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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010

Open to Public Inspection

A F	For the	2010 ca	lendar year, or tax year begii	nning 07-01-2010 and ending 06-30-2	011						
В	Check if a	applicable	C Name of organization ART CENTER COLLEGE OF DESIG	N.		D Employ	er identifica	tion number			
┌╭	ddress ch	hange	Doing Business As	95-192	95-1921340						
Гι	lame cha	ange	Doing business As			E Telepho	ne number				
Г	nıtıal retu	ırn	•	ıf maıl ıs not delivered to street address)	Room/suite	(626) 3	396-2200				
Гτ	ermınate	ed	1700 LIDA ST								
┌╭	mended	return	City or town, state or country, a	nd ZIP + 4		G Gross re	ceipts \$ 190,9	92,947			
┌╭	Application	n pending	PASADENA, CA 91109								
			F Name and address of	orincipal officer	H(a) is this	a group return for	affiliates? Tye	S V No			
			LORNE BUCHMAN 1700 LIDA ST			э э					
			PASADENA, CA 91109		1 ' '	ll affiliates inclu		☐ Yes ☐ No			
					l l	lo," attach a					
I	Tax-exen	npt status	▽ 501(c)(3) ┌ 501(c)()	◀ (insert no)	H(c) GIO	up exemptior	i iluliibei 🗗				
י נ	W ebsit e	e:► AR	TCENTER EDU								
K F	orm of or	rganization	Corporation Trust Associ	ation Other Me	l Year of f	ormation 1930	M State of	legal domicile CA			
	art I		mary	ation, other P	E rear or r	omidion 1330	14 State of	legar doffficile CA			
				sion or most significant activities							
Governance		DESIGN AND DE	ERS IN COMMUNICATION	OPERATES AN INDEPENDENT, FOUR ARTS AND INDUSTRIAL DESIGN THA LES ITS GRADUATES TO REALIZE S	T EXTENDS I	TS LEGACY	OFPROFES	SSIONALART			
3	,	Check th	us hov Mar if the organization	discontinued its operations or dispose	d of more than	25% of its no	at accete				
			•	erning body (Part VI, line 1a)		1	3	17			
Activities &				rs of the governing body (Part VI, line 1		<u> </u>	4	16			
<u>5</u>			mber of individuals employed		<u> </u>	5	1,569				
ă			mber of volunteers (estimate			6	165				
	7a	Total un	related business revenue fron	n Part VIII, column (C), line 12		7	7a	0			
	b	Net unre	lated business taxable incom	e from Form 990-T, line 34		7	7b	0			
					Pri	or Year	Cur	rent Year			
_	8	Contri	butions and grants (Part VIII	-	4,960,97	2	30,622,288				
	9	Progra	ım service revenue (Part VIII	-	33,793,37	9	73,587,814				
Revenue	10	Invest	ment income (Part VIII, colu	mn (A), lines 3, 4, and 7d)	-	2,251,87	7	3,019,295			
	11		revenue (Part VIII, column (2,00	0	-178,240				
	12		=	11 (must equal Part VIII, column (A), l	ine	41,008,22	8	107,051,157			
	13			art IX, column (A), lines 1-3)		8,027,94	8	38,011,448			
	14	Benefi	ts paid to or for members (Pa	rt IX, column (A), line 4)		0		0			
	15	Saları	es, other compensation, empl	oyee benefits (Part IX, column (A), line	5 5 -						
₩.		10)				19,527,89	_	39,232,990			
Expenses	16a		sional fundraising fees (Part 1		1,18	0	0				
Д			ndraising expenses (Part IX, column	-	1010000						
	17 18), lines 11a-11d, 11f-24f) nust equal Part IX, column (A), line 25		13,188,20	_	24,205,129			
	19			ne 18 from line 12	' 	40,745,228		101,449,567 5,601,590			
Not Assets of Ford References			and the second s		_	ng of Current Year		d of Year			
25.0 10.00 10.00	20	Total	assets (Part X, line 16)			130,436,00	0	143,198,243			
4	21	Totall	iabilities (Part X, line 26) .			45,988,00	0	45,440,164			
žű	22	Netas	sets or fund balances Subtra	ct line 21 from line 20	-	84,448,00	0	97,758,079			
	art II	_	ature Block								
kno kno — Sig	wledge : wledge.	and belie	f, it is true, correct, and comple	nined this return, including accompanying te. Declaration of preparer (other than off	cer) is based on						
Не 	re 	Туре	ARD HALUSCHAK SENIOR VP & CFC or print name and title								
		Print/Type		Preparer's signature TRACY S PAGLIA	Date	Check if self- employed 🕨	PTIN				
Pai		preparer's name TRACY S PAGLIA TRACY S PAGLIA Firm's name MOSS ADAMS LLP				<u> </u>	Fırm's EI				
	parer	LEIRM'S ADDRESS & 3121 WEST MARCH LANE SULLE 100) • (209) 955-			
USE	Only		STOCKTON, CA 952192303								

