Website: ► www.risd.edu K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1887 M State of legal domicile RI Part I Summary Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Check this box 🔰 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 31 f 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 29 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 5 3,299 6 Total number of volunteers (estimate if necessary) 6 45 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 2,310,811 **b** Net unrelated business taxable income from Form 990-T, line 34 7b 1,580,669 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 8 8,453,516 6,151,095 Program service revenue (Part VIII, line 2g) . . . 114,237,375 119,386,012 15,027,941 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 27,553,585 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 559,252 616,146 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 150,803,728 141,181,194 13 14,130,571 15,787,929 Grants and similar amounts paid (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4) 0 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines Expenses 63,577,085 67,367,719 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 2,772,314$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 45,493,496 45,584,162 128,739,810 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 123,201,152 19 Revenue less expenses Subtract line 18 from line 12 . . . 27,602,576 12,441,384

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer WILLIAM DECATUR EVP FINANCE & ADMIN Type or print name and title	N		2012-05-03 Date	
Paid	Print/Type preparer's name PRICEWATERHOUSECOOPERS LLP	Preparer's signature PRICEWATERHOUSECOOPERS LLP	Date	Check if self- employed	PTIN
Preparer	Firm's name PricewaterhouseCoopers LLP				Firm's EIN
Use Only	Firm's address 125 High Street Boston, MA 02110				Phone no (617) 530- 5000
May the IF	RS discuss this return with the preparer	shown above? (see instructions) .			▼ Yes

Total assets (Part X, line 16) . . .

Total liabilities (Part X, line 26)

Net assets or fund balances Subtract line 21 from line 20

Beginning of Current

Year

530,872,824

218.981.408

311,891,416

End of Year

561,724,525 213,570,066

348,154,459

art TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXCUUII CU	Scriculics

			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)? $^{f z}$	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^{\bullet}	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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	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^{\bullet}	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
e	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		No
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	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, 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		No
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		Νo
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		No
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
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
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			
		28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	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	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? If "Yes," complete Schedule R, Part I	33	Yes	
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	Yes	
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)$?	35	Yes	
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		, , , ,	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

Enter the number reported in Box 3 of Form 1996. Enter-0- if not applicable Enter the number of Forms W-26 included in line 3 a. Exter-0- if not applicable Did the organization comply with beckey with belong in the size of the properties of the payor. Enter the number of emotives reported in Porm W-3. Transmitted of Wage and Tax for the interest of emotives reported in Porm W-3. Transmitted of Wage and Tax for the number of emotives reported in Porm W-3. Transmitted of Wage and Tax for the interest of emotives reported in Porm W-3. Transmitted of Wage and Tax for the interest of emotives reported in Porm W-3. Transmitted of Wage and Tax for the interest of emotives reported in Porm W-3. Transmitted of Wage and Tax for the interest of emotive reports of the interest of emotive reports of the payor. If at least one is reported on line 2a, did the organization file all required faceal employment tax returns? AND of the organization have unrielated business grass access of 51,000 or more during the Porm of the Porm 990-1 for this year? If You', critical and interest in, or a significant emotive reports of the Porm of the Porm 200-1 for the Po		Check if Schedule O contains a response to any question in this Part V			
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Year		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_ ZD	res	
If "Yes," has it field a Form 990-T for this year? If "No," provide an explanation in Schedule O. At any time during the calendar year, of the organization have an interest in, or a signature or other authority over, a financial account in a freegin country (such as a bank account, securities account, or other financial accounts of the property of the organization and are the foreign country. The Yes," center the name of the foreign country. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See instructions for fining requirements for form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. Was the organization aparty to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization and the variety of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Out the organization receive a payment in excess of 875 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization networks and the section of the year of the organization and partly for goods and services of the payor? If "Yes," did the organization of the year of t			3a	Yes	
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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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly so a contribution and partly for goods and services provided to the payor? If "Yes," did the organization motify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization freceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1038-C? If the organization make any taxable distributions under section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Section 501(c)(2) organizations. Enter Gross income from members or shareholders Gross income from their sources (Do not net amounts due or pearl to other sources and capi		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
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? Organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year If "Yes," indicate the number of Forms 8282 filed during the year If the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received an contribution of qualified intellectual property, did the organization file a Form 1098-0? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the organization make and instributions under section 4966? Sponsoring organization make and instributions included on Part VIII, line 12. Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources and capital contributions included on Part VIII, line 12. If "Yes," anter the amount of tax-exempt interest received or accrued during the year Section 501(c)(2) qualified nonprofit health insumance issuers. Enter the amount of reserves the organization is re		If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	F-		
ff *\text{ **} did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If *\text{ **} did the organization notify the donor of the value of the goods or services provided? If *\text{ **} did the organization notify the donor of the value of the goods or services provided? If *\text{ **} did the organization notify the donor of the value of the goods or services provided? If *\text{ **} did the organization notify the donor of the value of the goods or services provided? If *\text{ **} did the organization notify the donor of the value of the goods or services provided? If *\text{ **} did the organization notify the donor of the value of the goods or services provided? If *\text{ **} did the organization notify the donor of the value of the goods or services provided? If *\text{ **} did the organization notify the donor of the value of the goods or services provided? If *\text{ **} did the organization notify the donor of the goods or services provided? If *\text{ **} did the organization received any funds, directly or indirectly, on a personal benefit contract? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1099-0.7 If the organizations maintaining donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? 9a Did the organization make any taxable distributions under section 4966? 9b Did the organization make any taxable distribution includ					No
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? 7b Yes 1if "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes 1if "Yes," did the organization notify the donor of the value of the goods or services provided? 7c N 1if "Yes," indicate the number of Forms 8282 filed during the year 7d		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
services provided to the payor? 7b Yes The Yes, "did the organization notify the donor of the value of the goods or services provided? 7c N The Yes, "did the organization notify the donor of the value of the goods or services provided? 7c N The Yes, "did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? The Yes," indicate the number of Forms 8282 filed during the year 7d N Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c N The organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f N The organization received a contribution of qualified intellectual property, did the organization file Form 8289 as required? 1f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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. Did the supporting organization make any taxable distribution under section 4966? Sponsoring organizations maintaining donor advised funds. Did the organization make a distribution to a donor, donor advisor, or related person? 9a 1bid the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 1ntitation fees and capital contributions included on Part VIII, line 12 10a 10b 10c 10c 10c 10c 10c 10c 10c		Organizations that may receive deductible contributions under section 170(c).			
Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," included the number of Forms 9282 filed during the year . 7d . 7		services provided to the payor?	7a	Yes	
If "Yes," indicate the number of Forms 8282 filed during the year				Yes	
Contract?		file Form 8282?			N
Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			70		N/
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					No
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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12					
the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		Form 1098-C?	7h		
Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	8		
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 facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders		Sponsoring organizations maintaining donor advised funds.			
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 facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders		Did the organization make any taxable distributions under section 4966?	9a		
Initiation fees and capital contributions included on Part VIII, line 12			9b		
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders		1 1			
Section 501(c)(12) organizations. Enter Gross income from members or shareholders		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
Gross income from members or shareholders					
against amounts due or received from them)					
If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 Enter the amount of reserves on hand 13b 13c					
Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 Enter the amount of reserves on hand 13b 13c		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Section 501(c)(29) qualified nonprofit health insurance issuers. 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 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 Enter the amount of reserves on hand 13b 13c		1 126 1			
Note. See the instructions for additional information the organization must report on Schedule O 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 Enter the amount of reserves on hand 13b 13c					
In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c			13a		
In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c		Enter the amount of reconver the comment of the com			
13c		in which the organization is licensed to issue qualified health plans			
Did the organization receive any payments for indoor tanning services during the tax year? 14a N					
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			14a		No

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		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot .	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	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		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	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		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	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		
	ection C. Disclosure	TOD		
17	List the States with which a copy of this Form 990 is required to be filed▶CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization RHODE ISLAND SCHOOL OF DESIGN