May the IRS discuss this return with the preparer shown above? (see instructions)

Par	t III	Statement of Program S Check if Schedule O contains a				৮
1	Briefl	y describe the organization's mis	sion			
RESE DEFI	ARCH NE OU	THE INFRASTRUCTURE, TECH AND ACHIEVEMENT TO THE I R GLOBAL CULTURE, WITH A O THINKING, INTELLECTUAL DI	HIGHEST LEVELS OF E COMMITMENT TO PRO	XCELLENCE, MIND GRESSIVE EDUCA	FUL OF HOW ART AND DE TION DEFINED BY SOCIA	SIGN SHAPE AND
2	the pr	e organization undertake any sig ior Form 990 or 990-EZ?		es during the year w	hich were not listed on 	Yes
		s," describe these new services				
3	servic	e organization cease conducting es?		inges in how it cond		┌ Yes ┌ No
	If "Ye	s," describe these changes on So	hedule O			
4	Section	tibe the exempt purpose achieve on 501(c)(3) and 501(c)(4) orgations to others, the total expens	nizations and section 49	47(a)(1) trusts are	required to report the amou	
4a	(Code	e) (Expenses \$	96,394,234 inclu	ıdıng grants of \$	38,011,448) (Revenue \$	73,587,814)
	THE C AND A MULT THE N DEGR ALL E	COLLEGE OPERATES AN INDEPENDENT, F COLLEGE OFFERS A BACHELOR OF FINE A BACHELOR OF SCIENCE DEGREE ON T I-DISCIPLINARY UNDERGRADUATE PROF MASTER OF FINE ARTS DEGREE IN ADVE EE IN ENVIRONMENTAL DESIGN, PRODU EXPENDITURES RELATE TO ACADEMIC IN WAS 4,266 STUDENTS	ARTS DEGREE IN SIX MAJORS HREE MAJORS - ENVIRONMEN GRAMS IN ANIMATION, DIGITA RTISING, FILM, FINE ART, CO ICT DESIGN, AND TRANSPORT	- ADVERTISING, FILM, ITAL DESIGN, PRODUCT AL MEDIA EDUCATION AN MMUNICATION & NEW I TATION DESIGN, AND TH	FINE ART, GRAPHIC DESIGN, ILLU DESIGN, AND TRANSPORTATION ND ENTERTAINMENT DESIGN GRA MEDIA DESIGN, AND ILLUSTRATIO HE MASTER OF ARTS DEGREE IN A	STRATION AND PHOTOGRAPHY, DESIGN IT ALSO OFFERS NUATE PROGRAMS LEAD TO N, THE MASTER OF SCIENCE RT THEORY AND CRITICISM
4b	(Code	e) (Expenses \$	ınclud	ding grants of \$) (Revenue \$)
4c	(Code	e) (Expenses \$	ınclud	ding grants of \$) (Revenue \$)
4d	Othe	er program services (Describe ir	Schedule O)			
		enses \$	including grants of \$) (Revenue \$)
4e	Tota	l program service expenses►\$	96,394,234			

Part IV Checklist of Required Schedule	Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	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		Νο
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
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		Νο
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b	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		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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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		Νo
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		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		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 IV			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other I	RS Filings	and Tax	Compliance

Form	990 (2010)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
	1a 334	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	,		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1_		
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
Lu	Statements filed for the calendar year ending with or within the year covered by this			
ь	return	-		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
за	year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
_	account)?	4a		No
Ь	If "Yes," enter the name of the foreign country •————————————————————————————————————	_		
	See instructions for ming requirements for Form FD 1 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
L	organization solicit any contributions that were not tax deductible?			
ь	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	~		110
_	Del the constant of the design	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	5 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
8	Form 1098-C?	7h		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
•	business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
17-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		
	year 12b	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
a	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
4.4	13c	-		NI -
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No
	1. 1.55, 1.65 it med a form 7.25 to report these payments. If No, provide an explanation in schedule 0.	_	orm 99	(2010)