2 COLLEGE ST

PROVIDENCE, RI 029032790

(401) 454-6441

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ 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 organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	ame and Title A verage Position (check all hours that apply)					(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	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
(1) JOHN MAEDA PRESIDENT	50 0	Х		х				443,821	0	64,579
(2) SEE SCHEDULE O FOR LIST OF TRUSTEES	2 0	Х						0	0	0
(3) WILLIAM DECATUR EVP FINANCE & ADMINISTRATION	50 0			х				403,290	0	43,196
(4) ETHEL J SHEFRIN PROVOST	50 0				х			217,988	0	43,956
(5) ELIZABETH GARVIN until 63010 VP INSTITUT'L ENGAGEMENT	50 0					х		236,029	0	26,784
(6) DAVID BOGEN ASSOCIATE ACADEMIC PROVOST	50 0					х		193,144	0	41,474
(7) CANDACE BAER VP HUMAN RESOURCES	50 0					х		166,684	0	40,691
(8) REBECCA BERMONT VP MEDIA & PARTNERS	50 0					х		176,661	0	18,948
(9) BRIAN KERNAGHAN until 63010 DEPT HEAD INTERIOR ARCH	50 0					х		167,025	0	23,789
(10) KELLY A MORRA FORMER INTERIM EVP FINANCE	50 0						х	200,278	0	35,777
(11) HOPE ALSWANG UNTIL 73109 FORMER MUSEUM DIRECTOR	0 0						х	228,930	0	9,429

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

													
	(A) Name and Title	(B) A verage hours		tion (that a			II		(D) Reportable compensation from the	(E) Reportable compensatior from related	ו	(F) Estima amount o compens	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	- 1	from t organizati relati organiza	the ion and ed
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1b c	Sub-Total					•	· ·				+		
d	Total (add lines 1b and 1c) .							-	2,433,850		0	3	348,623
2	Total number of individuals (inc \$100,000 in reportable comper	_					above) who	received more tha	n			
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc							ee, c	or highest compensa	ated employee	3	Yes	
4	For any individual listed on line organization and related organiz individual	ations greater t	han \$15	0,00	0027	If "Y	'es," co				4	Yes	
5	Did any person listed on line 1a services rendered to the organiz									r individual for •	5		No
	ation D. Indonondont Con												

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
SITE SPECIFIC LLC 45 DIKE STREET	CONSTRUCTION SVCS	2,214,742
PROVIDENCE, RI 02909 SHAWMUT WOODWORKING 560 HARRISON AVENUE BOSTON, MA 02118	CARPENTRY SERVICES	1,094,899
TOWER CONSTRUCTION CORPORATION 2158 PLAINFIELD PIKE CRANSTON, RI 02921	CONSTRUCTION SVCS	544,983
DATATEL INC 4375 FAIR LAKES COURT FAIRFAX, VA 22033	SOFTWARE CONSULTING	469,748
LOMBARDI CONSTRUCTION COMPANY 13 OYSTER POINT WARREN, RI 02885	CONSTRUCTION SVCS	394,335
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►19) who received more than	

Doub \	VIII Statement of Revenue					Pag	e 9
Palts	Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue		excluded from tax under sections 512, 513, or
Contributions, gifts, grants and other similar amounts	 1a Federated campaigns		611,372				514
Contribu and othe	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	•	586,761	6,151,095			
Program Service Revenue	2a TUITION/ROOM/BOARD b MUSEUM c BOOK/SUPPLY STORE d e		900099 900099 451211	115,638,453 580,493 3,167,066			3,167,066
Progran	f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including divident			119,386,012			
	and other similar amounts)	oroceeds	(п) Personal	2,720,888 0 0		1,694,665	1,026,223
	from sales of assets other than inventory b Less cost or other basis and sales expenses	59,677,048 44,923,523 14,753,525	(II) O ther 2,446,472 -2,446,472	12,307,053			12 307 053
Other Revenue	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a b events	Business Code 453220 722320 711120	0 489,242 109,249 17,655 616,146		489,242 109,249 17,655	

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do no	ot include amounts reported on lines 6b, b, 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	0			<u> </u>				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	15,787,929	15,787,929						
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	1,477,243	484,925	836,448	155,870				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	15,321	15,321						
7	Other salaries and wages	51,715,214	44,352,017	5,953,371	1,409,826				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,429,646	2,821,643	497,482	110,521				
9	Other employee benefits	6,926,275	5,754,103	956,399	215,773				
10	Payroll taxes	3,804,020	3,129,648	551,787	122,585				
а	Fees for services (non-employees) Management	0							
b	Legal	163,621		163,621					
С	Accounting	295,813		295,813					
d	Lobbying	0							
е	Professional fundraising services See Part IV, line 17	0							
f	Investment management fees	1,161,776		1,161,776					
g	Other	1,938,581	990,798	864,713	83,070				
12	Advertising and promotion	152,830	130,370	17,480	4,980				
13	Office expenses	10,686,652	9,361,717	1,159,005	165,930				
14	Information technology	3,097,796	2,572,054	453,547	72,195				
15	Royalties	0							
16	Occupancy	6,209,901	5,928,346	281,555	0				
17	Travel	1,270,603	1,079,105	138,475	53,023				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0	4 440 074	606.165	00.106				
20	Interest	5,244,435	4,449,074	696,165	99,196				
21 22	Payments to affiliates	9,860,235	8,364,851	1,308,882	186,502				
23	Insurance	578,745	59,570	519,175	180,302				
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)		39,370	315,173					
a	WORKS OF ART	664,681	664,681						
b	OTHER RENTAL EXPENSES	537,452	331,933	204,407	1,112				
С	MAINTENANCE SERVICES	1,171,797	790,742	369,046	12,009				
d	ENTERTAINMENT	1,025,030	798,429	192,018	34,583				
е	MISCELLANEOUS	1,524,214	1,370,092	108,983	45,139				
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	128,739,810	109,237,348	16,730,148	2,772,314				
26	Joint costs. Check here ► ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the								
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			28,270,568	1	28,039,808
	2	Savings and temporary cash investments			154,226	2	136,431
	3	Pledges and grants receivable, net	3,303,505	3	1,879,289		
	4	Accounts receivable, net			2,331,590	4	3,554,770
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
ste		Schedule L				6	
Assets	7	Notes and loans receivable, net			6,291,634	7	5,732,763
₹	8	Inventories for sale or use			1,853,788	8	2,078,567
	9	Prepaid expenses and deferred charges			2,094,135	9	2,001,633
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	323,935,909			
	b	Less accumulated depreciation	10b	132,405,633	192,473,605	10 c	191,530,276
	11	Investments—publicly traded securities			124,668,729	11	105,493,647
	12	Investments—other securities See Part IV, line 11	153,302,310	12	203,277,562		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	16,128,734	15	17,999,779		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			530,872,824	16	561,724,525
	17	Accounts payable and accrued expenses .			9,165,501	17	8,156,324
	18	Grants payable				18	
	19	Deferred revenue			6,079,152	19	6,442,474
	20	Tax-exempt bond liabilities			173,843,609	20	170,928,717
es	21	Escrow or custodial account liability Complete Part IV of Schedu				21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			29,893,146	25	28,042,551
	26	Total liabilities. Add lines 17 through 25			218,981,408	26	213,570,066
5		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete	ines 27			
ЭЭ		through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets			230,183,065	27	261,129,518
Balance	28	Temporarily restricted net assets		52,956,920	28	56,526,636	
Fund	29	Permanently restricted net assets			28,751,431	29	30,498,305
Fu		Organizations that do not follow SFAS 117, check here $ ightharpoonup$ a	nd con	nplete			
ě		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net	33	Total net assets or fund balances			311,891,416	33	348,154,459
	34	Total liabilities and net assets/fund balances			530,872,824	34	561,724,525

Pal	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		141,1	.81,194
2	Total expenses (must equal Part IX, column (A), line 25)	2			, ,39,810
3	Revenue less expenses Subtract line 2 from line 1	3		12,4	141,384
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		311,8	391,416
5	Other changes in net assets or fund balances (explain in Schedule O)	5		23,8	321,659
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		348,1	.54,459
Par	Tt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			T	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			res	140
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		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 t 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		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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As Filed Data -

DLN: 93493135041462

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

Public Charity Status and Public Support

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

Rhode Island School of Design 05-0258956 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) 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)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		organizati col (i) of	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.? (vii) Amour support	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

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.)

<u> </u>	ection A. Public Support		and to quanty t			out complete	
	endar year (or fiscal year beginning						
Care	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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	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)					<u> </u>	
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-tiC D-l	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
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	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

organization

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 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 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 IV) 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 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 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493135041462

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Political Campaign and Lobbying Activities

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

Na	ction 501(c)(4), (5), or (6) organ me of the organization ode Island School of Design	'		Employer	dentification number
KIIC	de Island School of Design			05-02589	56
² ar	t I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section 5	27 organization.
1	Provide a description of the or	tivities in Part IV			
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
1	<u> </u>	e tax incurred by the organization			- \$
2	Enter the amount of any excis	e tax incurred by organization ma	nagers under sectio	n 4955 I	• \$
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section	501(c)(3).
1	Enter the amount directly exp	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	*
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	o other organization	s for section 527	- \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b					
3	lotal exempt function expend	itures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	⁺ \$
4	Did the filing organization file	Form 1120-POL for this year?		·	\$ Yes No
	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio		r (EIN) of all section or the amount paid fro nd directly delivered	n 527 political organizat om the filing organizatio to a separate political o	ions to which the filing n's funds Also enter the organization, such as a rmation in Part IV
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a	r (EIN) of all section or the amount paid fro nd directly delivered	n 527 political organizat om the filing organizatio to a separate political o	ions to which the filing n's funds Also enter the organization, such as a rmation in Part IV (e) A mount of political contributions received
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section or the amount paid fro nd directly delivered) If additional space	n 527 political organization the filing organizatio to a separate political organization is needed, provide info	m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section or the amount paid fro nd directly delivered) If additional space	n 527 political organization the filing organizatio to a separate political organization is needed, provide info	m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section or the amount paid fro nd directly delivered) If additional space	n 527 political organization the filing organizatio to a separate political organization is needed, provide info	m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section or the amount paid fro nd directly delivered) If additional space	n 527 political organization the filing organizatio to a separate political organization is needed, provide info	m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section or the amount paid fro nd directly delivered) If additional space	n 527 political organization the filing organizatio to a separate political organization is needed, provide info	m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section or the amount paid fro nd directly delivered) If additional space	n 527 political organization the filing organizatio to a separate political organization is needed, provide info	m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section or the amount paid fro nd directly delivered) If additional space	n 527 political organization the filing organizatio to a separate political organization is needed, provide info	m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section or the amount paid fro nd directly delivered) If additional space	n 527 political organization the filing organizatio to a separate political organization is needed, provide info	m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section or the amount paid fro nd directly delivered) If additional space	n 527 political organization the filing organizatio to a separate political organization is needed, provide info	m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization.
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contributio separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section or the amount paid fro nd directly delivered) If additional space	n 527 political organization the filing organizatio to a separate political organization is needed, provide info	m (e) A mount of political contributions received and promptly and directly delivered to a separate political organization.

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	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))					
c	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 57	'68
	(election under	section 501(h)).	

		(6	1)	(b)
		Yes	No	Amount
1	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?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?	Yes		2,893
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		51,473
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		30,701
i	O ther activities? If "Yes," describe in Part IV	Yes		
j	Total lines 1c through 1i			85,067
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		Νo	
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			
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".

	answered "Yes".		
1	Dues, assessments and similar amounts from members	1	
			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).

- a Current year
- **b** Carryover from last year
- c Total
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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

Identifier	Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1I		RISD PAYS MEMBERSHIP DUES TO A NUMBER OF ARTS-AND-EDUCATION-RELATED AND PROFESSIONAL ORGANIZATIONS, SOME OF WHICH MAY ENGAGE IN LOBBYING ACTIVITIES ON BEHALF OF ALL MEMBERS TOTAL MEMBERSHIP DUES PAID BY RISD DURING THE FISCAL YEAR WAS \$217,554 WE ARE UNABLE TO DETERMINE THE SPECIFIC AMOUNT OF THAT TOTAL DEVOTED TO LOBBYING, BUT WE BELIEVE IT TO BE A RELATIVELY SMALL AND IMMATERIAL PORTION

2a

2b

2c

3

4

5

DLN: 93493135041462

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

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

Open to Public

	me of the organization	-	Empl	oyer ident if icat	ion numbe	er
KHO	de Island School of Design		05-0	258956		
Pa	rt I Organizations Maintaining Donor Adordary organization answered "Yes" to Form 99		unds d	or Accounts.	Comple	te If the
		(a) Donor advised funds	(1	b) Funds and ot	her accou	nts
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advidunds are the organization's property, subject to the	_	or advis	sed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	efit of the donor or donor advisor, or for ar	ny other	purpose	┌ Yes	┌ No
ar	t II Conservation Easements. Complete	if the organization answered "Yes" to	<u>o Form</u>	990, Part IV	, lıne 7.	
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	certified	historic struct	-	a
	casement on the last day of the tax year]		Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified his	ŀ	2c			
d	Number of conservation easements included in (c) a	` ′	2d			
u						
	Number of conservation easements modified, transfer the taxable year ▶	errea, releasea, extinguisnea, or terminate	ea by the	e organization d	luring	
	Number of states where property subject to conserve	ation easement is located 🕨				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of	violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents du	ring the year 🛌		
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s durıng	the year ► \$ _		
	Does each conservation easement reported on line $2170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	?(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial				
ar'	Complete if the organization answered	ons of Art, Historical Treasures,	or Oth	er Similar A	ssets.	
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	116, not to report in its revenue stateme for public exhibition, education or researce	ch in fur			≘,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financ	ial gain, provid	e the	
а	Revenues included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Par	t IIII Organizations Maintaining Co	llections of Art	, Hist	orical Tr	eası	ıres, or (Othe	r Similar As	sets (c	ontinued)	
3	Using the organization's accession and other items (check all that apply)	records, check any	of the	_		_			ion		
a	Public exhibition		d	✓ Loan of	orexo	hange prog	ırams				
b	✓ Scholarly research e ✓ Other Teaching										
c	✓ Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV										
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as	part of	the organi	zatıon	's collectio	n?	ſ	_ Yes	✓ No	
Pai	TEXT Escrow and Custodial Arrange Part IV, line 9, or reported an arrange Part IV, line 9.	•				n answere	ed "Y	es" to Form 9	90,		
 1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other as	sets		_ Yes	┌ No	
b	If "Yes," explain the arrangement in Part XIV	and complete the	followir	ng table							
								Am	ount		
С	Beginning balance						1 c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?					ſ	_ Yes	┌ No	
b	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	f the organization	n answ	ered "Ye	s" to	Form 990	, Par				
		(a)Current Year	(b)	Prior Year	(c)	Two Years Ba	ck	(d)Three Years Back	(e) Four `	Years Back	
1a	Beginning of year balance	274,542,669		260,262,437	7	357,541,	310				
b	Contributions	4,782,494		6,876,341	L	5,758,	390				
С	Investment earnings or losses	36,731,182		21,745,574	1	-76,183,	979				
d	Grants or scholarships	2,404,861		3,660,193	3	13,790,	118				
e	Other expenditures for facilities and programs	8,011,101		10,608,161	L	11,834,	800				
f	Administrative expenses	1,161,776		73,329		1,228,	-				
g	End of year balance	304,478,607		274,542,669	9	260,262,	437				
2	Provide the estimated percentage of the yea		ıs								
а	Board designated or quasi-endowment 🕨	73 600 %									
b	Permanent endowment 🕨 9900 %										
С	Term endowment ▶ 16 500 %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation th	at are held	land	admınıstere	ed for	the			
	organization by							[n-/	Yes	No	
	(i) unrelated organizations				•			3a(3a(i		No No	
b	(ii) related organizations		· ion Sc	hedule R?			•	<u> 3a(</u>		1	
4	Describe in Part XIV the intended uses of the	<u>-</u> '			•		•		<u> </u>	<u> </u>	
Pai	rt VI Investments—Land, Buildings				90, P	art X, line	10.				
	Description of investment			(a) Cost or o basis (investr		(b)Cost or o		(c) Accumulated depreciation	(d) Bo	ok value	
1a	Land		1			7,91	1,598			7,911,598	
b	Buildings		.			261,43		91,495,908	16	59,934,380	
С	Leasehold improvements		.			<u> </u>					
	Equipment		.			45,67	5,064	38,827,262		6,847,802	
e	Other		.			8,91	8,959	2,082,463	1	6,836,496	

191,530,276

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A)ALTERNATIVE INVESTMENTS	202 277 562	
(A) ALTERNATIVE INVESTMENTS	203,277,562	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	203,277,562	
Part VIII Investments—Program Related. See		
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
(a) Descrip	tion	(b) Book value
	-	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
AGENCY ACCOUNTS	159,592	
US GOVERNMENT LOAN FUNDS	3,989,741	
INTEREST RATE SWAP	7,518,436	
ASSET RETIREMENT OBLIGATION	3,749,159	
CAPITAL LEASE OBLIG - LONG-TER	12,625,623	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	28,042,551	
Total: (Column (b) Should Cadar Form 550. Fare X. Collin line 55.		