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

_Se	ction 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		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			- 110
<i>,</i> a	governing body?	7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the 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		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		V	
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Yes	
U	Describe in Schedule of 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	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			_
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶CA			
18	Section 6104 requires an organization to make its 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 🕨 DIANE WITTENBERG 1700 LIDA ST PASADENA, CA 91109

(626) 396-2200

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	che		II		(D) (E) Reportable Reportable compensation from the from related		(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	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) ROBERT C DAVIDSON JR CHAIRMAN	1 00	Х		х				0	0	0
(2) CARL BASS TRUSTEE	1 00	Х						0	0	0
(3) DOUGLAS C BOYD TRUSTEE	1 00	Х						0	0	0
(4) LORNE M BUCHMAN PRESIDENT/CEO	40 00	х		х				390,000	0	48,585
(5) WILLIAM T GROSS TRUSTEE	1 00	Х						0	0	0
(6) KIT HINRICHS TRUSTEE	1 00	Х						0	0	0
(7) WILLIAM D HORSFALL SECRETARY/TREASURER	1 00	Х		х				0	0	0
(8) CLEON T KNAPP TRUSTEE	1 00	Х						0	0	0
(9) TIMOTHY M KOBE TRUSTEE	1 00	Х						0	0	0
(10) GEORGE H LADYMAN TRUSTEE	1 00	Х						0	0	0
(11) SAMUEL J MANN TRUSTEE	1 00	Х						0	0	0
(12) PETER W MULLIN TRUSTEE	1 00	Х						0	0	0
(13) REINER M TRILTSCH TRUSTEE	1 00	Х						0	0	0
(14) PAUL A VIOLICH TRUSTEE	1 00	Х						0	0	0
(15) JUDY C WEBB TRUSTEE	1 00	х						0	0	0
(16) ALYCE DE ROULET WILLIAMSON TRUSTEE	1 00	Х						0	0	0

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

(A) Name and Title	(B) A verage hours		tion :			II		(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
(17) RICHARD HALUSCHAK SR VICE PRESIDENT & CFO	40 00			х				234,690	0	23,460
(18) KATHERINE BARON VICE PRESIDENT	40 00				х			153,396	0	24,885
(19) GEORGE FALARDEAU SR VICE PRESIDENT	40 00				Х			187,396	0	25,630
(20) FRED FEHLAU PROVOST	40 00				х			182,025	0	31,930
(21) NIKOLAS HAFERMAAS CHAIR	40 00					Х		242,340	0	34,724
(22) ANDREW OGDEN CHAIR	40 00					х		167,894	0	16,777
(23) DAVID MOCARSKI CHAIR	40 00					х		153,631	0	25,085
(24) STEWART REED CHAIR	40 00					х		150,134	0	23,655
(25) WAYNE HERRON SR DIRECTOR	40 00					х		146,625	0	25,162
(26) RICHARD KOSHALEK FORMER PRESIDENT & CEO	1 00						х	255,420	0	12,000
(27) JEAN FORD FORMER SR VICE PRESIDENT, TRUSTEE RELATIONS	1 00						х	252,064	0	28,068
1b Sub-Total	<u> </u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>			
c Total from continuation sheets						<u> </u>				
d Total (add lines 1b and 1c) .							۲	2,515,615	0	319,961

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►34

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
UNIVERSAL PROTECTION SERVICE LP 639 WILSHIRE BLVD LOS ANGELES, CA 90017	SECURITY	518,678
SODEXHO 9801 WASHINGTON BLVD GAITHERSBURG, MD 20878	CATERING	360,020
SPECIALTY SERVICES 45 LAPORTE ST ARCADIA, CA 91006	JANITORIAL	310,466
CLEAR IMAGE PRINTING COMPANY 731 WILSON AVE GLENDALE, CA 91203	PRINTING	252,164
ALLEN MATKINS LECK GAMBLE & MALLORY 515 S FIGUEROA ST LOS ANGELES, CA 90071	LEGAL	184,959
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶6