Par	t 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	141,181,194
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	128,739,810
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,441,384
4	Net unrealized gains (losses) on investments	4	22,308,839
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,512,820
9	Total adjustments (net) Add lines 4 - 8	9	23,821,659
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	36,263,04
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Reti	ırn
1	Total revenue, gains, and other support per audited financial statements	1	148,053,148
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	6,871,954
3	Subtract line 2e from line 1	3	141,181,194
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	141,181,194
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial	1	111,790,10!
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	111,790,10
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 1,161,776]	
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	16,949,70
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	128,739,810

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,

Identifier	Return Reference	Explanation
CONSERVATION EASEMENTS	SCHEDULE D, PART II, LINE 9	THE SCHOOL HOLDS, MAINTAINS AND USES PROPERTY, COMMONLY REFERRED TO AS TILLINGHAST FARM, FOR RECREATIONAL, RECUPERATIVE, EDUCATIONAL, INSPIRATIONAL, AND/OR CHARITABLE ACTIVITIES AS OUTLINED IN THE DONOR'S WILL
COLLECTIONS OF ART, HISTORICAL TREASURERS OR OTHER ASSETS	SCHEDULE D, PART III, LINE 1A	THE MAJORITY OF THE SCHOOL'S COLLECTION RESIDES IN THE MUSEUM AND CONSISTS OF ARTIFACTS OF HISTORICAL SIGNIFICANCE, ART OBJECTS AND BOOKS THAT ARE HELD FOR EDUCATIONAL, RESEARCH AND CURATORIAL PURPOSES EACH OF THE ITEMS ARE CATALOGUED, PRESERVED AND CARED FOR AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED PERIODICALLY THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS THE SCHOOL EXPENDED \$656,163 AND \$683,417 FOR ACQUISITIONS DURING 2011 AND 2010, RESPECTIVELY
SCHEDULE D, PART III, LINE 4		THE MUSEUM OF ART, ALSO KNOWN AS THE RISD MUSEUM IS RHODE ISLAND'S LEADING MUSEUM OF FINE AND DECORATIVE ART, HOUSING A COLLECTION OF 86,200 OBJECTS OF INTERNATIONAL SIGNIFICANCE IT IS SOUTHEASTERN NEW ENGLAND'S ONLY COMPREHENSIVE ART MUSEUM AND IS ACCREDITED BY THE AMERICAN ASSOCIATION OF MUSEUMS THE RISD MUSEUM STRIVES TO BE A VITAL CULTURAL RESOURCE BY EDUCATING AND INSPIRING A WIDE VARIETY OF AUDIENCES FAMILIES AND INDIVIDUALS, SCHOLARS AND RESEARCHERS, ARTISTS AND DESIGNERS, AND STUDENTS OF ALL AGES THE MUSEUM MAINTAINS AN ACTIVE PROGRAM OF EXHIBITIONS, LECTURES, TOURS, WORKSHOPS AND PUBLICATIONS DEDICATED TO THE INTERPRETATION OF ART AND DESIGN FROM DIVERSE CULTURES RANGING FROM ANCIENT TIMES TO THE PRESENT
ENDOWMENT FUNDS	SCHEDULE D PART V, LINE 4	THE INTENT OF THE ENDOWMENT FUND IS TO GENERATE INVESTMENT EARNINGS AS A SOURCE OF REVENUE FOR FUNDING THE SCHOOL'S GENERAL OPERATING ACTIVITIES AND FOR FUNDING SPECIFIC PURPOSES, EITHER RESTRICTED BY DONORS OR INTERNALLY DESIGNATED BY THE BOARD OF TRUSTEES EXAMPLES OF SPECIFIC PURPOSES INCLUDE SCHOLARSHIP FOR STUDENTS, FACILITIES UPKEEP, RESEARCH, AND SUPPORT FOR THE MUSEUM AND OTHER ACADEMIC OPERATIONS
OTHER LIABILITIES	SCHEDULE D, PART X, LINE 2	THE RHODE ISLAND SCHOOL OF DESIGN DOES NOT HAVE A FIN 48 (ASC 740) STATEMENT
RECONCILIATION	SCHEDULE D, PART XI, LINE 8	UNREALIZED APPRECIATION ON SWAP VALUATION \$1,512,820 SCHEDULE D, PART XII, LINE 2D UNREALIZED APPRECIATION ON SWAP VALUATION \$1,512,820 INVESTMENT EXPENSE NETTED AGAINST UNREALIZED GAIN (\$1,161,776) SCHOLARSHIPS (\$15,787,929)

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As Filed Data -

DLN: 93493135041462

OMB No 1545-0047

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.

Employer identification number

Rhode	e Island School of Design			
		258956		
Pa	rtI		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its character governing instrument, or in a resolution of its governing body?	rter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all brochures, catalogues, and other written communications with the public dealing with student admission programs, and scholarships?		Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast m the period of solicitation for students, or during the registration period if it has no solicitation program, that makes the policy known to all parts of the general community it serves? If "Yes," please describe please explain If you need more space use Part II	ın a way	Yes	
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	• Records documenting that scholarships and other financial assistance are awarded on a racially nondis basis?		Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public de with student admissions, programs, and scholarships?	ealing 4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5	Does the organization discriminate by race in any way with respect to			N.o.
	Students' rights or privileges? Admissions policies?			No No
c	Employment of faculty or administrative staff?	<u>5c</u>		No
	Scholarships or other financial assistance?	5d		No
	Educational policies? Use of facilities?	5e 5f		No No
	J Athletic programs?	5 <u>1</u>		No
ŀ	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	5h		No
	n Does the organization receive any financial aid or assistance from a governmental agency? Thas the organization's right to such aid ever been revoked or suspended?	6a	Yes	NI -
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 thr of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II		V	No
	of Nev 1100 75 50, 1575 2 C B 507, covering facial hondiscrimination. If 140, explain on Falt II	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)

Identifier	Return Reference	Explanation
SCHEDULE E, LINE 3		IN THE RHODE ISLAND SCHOOL OF DESIGN CATALOGUE AND STUDENT HANDBOOK
SCHEDULE E, LINE 6		FINANCIAL AID IS RECEIVED FROM THE US DEPARTMENT OF EDUCATION IN THE FORM OF FEDERAL COLLEGE WORK STUDY, FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANTS, FEDERAL PELL GRANTS, FEDERAL PERKINS LOANS, FEDERAL STAFFORD LOANS AND FEDERAL PLUS LOANS WHICH ARE ADMINISTERED THROUGH THE DIRECT LOAN PROGRAM IN ADDITION, THE COLLEGE RECEIVES FINANCIAL AID FROM VARIOUS STATE SCHOLARSHIP PROGRAMS AND OTHER FEDERAL AGENCIES, E.G. VETERANS ADMINISTRATION AND BUREAU OF INDIAN AFFAIRS

Schedule E (Form 990 or 990-EZ) 2010

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DLN: 93493135041462

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

to Part I

c Totals (add lines 3a and 3b)