Form 99 Part V	90 (2010) /III Statement of Revenue				Pa	ge 9
	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	excluded from tax under sections 512, 513, or
Contributions, gifts, grants and other similar amounts		308,719 26,616,368 3,697,201 154,616	30,622,288			514
Program Service Revenue	Busine TUITION AND FEES AUXILIARY SERVICES All other program service revenue Total. Add lines 2a-2f	611600 611600	72,532,620 1,055,194 73,587,814	72,532,620 1,055,194		
	3 Investment income (including dividends, interest and other similar amounts)	ersonal	1,714,638			1,714,638
	(i) Securities (ii) 4 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 3. (i) Securities 85,012,601 83,707,944 1,304,657	O ther	1,304,657			1,304,65
Other Revenue	(not including \$308,719 of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events b Less direct expenses	55,606 233,846	-178,240			-178,24
	b Less cost of goods sold b c Net income or (loss) from sales of inventory	ess Code				
	12 Total revenue. See Instructions		107,051,157	73,587,814		2,841,05

Part IX Statement of Functional Expenses

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

A	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c			(D).	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	38,011,448	38,011,448		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,621,900	614,405	777,927	229,568
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	371,958	232,248	139,710	
7	Other salaries and wages	29,989,237	28,440,253	1,036,577	512,407
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,147,748	2,027,982	83,165	36,601
9	Other employee benefits	2,824,938	2,679,435	97,369	48,134
10	Payroll taxes	2,277,209	2,151,279	87,445	38,485
а	Fees for services (non-employees) Management				
b	Legal	205,414		205,414	
c	Accounting	230,184		230,184	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	230,603		230,603	
g	Other	3,528,534	3,333,406	135,496	59,632
12	Advertising and promotion	107,104	101,181	4,113	1,810
13	Office expenses	7,185,147	6,787,808	275,910	121,429
14	Information technology	471,936	445,838	18,122	7,976
15	Royalties				
16	Occupancy	3,404,207	3,215,954	130,722	57,531
17	Travel	551,570	521,068	21,180	9,322
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	·	•		· · ·
19	Conferences, conventions, and meetings	66,277	62,612	2,545	1,120
20	Interest	456,809	431,548	17,541	7,720
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	3,106,589	2,934,795	119,293	52,501
23	Insurance	1,814,420	1,714,082	69,674	30,664
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	BOND DEBT FEES	1,129,574	1,067,108	43,376	19,090
b	UNCOLLECTIBLE ACCOUNTS	825,480	779,831	31,698	13,951
С	LICENSES, PERMITS, DUES	624,534	589,997	23,982	10,555
d	COST OF STUDENT MATERIA	255,489	241,360	9,811	4,318
e					
f	All other expenses	11,258	10,596	430	232
25	Total functional expenses. Add lines 1 through 24f	101,449,567	96,394,234	3,792,287	1,263,046
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				<u> </u>
	combined educational campaign and fundraising solicitation				m 990 (2010)

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing	ı		8,012	1	7,999	
	2	Savings and temporary cash investments	8,801,103	2	18,270,618			
	3	Pledges and grants receivable, net	•		764,986	3	998,664	
	4	Accounts receivable, net			5,080,747	4	3,821,664	
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of		5				
		Schedule L	hedule L					
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employorganizations (see instructions)	mploy	ers, and				
\$		Schedule L				6		
ssets	7	Notes and loans receivable, net				7		
⋖	8	Inventories for sale or use			94,639	8	73,442	
	9	Prepaid expenses and deferred charges			730,624	9	678,673	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	58,368,042				
	ь	Less accumulated depreciation	10b	14,421,730	46,015,000	10c	43,946,312	
	11	Investments—publicly traded securities			64,903,000	11	71,170,512	
	12	Investments—other securities See Part IV , line 11 \cdot . \cdot		12	127,474			
	13	Investments—program-related See Part IV, line 11	1,947,253	13	1,868,827			
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11			2,090,636	15	2,234,058	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			130,436,000	16	143,198,243	
	17	Accounts payable and accrued expenses .			5,182,807	17	5,079,496	
	18	Grants payable				18		
	19	Deferred revenue			9,896,181	19	10,353,424	
	20	Tax-exempt bond liabilities	ı		30,330,000	20	29,585,000	
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedu		21				
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ē		persons Complete Part II of Schedule L \ldots	•			22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			579,012	25	422,244	
	26	Total liabilities. Add lines 17 through 25			45,988,000	26	45,440,164	
Ņ		Organizations that follow SFAS 117, check here 🕨 🔽 and comp	plet e l	ines 27				
9		through 29, and lines 33 and 34.						
<u>5</u>	27	Unrestricted net assets			35,417,250	27	41,472,696	
Fund Balance	28	Temporarily restricted net assets	5,077,749	28	11,615,855			
Ξ	29	Permanently restricted net assets			43,953,001	29	44,669,528	
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ allines 30 through 34.	nd con	nplet e				
	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 fo	ınds			32		
Ņ	33	Total net assets or fund balances			84,448,000	33	97,758,079	
2	34	Total liabilities and net assets/fund balances			130,436,000	34	143,198,243	

Par	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		107.0)51,157
2	Total expenses (must equal Part IX, column (A), line 25)	2			149,567
3	Revenue less expenses Subtract line 2 from line 1	3		5,6	501,590
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		84,4	148,000
5	Other changes in net assets or fund balances (explain in Schedule O)	5		7,7	708,489
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		97,7	758,079
Par	T XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

Employer identification number

OMB No 1545-0047

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.

Inspection

ART CENTER COLLEGE OF DESIGN 95-1921340 Reason for Public Charity Status (All organizations must complete this part.) See instructions 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 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated 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?		Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No			
Total											

Provide the following information about the supported organization(s)

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

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

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

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

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

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

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

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

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

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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As Filed Data

DLN: 93493080004322

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

3

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Name of the organization ART CENTER COLLEGE OF DESIGN

Employer identification number 95-1921340 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation

- easement on the last day of the tax year Held at the End of the Year
- Total number of conservation easements
- Total acreage restricted by conservation easements
- 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3
- the taxable year 🛌
- Number of states where property subject to conservation easement is located 🛌
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨
- A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ ___ Does each conservation easement reported on line 2(d) above satisfy the requirements of section
- 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and
- balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2010

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

Cat No 52283D

2a

3	Using the organization's accession and othe										ontinuea)
	ıtems (check all that apply) —			_							
а	Public exhibition		d	ı	Loan or	exchan	ge programs	5			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and explai	ın hov	w they	further	the orga	nızatıon's e	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Г	Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						swered "\	es" to For	m 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for co	ntributi	ons or ot	her assets:	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the 1	follow	/ıng ta	ble				A mo	unt	
c	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	erm 000 Bart V line	. 717							Yes	
			21,						'	res) NO
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete) and	wore	d "Voc"	' to For	m 000 Da	rt IV line	10		
Fα	Endowment Funds. Complete	(a)Current Year)Prior Y				d)Three Years		e) Four Y	'ears Back
1a	Beginning of year balance	42,039,000	`		938,000		33,432,000	•			
b	Contributions	1,263,000			903,000		585,000				
c	Investment earnings or losses	9,743,000		-	878,000		10,782,000				
d	Grants or scholarships	1,500,000					1,253,000				
e	Other expenditures for facilities and programs	1,023,000			830,000		384,000				
f	Administrative expenses	129,000			94,000		224,000				
g	End of year balance	50,393,000		42,	039,000		42,938,000				
2	Provide the estimated percentage of the yea	r end balance held a	ıs				L				
а	Board designated or quasi-endowment										
b	Permanent endowment • 100 000 %										
	Termanent endowment P										
c 3a	Term endowment ► Are there endowment funds not in the posse:	scion of the organiza	tion	that a	ro hold s	and admi	nictored for	tho			
Ja	organization by	ssion of the organiza	111011	tiiat a	ie lielu c	and admi	ilistered for	tile		Yes	No
	(i) unrelated organizations								3a(i)	Yes	
	(ii) related organizations								3a(ii)		Νο
ь	If "Yes" to 3a(II), are the related organizatio	ns listed as required	d on S	Schedu	ıle R?				3Ь		
4	Describe in Part XIV the intended uses of th										
Pai	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Fo	orm 990	<u>0, Part :</u>	X, line 10.		-		
	Description of investment				Cost or ot (investme		Cost or other asıs (other)	(c) Accumu depreciat		(d) Bo	ok value
1a	Land						3,679,010				3,679,010
b	Buildings						51,896,317	13,30	58,210	3	8,528,107
c	Leasehold improvements										
d	Equipment						786,434	2:	10,718		575,716
e	Other						2,006,281	84	12,802		1,163,479
	II. Add lines 1a-1e <i>(Column (d) should equal Fo</i>		nn (B)), line .	10(c).)					4	3,946,312
								Sched	ule D (Form 9	90) 2010