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

	e Island School of Design						
υū	e Island School of Design					05-0258956	
ì	rt I General Informatio	n on Activiti	ies Outside t	he United States. C	omplete		ition answered
_	"Yes" to Form 990, Pa						
	For grantmakers. Does the	_				_	
	assistance, the grantees' eli- the grants or assistance?	- :	=				ra
	For grantmakers. Describe in Pa United States						
	Activites per Region (Use Part	V ıf addıtıonal s	space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region of independent contractors	(d) Activities conducted in region (by type) (e.g.,	program spe	rity listed in (d) is a service, describe ecific type of ce(s) in region	(f) Total expenditures for region/investments in region
	Europe (Including Iceland and Greenland)	1	10	Program Services	INDEPE	NDENT STUDY	
	South America	0	1	Program Services	INDEPE	NDENT STUDY	
	South Asia	0	2	Program Services	INDEPE	NDENT STUDY	
	East Asia and the Pacific	0	2	Program Services	INDEPE	NDENT STUDY	
	Central America and the Caribbean			Investments			13,864,44
	Europe (Including Iceland and Greenland)			Investments			13,598,28
	Sub-total	1	15				27,462,72
b	Total from continuation sheets						

27,462,726

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	<u>~</u>	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	\rightarrow	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	굣	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	굣	Yes	Г	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	F	Yes	Г	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	▽	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN F		RHODE ISLAND SCHOOL OF DESIGN DOES NOT CURRENTLY TRACK FOREIGN EXPENDITURES SEPARATELY THEREFORE, PURSUANT TO IRS GUIDANCE, DISCLOSURE IN THIS COLUMN IS NOT REQUIRED IN THE CURRENT YEAR

Schedule F (Form 990) 2010

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DLN: 93493135041462

OMB No 1545-0047

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

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

Inspection

Department of the Treasury

Rhode Island School of Design

Schedule I

(Form 990)

► Attach to Form 990 Internal Revenue Service Name of the organization

Employer identification number 05-0258956

Down Company Information	n on Cuanta and	l Accietance					
Part I General Information							
Does the organization maintain r the selection criteria used to awa	ecords to substanti ard the grants or as	ate the amount of the	grants or assistance, the	e grantees' eligibility for	the grants or assist	ance, and	✓ Yes 🗀
2 Describe in Part IV the organiza							,
Part II Grants and Other As	•				nnlete if the orga	nization answered "Y	es" to
Form 990, Part IV, line duplicated if additional	21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
		1					
Enter total number of section 50Enter total number of other organ						<u>-</u>	
For Privacy Act and Paperwork Reduction				Cat No. 50055P			le I (Form 990) 2010

Part III	Grants and Other Assistance to Individuals in the United States	. Complete ıf	f the organization	answered	"Yes" to	Form 990,	Part IV, I	ine 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	1279		15,787,929	воок	TUITION/FEES

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

Identifier	Return Reference	Explanation
MONITORING USE OF		FINANCIAL AID IS CREDITED TO THE STUDENTS' ACCOUNTS TO COVER ANY OUTSTANDING INSTITUTIONAL
GRANTS		CHARGES ANY CREDIT BALANCE IS REFUNDED TO THE STUDENT TO BE USED FOR OTHER EDUCATIONAL-
		RELATED EXPENSES STUDENTS RECEIVING FEDERAL AND/OR STATE AID MUST COMPLETE THE FREE
		APPLICATION FOR FEDERAL STUDENT AID (FAFSA) BY SIGNING THE FAFSA, THE STUDENT AGREES THAT THEY
		WILL USE FEDERAL AND/OR STATE STUDENT FINANCIAL AID ONLY TO PAY THE COST OF ATTENDING AN
		INSTITUTION OF HIGHER EDUCATION "

Compensation Information

DLN: 93493135041462

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

•					
Name of the organization Rhode Island School of Design	Employer identification number				
	05-0258956				
Part I Questions Regarding Compensation					

		_		Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the 990, Part VII, Section A, line 1a Complete Part III to provide any r				
	First-class or charter travel	allowance or residence for personal use			
	▼ Travel for companions	ts for business use of personal residence			
	▼ Tax idemnification and gross-up payments ▼ Health o	or social club dues or initiation fees			
	Discretionary spending account Persona	l services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow reimbursement orprovision of all the expenses described above? If "		1b		No
2	Did the organization require substantiation prior to reimbursing or all officers, directors, trustees, and the CEO/Executive Director, regard		2	Yes	
3	Indicate which, if any, of the following the organization uses to estab organization's CEO/Executive Director Check all that apply	·			
		employment contract			
		sation survey or study			
	Form 990 of other organizations	Il by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section or a related organization	A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment from th	e organization or a related organization?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified	retırement plan?	4b		Νo
c	c Participate in, or receive payment from, an equity-based compensation arrangement?				
	If "Yes" to any of lines 4a-c, list the persons and provide the applica	ble amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete line	s 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of	rganization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the net earnings of	rganization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If "Yes," describe in Part I		7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured p subject to the initial contract exception described in Regs section 5 in Part III		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable pressection 53 $4958-6(c)$?	umption procedure described in Regulations	9		

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-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JOHN MAEDA	(I) (II)	430,742 0	0 0	13,079	26,510		508,400)
(2) WILLIAM DECATUR	(1) (11)	265,401 0	65,000 0	72,889	24,765		446,486)
(3) ELIZABETH GARVIN until 63010	(I) (II)	119,352 0	0	116,677	7 11,113		262,813	
(4) ETHEL J SHEFRIN	(I) (II)	217,988 0	0	0	33,801		261,944)
(5) HOPE ALSWANG UNTIL 73109	(1) (11)	0 0	0 0	228,930	0 0	- /	238,359	
(6) KELLY A MORRA	(1) (11)	180,806 0	10,000	9,472	20,920		236,055)
(7) DAVID BOGEN	(1) (11)	160,347 0	0 0	32,797	19,932		2 234,618)
(8) CANDACE BAER	(1) (11)	166,684 0	0 0	0 0	18,119		2 207,375)
(9) REBECCA BERMONT	(1) (11)	176,661 0	0	0 0	17,701		195,609)
(10) BRIAN KERNAGHAN until 63010	(I) (II)	52,851 0	0	114,174 0 0	5,554		5 190,814 0 0	J
(11)			<u></u>					
(12)	<u> </u>	!	ſ <u></u>		!	<u> </u>		
(13)			1			1		
(14)			1		1	1		
(15)	<u> </u>	1	ĺ		1			
(16)					<u> </u>			

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

Identifier	Return Reference	Explanation
INFORMATION	PART I, LINES 1A AND 1B	TRAVEL FOR COMPANIONS - OCCASIONALLY, THE SPOUSE OF AN OFFICER ACCOMPANIED THAT OFFICER ON BUSINESS TRAVEL FOR WHICH TRAVEL EXPENDITURES WERE REIMBURSED BY THE SCHOOL SUCH REIMBURSEMENTS WERE REPORTED AS TAXABLE COMPENSATION TO THE OFFICER TAX INDEMNIFICATIONS AND GROSS-UP PAYMENTS - CERTAIN OFFICERS AND KEY EMPLOYEES WERE PROVIDED DEPENDENT TUITION PAYMENTS THAT HAVE BEEN REPORTED AS TAXABLE COMPENSATION IN SCHEDULE J, PART II, COLUMN (B)(III) THESE AMOUNTS WERE GROSSED UP FOR TAX PURPOSES HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - THE SCHOOL PAYS SOCIAL CLUB DUES FOR THE PRESIDENT THESE AMOUNTS WERE NOT INCLUDED IN TAXABLE COMPENSATION AS ALL AMOUNTS WERE RELATED TO RISD ACTIVITIES THE ITEMS PROVIDED ABOVE ARE INCLUDED IN AGREEMENTS BETWEEN THE INDIVIDUAL AND RISD AND ARE APPROVED IN ADVANCE BY THE PRESIDENT OR THE BOARD HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - THE SCHOOL MAINTAINS A HOUSE FOR USE BY THE PRESIDENT AS A CONDITION OF EMPLOYMENT AND FOR THE CONVENIENCE OF RISD THEREFORE, NO AMOUNT IS INCLUDED IN TAXABLE COMPENSATION
SCHEDULE J, PART I, LINES 4A		THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN THE FOLLOWING AMOUNTS DURING 2010 ELIZABETH GARVIN - \$116,677 HOPE ALSWANG - \$228,930 BRIAN KERNAGHAN - \$114,174 SCHEDULE J, PART I, LINE 7 ON OCCASION CERTAIN INDIVIDUALS RECEIVE A BONUS OR OTHER FORM OF NON-FIXED PAYMENT IN RECOGNITION OF EXCELLENT JOB PERFORMANCE THE AMOUNT OF SUCH BONUSES ARE SHOWN ON SCHEDULE J, PART II, COLUMN (B)(II) FOR EACH INDIVIDUAL