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(B)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		12
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, Im	e 15.	
(a) Descrip	tion	(b) Book value
Total, (Column (b) should equal Form 990 Part X col (B) line 1	5,)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
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Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
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Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes FEDERAL LOANS	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	107,051,157
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	101,449,567
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,601,590
4	Net unrealized gains (losses) on investments	4	7,458,862
5	Donated services and use of facilities	5	204,500
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	45,127
9	Total adjustments (net) Add lines 4 - 8	9	7,708,489
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,310,079
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	76,601,311
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	7,943,208
3	Subtract line 2e from line 1	3	68,658,103
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	38,393,054
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	107,051,157
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	63,290,359
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 233,846	1	
e	Add lines 2a through 2d	2e	233,846
3	Subtract line 2e from line 1	3	63,056,513
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		
b	Other (Describe in Part XIV)		
с	Add lines 4a and 4b	4c	38,393,054
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	101,449,567

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

Part XIV Supplemental Information

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

Ident if ier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENTS ARE RESTRICTED BY THE DONORS FOR SCHOLARSHIPS AND SUPPORT FOR EDUCATIONAL PROGRAMS AND INITIATIVES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COLLEGE ADOPTED THE PROVISIONS OF FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, INCOME TAXES, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS ON JULY 1, 2009 WHICH HAD NO FINANCIAL STATEMENT IMPACT TO THE COLLEGE FOR THE YEARS ENDING JUNE 30, 2011
PART XI, LINE 8 - OTHER ADJUSTMENTS		ACTURIAL ADJUSTMENT 46,000 ADJUSTMENT DUE ROUNDED NET ASSET IN PRIOR YEAR -873
PART XII, LINE 2D - OTHER ADJUSTMENTS		ACTUARIAL ADJUSTMENT 46,000 DIRECT FUNDRAISING EXPENSES 233,846
PART XII, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID 11,910,686 FEDERAL FUNDING NETTED AGAINST EXPENSES ON FINANCIAL STATEMENTS 26,482,368
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT FUNDRAISING EXPENSES 233,846
PART XIII, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID 11,910,686 FEDERAL FUNDING NETTED AGAINST EXPENSES ON FINANCIAL STATEMENTS 26,482,368

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization ART CENTER COLLEGE OF DESIGN

Employer identification number

	95-1921340			
Pa	rt I		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II	3	Yes	
			1 00	
4	Does the organization maintain the following?	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No
Ь	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		Νο
d	Scholarships or other financial assistance?	5d		Νo
e	Educational policies?	5e		Νo
	Use of facilities?	5f		Νo
_	Athletic programs?			N o
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II	<u>5h</u>		No.
_				
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a 6b	Yes	Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Vas	

Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE COLLEGE PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY THROUGH BROCHURES, PRINT MEDIA, REGISTRATION MATERIALS AND ITS WEBSITE
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLLEGE ADMINISTERS VARIOUS SCHOLARSHIP PROGRAMS AND LOANS PROVIDED BY GOVERNMENTAL AGENCIES (INCLUDING DIRECT LOANS (SUBSIDIZED AND UNSUBSIDIZED), PELL GRANTS, SEOG AND FEDERAL WORK STUDY PROGRAMS) AND AWARDS ARE MADE BASED UPON THE CRITERIA ESTABLISHED BY THE GOVERNMENTAL AGENCY

Schedule E (Form 990 or 990-EZ) 2010

DLN: 93493080004322

OMB No 1545-0047

Open to Public Inspect ion

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Statement of Activities Outside the United States

	e of the organization CENTER COLLEGE OF DESIGN				Employer ident	ification number					
AKI	CENTER COLLEGE OF DESIGN				95-1921340						
Pa	rt I General Informatio "Yes" to Form 990, Pa			he United States. C	Complete if the organiz	ation answered					
1	For grantmakers. Does the	organization n	naıntaın record	ds to substantiate the	amount of the grants	or					
	assistance, the grantees' elig	- ·	_	·		ard					
	the grants or assistance?					│ Yes │ No					
2	For grant makers. Describe in Pa United States	art V the organiz	zatıon's procedu	res for monitoring the us	e of grant funds outside tl	nt funds outside the					
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)							
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region o independent contractors	(d) Activities conducted in region (by type) (e g , r fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region					
	EUROPE	0	0	<u> </u>	STUDY ABROAD (SEMESTER)	134,54					
	EUROPE	0	0		ESADE EXECUTIVE EDUCATIONAL SEMINAR	6,914					
	EUROPE	0	0		EUROPE ALUMNI REUNION EVENT	39,300					
	Sub-total		C)		180,758					
	Total from continuation sheets	1	I		I	[

0

to Part I

c Totals (add lines 3a and 3b)

180,758

Part	Part IV, l	ine 15, for any					plete if the organiza received more than			
-	a) Name of rganization	(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 nun tax-exempt by	nber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are i 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 number of other organizations or entities									

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete i	f the organization a	nswered "Yes" to Form !	990, Part IV, line 16.
	Use Part V if add	ditional space is ne	eded.		·			

(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	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>. </u>		!		
			<u>. </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			1		!		
			1		,		

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	₹	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	~	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	Νo
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)	Г	Yes	্	Νo
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)	Г	Yes	্	Νo
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

Additional Data

Software ID:

Software Version:

EIN: 95-1921340

Name: ART CENTER COLLEGE OF DESIGN

Schedule F (Form 990) 2010

Page **5**

Part V Supplemental Information

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

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DLN: 93493080004322

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding **Fundraising or Gaming Activities**

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

Open to Public Inspection

Name of the organization

Employer identification number

AKI	CENTER COLLEGE OF DE	SIGN						95-1921340		
Pa	rtI Fundraising Ac	tivities. Comple	te if the o	organiza	tion a	nswered "Yes"	to Form	n 990, Part IV	, line 17.	
1	Indicate whether the orga	nızatıon raısed funds	s through a	ny of the	follow	ing activities Ch	eck all t	hat apply		
а	Mail solicitations			e		Solicitation of no	n-govern	nment grants		
b	Internet and e-mail so	olicitations		f		Solicitation of go	vernmen	t grants		
С	Phone solicitations			g		Special fundraisii	ng event:	s		
d	In-person solicitation	S								
2a	Did the organization have or key employees listed in								Г _{Yes}	
b	If "Yes," list the ten highe to be compensated at leas									
	(i) Name and address of individual or entity (fundraiser)		fundrais custo cont	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity		mount paid to etained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
			Yes	No						
Tota	al			.						

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

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.							
			(a) Event #1 2010 CAR CLASSIC (event type)	(b) Event #2 80TH ANIVERSARY GALA (event type)	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))		
₽	1	Gross receipts	36,905			364,325		
Reveilue	2	Less Charitable contributions	25,785			308,719		
_	3	Gross income (line 1 minus line 2)	11,120	44,486		55,606		
	4	Cash prizes						
မှာ	5	Non-cash prizes						
Expenses	6 Rent/facility costs		29,300	81,099		110,399		
益	7	Food and beverages	13,326	2,744		16,070		
Direct	8	Entertainment						
ā	9	Other direct expenses .	28,750	78,627		107,377		
	10	Direct expense summary Add line	es 4 through 9 in column	(d)		233,846		
	11	Net income summary Combine lin	es 3 and 10 ın column (d)		-178,240		
Par	t III	Gaming. Complete if the ore \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))		
		Gross revenue						
enses		Cash prizes						
Direct Exp		Rent/facility costs						
₽	5	Other direct expenses						
	6	Volunteer labor	┌ Yes % ┌ No	┌ Yes % ┌ No	┌ Yes % ┌ No	_		
		Direct expense summary Add lines						
9 a b	Ent Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	tion operates gaming ac	tivities		· Fyes FNo		
10a b		re any of the organization's gaming li Yes," Explain			the tax year?	· · Fyes Fno		