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 O (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

DLN: 93493135041462

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

Rhode Island School of Design

Employer identification number

05-0258956

											75 025	0,50			
Pa	art I Bond Issues	1		T						1					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f)	Description	of Purpose	(g) De	(g) Defeased		Issuer		Pool ncing
										Yes	No	Yes	No	Yes	No
A	RHODE ISLAND HEALTH AND EDUC BUILDING CORP 2004D	52-1300173	762243hg1	05-14-2004	58,435	5,000	SEE P	ART V			×		X		X
В	Rhode Island Health and Educ Building Corp 2008AB	52-1300173	762197cg4	03-27-2008	93,780	,000	SEE P	PART V			Х		Х		Х
_															
Pa	rt III Proceeds									•					
					, and the second	١		l	3		С			D	
1	A mount of bonds retired					3,254	,819		5,475,000						
2	A mount of bonds legally defeased					0		0							
3	Total proceeds of issue					50,168	3,633		93,780,000						
4	Gross proceeds in reserve fur	nds					0		0						
5	Capitalized interest from proc	eeds				7,675	,125		0						
6	Proceeds in refunding escrow	r			0 0										
7	Issuance costs from proceed	s			1,118,676 692,102										
8	Credit enhancement from pro	ceeds			0 87,898										
9	Working capital expenditures	from proceeds				0 0									
10	Capital expenditures from pro	ceeds			<u> </u>	49,641	.,199		1,935,724						
11	Other spent proceeds						0		91,064,276						
12	O ther unspent proceeds						0		0						
13	Year of substantial completio	n			20	05		20	08						
					Yes	No	<u> </u>	Yes	No	Yes		No	Yes	<u>. </u>	No
14	Were the bonds issued as par	t of a current refund	ling issue?			Х		Х							
15	Were the bonds issued as par	t of an advance refu	ındıng ıssue?			Х			Х						
16	Has the final allocation of pro	ceeds been made?			Х			Х					1		
17	Does the organization mainta allocation of proceeds?	ın adequate books a	and records to supp	port the final	Х			Х							
Pa	rt IIII Private Business l	lse			1										
						<u> </u>		i i	3		С			D	
					Yes	No	0	Yes	No	Yes		No	Yes	,	No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Х

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	•		1		R		C		,
		Yes	No	Yes	l No	Yes	No	Yes	No
la	Are there any management or service contracts that may result in private business use?	ies	X	165	X	les	NO	les	140
b	Are there any research agreements that may result in private business use of bond-financed property?		Х		×				
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				
ļ	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 400 %		0 400 %				
;	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
5	Total of lines 4 and 5		0 400 %		0 400 %				
•	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		Х					

Part IV Arbitrage

Pa	Arbitrage								
		Α		В		С		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?								
	Don't 1994C		X		X				
2	Is the bond issue a variable rate issue?		X	X					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
			X	X					
b	Name of provider	BARCLAYS	•	BARCLAYS	•		•		
С	Term of hedge		26 5		26 5				
d	Was the hedge superintegrated?		×		X				
e	Was a hedge terminated?		х		х				
4a	Were gross proceeds invested in a GIC?		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		x				
6	Did the bond issue qualify for an exception to rebate?		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
BOND	PART I,	A 2004D BOND - FACILITY AQUIS/CONST/EQUIP/RENOV, REFUNDING OF 1996 BONDS B 2008AB BOND - FACILITY AQUIS/CONST/EQUIP/RENOV,REFUNDING OF 2004A, 2004B, 2006A, AND 2006B BONDS TOTAL PROCEEDS OF ISSUE SCHEDULE K, PART II, LINE 3 A 2004D BOND - THIS AMOUNT INCLUDES INVESTMENT EARNINGS

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As Filed Data -

DLN: 93493135041462

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2010

Open to Public Inspection

	f the organization and School of Design							E	mployer i	dent if ica	ition numb	er
Kilode ISI	and school of besign							0	5-02589	56		
Part I												
	Complete if the organizat	ion ans	wered "	Yes" on Forr	n 990, F I	Part IV, line 25a d	or 25b, c	r Form	990-EZ <u>,</u>	Part V , I	<u>ine 40b</u>	(-)
1	(a) Name of disq	ualıfıed	person			(b) Desc	ription	of trans	action		(c) Correcte	
_	, ,					(2) 5 6 5 6		or cramo	action		Yes	
sec	er the amount of tax impos tion 4958 er the amount of tax, if any								🕨	r * \$ —— * \$		
3 Liic	er the amount of tax, if any	, 011 11116	2, 400	ve, reilliburs	ed by th	ie organization :	•			³ —		
Part I	Loans to and/or I Complete if the organiz). Part IV. line 26	. or Forr	n 990-E	EZ. Part V	'. line 38	a	
(a) Nam	ne of interested person and purpose	(b) L or fro	oan to om the zation?	(c)Orig	ınal	(d)Balance due	(e) In default?		(f) Approved by board or		(g)Written agreement?	
	F 3. F 3. 2.	To	From				Yes	No	commit Yes	No No	Yes	No
		10	1 10111				165	140	163	110	163	140
				1								
Total .		<u> </u>		· · ·	▶ \$							
Total .					sted		, line 2	27.				
Part II	Grants or Assistar Complete If the orga (a) Name of Interested pers	nızatıc	on ansv	vered "Yes b)Relationsh	ested I " on Fo				nount of g	rant or t	ype of assı	stance
Part II	Complete If the orga	nızatıc	on ansv	vered "Yes b)Relationsh	ested I " on Fo	rm 990, Part IV een interested per			nount of g	rant or ty	ype of assi	stance
Part II	Complete If the orga	nızatıc	on ansv	vered "Yes b)Relationsh	ested I " on Fo	rm 990, Part IV een interested per			nount of g	rant or ty	ype of assı	stance
Part II	Complete If the orga	nızatıc	on ansv	vered "Yes b)Relationsh	ested I " on Fo	rm 990, Part IV een interested per			nount of g	rant or t	ype of assı	stance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of Interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) ERNESTO APARICIO	SPOUSE OF TRUSTEE	15,321	FACULTY WAGES		No
(2) WILLIAM DECATUR	OFFICER	·	PURCHASE OF OHIO RESIDENCE		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS WITH INT PERSONS	, ,	DURING THE YEAR ENDED JUNE 30, 2011, THE SCHOOL PURCHASED REAL ESTATE IN OHIO IN THE AMOUNT OF \$475,170, BASED ON THE AVERAGE OF TWO APPRAISALS, IN ORDER TO ASSIST IN THE MOVE OF WILLIAM DECATUR, EXECUTIVE VICE PRESIDENT OF FINANCE AND ADMINISTRATION, TO THE RHODE ISLAND AREA THE SCHOOL INTENDS TO SELL THE REAL ESTATE

Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493135041462

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

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

NonCash Contributions

Name of the organization Rhode Island School of Design **Employer identification number**

	-				05-0258956			
Pa	rt I 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 of amounts		contribut	ion
1	Art—Works of art	Х	83					
2	Art—Historical treasures							
3	Art—Fractional interests	Х	1	0				
4	Books and publications	Х		0				
5	Clothing and household							
jood								
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded	Х	5	586,761	FMV			
10	Securities—Closely held stock							
11	Securities—Partnership,							
4.0	LLC, or trust interests .							
	Securities—Miscellaneous Qualified conservation contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other ► ()							
29	Number of Forms 8283 received by							
	for which the organization complete	ed Form 8	3283, Part IV, Donee Ackr	nowledgement	29			
							Yes	No
30a	During the year, did the organization							
	must hold for at least three years f	rom the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the entire	holdıng p	erıod [?]			30a		No
b	If "Yes," describe the arrangement	: ın Part I	I					
31	Does the organization have a gift a	cceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use t contributions?	hırd partı • • •	es or related organizations	to solicit, process, or sell	non-cash	32a		Νo
b	If "Yes," describe in Part II					<u> </u>		
33	If the organization did not report re	venues	n column (c) for a type of n	roperty for which column (a) is checked.			
	describe in Part II		(=, = 1, p = 0, p	,,	,			

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
, ,	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS	SCHEDULE M, PART I, LINE 33 RHODE ISLAND SCHOOL OF DESIGN DOES NOT CAPITALIZE OR ASSIGN A VALUE TO ITS MUSEUM COLLECTIONS, BOOKS AND PUBLICATIONS, OR TO ANY INSIGNIFICANT ITEMS RECEIVED THESE ITEMS ARE NOT RECOGNIZED AS ASSETS NOR AS REVENUE ON THE SCHOOL'S FINANCIAL STATEMENTS ALSO SEE DESCRIPTION FOR SCHEDULE D, PART III, LINE 4

Schedule M (Form 990) 2010

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DLN: 93493135041462

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on

Supplemental Information to Form 990 or 990-EZ

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization Rhode Island School of Design **Employer identification number**

05-0258956

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PARTS I & III, LINE 1	THE MISSION OF RHODE ISLAND SCHOOL OF DESIGN, THROUGH ITS COLLEGE AND MUSEUM, IS TO EDUCATE ITS STUDENTS AND THE PUBLIC IN THE CREATION AND APPRECIATION OF WORKS OF ART AND DESIGN, TO DISCOVER AND TRANSMIT KNOWLEDGE AND TO MAKE LASTING CONTRIBUTIONS TO A GLOBAL SOCIETY THROUGH CRITICAL THINKING, SCHOLARSHIP AND INNOVATION

ldentifier	Return Reference	Explanation
GOVERNING BODY AND	FORM 990, PART VI,	RISD ALUMNI ASSOCIATION IS A MEMBER OF RHODE ISLAND SCHOOL OF DESIGN
MANAGEMENT	LINE 7A	AND ELECTS TWO MEMBERS OF THE BOARD

ldentifier	Return Reference	Explanation
WRITTEN POLICIES AND PROCEDURES	990 REVIEW PROCESS	FORM 990, PART VI, LINE 11B THE PROCESS FOR THE FY2011 FORM 990 INCLUDES REVIEW BY SENIOR MANAGEMENT, THE AUDIT COMMITTEE, AND THE INDEPENDENT EXTERNAL TAX CONSULTANTS THE AUDIT COMMITTEE IS PRESENTED WITH A DRAFT OF THE RETURN FOR THEIR REVIEW THE FULL BOARD RECEIVES A FINAL COPY OF FORM 990 BEFORE IT IS FILED

ldentifier	Return Reference	Explanation
CONFLICT OF INTEREST	FORM 990, PART VI, LINE 12C	ON AN ANNUAL BASIS, THE SCHOOL'S TRUSTEES' OFFICE DISTRIBUTES A SURVEY TO ALL OF THE TRUSTEES REQUESTING INFORMATION ON MATTERS RELATING TO THE SCHOOL'S CONFLICT OF INTEREST POLICY THERE ARE FOLLOW UP PROCEDURES TO ENSURE THAT SURVEYS ARE COMPLETED AND RETURNED FOR REVIEW THE GENERAL COUNSEL'S OFFICE PROVIDES ASSISTANCE TO TRUSTEES BY RESPONDING TO ANY QUESTIONS THEY MAY HAVE RESULTS OF THE COMPLETED SURVEYS ARE PRESENTED TO THE TRUSTEES' AUDIT COMMITTEE. THE THRESHOLD FOR REPORTING TO THE COMMITTEE IS MORE THAN \$10,000 PER YEAR (IN THE AGGREGATE, FOR EACH TRUSTEE) IN ADDITION TO THE ANNUAL SURVEY, THE TRUSTEES ARE REQUIRED TO DISCLOSE ANY ADDITIONAL CONFLICTS THAT MAY ARISE DURING THE COURSE OF THE YEAR FURTHER, WHENEVER ANY MATTER INVOLVING A CONFLICT OF INTEREST ON THE PART OF ANY TRUSTEE IS DISCUSSED OR PROPOSED FOR ACTION AT BOARD OR COMMITTEE MEETINGS, SUCH CONFLICT SHALL BE DISCLOSED TO OTHER TRUSTEES PRESENT, AND THE TRUSTEE HAVING SUCH CONFLICT SHALL NOT VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER

ldentifier	Return Reference	Explanation
DOCUMENT RETENTION AND DESTRUCTION	FORM 990, PART VI, LINE 14	THE SCHOOL HAD A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY IN PLACE BEFORE JUNE 30, 2011 APPROVAL OF THIS POLICY BY THE BOARD IS CURRENTLY IN PROCESS AND IS EXPECTED AT A FUTURE DATE

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS	FORM 990, PART VI, LINE 15	THE SCHOOL'S PROCESS FOR DETERMINING COMPENSATION FOR ITS OFFICERS (INCLUDING THE PRESIDENT) AND KEY EMPLOYEES INCLUDES 1 PREPARING A DESCRIPTION OF THE POSITION AND REQUIREMENTS VIA A FORMAL JOB DESCRIPTION, JOB SUMMARY, OR ADVERTISEMENT 2 DEVELOPING AN UNDERSTANDING OF THE EXTERNAL MARKET FOR SIMILAR POSITIONS AND REQUIREMENTS VIA VARIOUS SOURCES SUCH AS COMPENSATION SURVEYS (E.G., YAFFEE, SNE CUPA, THE SURVEY GROUP), OTHER ORGANIZATIONS' 990 DATA, DIALOG WITH SEARCH FIRMS, AND KNOWLEDGE OF APPLICANT POOL AND CURRENT EARNINGS 3 CONSIDERATION OF THE EXTERNAL MARKET DATA LISTED ABOVE IN LIGHT OF INTERNAL OPERATING BUDGET AND INTERNAL EQUITY FACTORS 4 UNDERSTANDING THE CANDIDATES PREVIOUS SALARY HISTORY, CURRENT EARNINGS POTENTIAL AND SKILL SET AS RELATED TO THE POSITION'S REQUIREMENTS AND THE COLLEGE'S NEEDS 5 PRESENTATION OF A RECOMMENDED HIRING RANGE (OFFER) TO THE PRESIDENT, EVP FINANCE, AND BOARD OF TRUSTEES, AS APPROPRIATE, FOR APPROVAL THE COMPENSATION IS APPROVED BY THE BOARD OF TRUSTEES' EXECUTIVE OFFICERS AND CHAIR OF THE BOARD 6 GENERATING AN OFFER LETTER OR CONTRACT DURING FISCAL YEAR 2012, A COMPENSATION SUBCOMMITTEE WAS CREATED BY THE BOARD OF TRUSTEES TO ASSIST THE BOARD IN ESTABLISHING AND REVIEWING THE COMPENSATION OF RISD'S SENIOR ADMINISTRATIVE STAFF THE SUBCOMMITTEE CONSISTS OF THE CHAIR OF THE BOARD, THE VICE CHAIR(S) OF THE BOARD AND THE CHAIR OF THE FINANCE COMMITTEE OF THE BOARD, AND WILL BE ASSISTED BY THE SECRETARY OF THE BOARD, THE PRESIDENT, THE VICE PRESIDENT FOR HUMAN RESOURCES, AND/OR THE GENERAL COUNSEL WHEN APPROPRIATE

Identifier	Return Reference	Explanation
ORGANIZATION DOCUMENTS AVAILABILITY TO PUBLIC	FORM 990, PART VI, LINE 19	THE SCHOOL'S BY LAWS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
	FORM 990, PART VII	OFFICERS OF THE BOARD CHAIR MERRILL W SHERMAN VICE CHAIR STUART J MURPHY VICE CHAIR PHILIP E TOBEY SECRETARY KATE RITTMAN (MAY 2010 - OCTOBER 2010) DUNCAN JOHNSON (OCTOBER 2010 - MAY 2011) TERM TRUSTEES 1 MICHAEL ALLEN 2 DAVID C BARCLAY 3 JOHN BEUG 4 VINCENT J BUONANNO 5 ERICA DI BONA 6 ROBERT A DIMUCCIO 7 SHERRI DONGHIA 8 SUSAN DRY FOOS 9 CATHY GRAHAM 10 RICHARD W HAINING, SR 11 WILLIAM R HAMMER 12 V DUNCAN JOHNSON 13 JON KAMEN 14 STEPHEN L KEY 15 STEPHEN LANE 16 SCOTT R LATHAM 17 STEPHEN A METCALF 18 SUSAN B MONTGOMERY 19 LISA PEVAROFF-COHN 20 SANDRA P SMITH 21 MICHAEL SPALTER 22 DONALD R STANTON 23 WILLIAM G TSIARAS, M D 24 ARNOLD-PETER WEISS, M D 25 PATRICIA A WHITE 26 MARGARET A WILLIAMS 27 MARY ANN (TOOTS) ZYNSKY LIFE TRUSTEE LOUIS M S BEAL EX-OFFICIO TRUSTEES NATHANIEL HESSE, PRESIDENT/ALUMNI ASSOCIATION JOHN MAEDA, PRESIDENT JOAN K HERRON, PAST PRESIDENT/ALUMNI ASSOCIATION ALL OF THE TRUSTEES WORK, ON AN AVERAGE, 2 HOURS PER WEEK AND RECEIVE NO COMPENSATION

ldentifier	Return Reference	Explanation
RISD BOARD OF TRUSTEES MAY 2011 - MAY 2012	FORM 990, PART VII	OFFICERS OF THE BOARD CHAIR MERRILL W SHERMAN VICE CHAIR STEPHEN L KEY VICE CHAIR LISA PEVAROFF-COHN VICE CHAIR MICHAEL SPALTER SECRETARY V DUNCAN JOHNSON TERM TRUSTEES 1 MICHAEL D ALLEN 2 DAVID C BARCLAY 3 JOHN BEUG 4 ERICA DI BONA 5 SHERRI DONGHIA 6 SUSAN DRY FOOS 7 CATHY GRAHAM 8 RICHARD W HAINING, SR 9 WILLIAM R HAMMER 10 JON KAMEN 11 SCOTT R LATHAM 12 STEPHEN A METCALF 13 SUSAN B MONTGOMERY 14 STUART J MURPHY 15 SANDRA P SMITH 16 DONALD R STANTON 17 PHILIPE TOBEY 18 WILLIAM G TSIARAS, M D 19 ARNOLD-PETER C WEISS, M D 20 PATRICIA A WHITE 21 MARGARET A WILLIAMS 22 MARY ANN (TOOTS) ZYNSKY LIFE TRUSTEE LOUIS M S BEAL EX-OFFICIO TRUSTEES JOHN MAEDA, PRESIDENT MEGHAN REILLY MICHAUD, PRESIDENT/ALUMNI ASSOCIATION NATHANIEL HESSE, PAST PRESIDENT/ALUMNI ASSOCIATION ALL OF THE TRUSTEES WORK, ON AN AVERAGE, 2 HOURS PER WEEK AND RECEIVE NO COMPENSATION FORM 990, PART VII KELLY MORA WAS ACTING EVP FINANCE UNTIL WILLIAM DECATUR WAS APPOINTED ON 1/11/10 AFTER THAT TIME, HER POSITION WAS AVP FINANCE UNTIL SHE LEFT RISD IN FEBRUARY 2011

ldentifier	Return Reference	Explanation
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 5	UNREALIZED GAIN ON INVESTMENTS \$22,308,839 UNREALIZED APPRECIATION ON SWAP VALUATION \$ 1,512,820

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

DLN: 93493135041462

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2010

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** Rhode Island School of Design 05-0258956

Part I Identification of Disregarded Entities (Compl	ete if the organizat	ion a	nswered "Yes	s" on	Form 990, Par	t IV, line 33.)					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	′	(c) Legal domicile (st or foreign countr		(d) Total income	(e) End-of-year asset	(f) Direct controlli entity	(f) Direct controlling entity			
(1) TECHNOLOGY AND DESIGN BUILDINGS LLC 2 COLLEGE STREET PROVIDENCE, RI 02903 05-0258956	REAL ESTATE		RI		99,56	9	NA				
(2) HILLSIDE REALTY COMPANY 2 COLLEGE STREET PROVIDENCE, RI 02903 05-0258956	INACTIVE		RI				N/A				
Part II Identification of Related Tax-Exempt Organi or more related tax-exempt organizations during t	zations (Complete the tax year.)	e if th	e organizatio	n ans	swered "Yes" c	n Form 990, Par	t IV, line 34 becau	se it had	l one		
(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) npt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(1 controlled organization			
								Yes	No		
(1) RISD HOLDINGS INC											
2 COLLEGE STREET	REAL ESTATE	RI		501(C)(25)			RISD	Yes			
PROVIDENCE, RI 02903 05-0508151											
(2) RISD RESEARCH FOUNDATION INC											
2 COLLEGE STREET	RSRCH GRANT		RI		501(C)(3)	11a-I	RISD	Yes			
PROVIDENCE, RI 02903 05-0487509	KSKCH GKANT		NI		301(0)(3)	114 1					
								+			

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Part III Identifi because				ble as a Partner reated as a partne					answe	ered "\	es" on F	orm 990,	Part	IV, lır	ne 34
(a) Name, address, and EIN of related organization	(b) Fegal f Primary activity domicile (state or foreign country)		(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) Share of end-of-year assets		(h) Disproprtionate r allocations?		te Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managing partner?		(k) Percentage ownership
									Yes	No			Yes	No	
Part IV Identifi	cation of Relat	ed Orga e or mo	anizations Taxa re related organiz	ble as a Corpora ations treated as a	tion o	or Trust (Co oration or tri	omple ust d	ete if the org uring the tax	anıza year	tion ar .)	nswered	"Yes" on	Form	990,	Part IV,
Name, address, and	(a) EIN of related organiza	tion	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct contro entity	llıng	(e) Type of entity (C corp, S corp or trust)		(' are of to	f) otal income	(g Share end-of asse	e of -year		(h) Percentage ownership
(1) CHARITABLE REMAINDE	ER TRUSTS (10)		FUNDRAISING	МА		N/A		TRUST							

che	nedule R (Form 990) 2010		Рa	age 3
Pā	art V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 [During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
b	b Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d	Yes	
е	Loans or loan guarantees by other organization(s)	1e		No
f	f Sale of assets to other organization(s)	1f	<u> </u>	No
g	Purchase of assets from other organization(s)	1g	<u> </u>	No
h	h Exchange of assets	1h	<u> </u>	No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	<u> </u>	No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	$oxed{oxed}$
k	k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
I	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
n	m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	n Sharing of paid employees	1n	Yes	<u> </u>
			<u> </u>	<u> </u>
0	Reimbursement paid to other organization for expenses	10	<u> </u>	No
p	Reimbursement paid by other organization for expenses	1 p	Yes	⊢
	q Other transfer of cash or property to other organization(s)	1q	<u> </u>	No
_		1r	 	No
r	r Other transfer of cash or property from other organization(s)	<u> </u>		140
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

•	•	• •		•	
	(a)		(b) Transaction	(c)	(d) Method of determining

(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determining amount involved
(1) RISD HOLDINGS INC	А	260,004	CASH
(2) RISD HOLDINGS INC	Р	59,980	CASH
(3) RISD HOLDINGS INC	N	51,304	CASH
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Forn 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	Yes No	Yes	No	
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									-	-
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Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE R, PART IV, LINE 1		CHARITABLE REMAINDER TRUSTS ARE DOMICILED IN MASSACHUSETTS, MARYLAND, CALIFORNIA, RHODE ISLAND, AND CONNECTICUT

Schedule R (Form 990) 2010