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

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DLN: 93493080004322

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

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

Inspect ion

Name of the organization	Employer identificati	Employer identification number									
ART CENTER COLLEGE OF DESIGN											
Part I General Information	on on Grants and	Assistance				1					
 Does the organization maintain the selection criteria used to av Describe in Part IV the organization 	ward the grants or as: atıon's procedures fo	sistance? r monitoring the use o		ed States			✓ Yes ┌				
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	e 21 for any recip	ent that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d 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				

Enter total number of section 501(c)(3) and government organizations

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) UNDERGRADUATE SCHOLARSHIPS	1150	10,358,179			
(2) GRADUATE SCHOLARSHIPS	137	1,355,322			
(3) PELL GRANTS, SEOG, FEDERAL WORK STUDY, DIRECT LOANS	2947	25,755,352			
(4) STUDENT SPECIAL CIRCUMSTANCE TUITION WAIVERS - MEDICAL	6	55,926			
(5) EDUCATION PROGRAM TUITION DISCOUNTS	647	486,669			

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

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS	,	SCHEDULE I, PART I, LINE 2 GRANT FUNDS ARE RECORDED IN A PROJECT ACCOUNT SO THAT ALL ASSOCIATED REVENUES AND EXPENSES ARE ACCOUNTED FOR RELATED TO A SPECIFIC GRANT
IN THE U S		

Schedule I (Form 990) 2010

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DLN: 93493080004322

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization ART CENTER COLLEGE OF DESIGN 95-1921340 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment from the organization or a related organization? Yes **4**a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Yes Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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	J	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) LORNE M BUCHMAN	(ı) (ıı)	390,000	- 1	0 0	39,000	I I	438,585	
(2) RICHARD HALUSCHAK	(I) (II)	234,690	0	0	23,460		258,150 0 0)
(3) KATHERINE BARON	(I) (II)	153,396 0	0	0	/		5 178,281 0 0	
(4) GEO RGE FA LA RDEA U	(ı) (ıı)	187,396 0	- 1	0	18,700		213,026	٬ر
(5) FRED FEHLAU	(ı) (ıı)	182,025		0 0	25,000		213,955	ر
(6) NIKOLAS HAFERMAAS	(ı) (ıı)	242,340	0	0 0	24,225		9 277,06 4 0 0	، ر
(7) ANDREW OGDEN	(ı) (ıı)	167,894 0	- 1	0 0	16,777		184,671)
(8) DAVID MOCARSKI	(ı) (ıı)	153,631		0 0	15,500		5 178,716 0 0	
(9) STEWART REED	(ı) (ıı)	150,134 0	- 1	0	1,,	8,861	1 173,789	
(10) WAYNE HERRON	(ı) (ıı)	146,625	0	0 0	1	The state of the s		
(11) RICHARD KOSHALEK	(ı) (ıı)	255,420 0	- 1	0	0 0	12,000	267,420	
(12) JEAN FORD	(I) (II)	252,064 0	- 1	0 0	15,836		280,132	
(13)	 ,				7			
(14)			1	,	,			
(15)	+			<u> </u>				
(16)	+	<u></u>	1		'			

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
		JEAN FORD AND RICHARD KOSHALEK HAVE CONFIDENTIAL SEVERANCE AGREEMENTS THE TERMS OF THE AGREEMENTS ARE AVAILABLE TO THE IRS UPON REQUEST
	7	LORNE BUCHMAN RECEIVES A DISCRETIONARY BONUS IT IS DETERMINED BY THE BOARD OF TRUSTEES EACH YEAR BASED ON PROPOSED GOALS PROVIDED BY THE CEO/PRESIDENT IN OCTOBER EACH YEAR THE GOALS MUST BE SPECIFIC, MEASURABLE AND ATTAINABLE, AND INCUDE GOALS RELATING TO FISCAL MANAGEMENT OF ART CENTER IT IS BASED ON THE BOARD OF TRUSTEE'S ASSESSMENT OF MEETING THE GOALS SET

Schedule J (Form 990) 2010

DLN: 93493080004322

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

ART CENTER COLLEGE OF DESIGN

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.

Inspection Employer identification number

95-1921340 Part I Bond Issues **(h)** O n (i) Pool

	(a) Issuer Name	ame (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Pric		(e) Issue Price	(f) Description of Purpose	(g) Defeased		Behalf of Issuer		financing		
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA EDUCATIONAL FACILITIES AUTHORITY	52-1705592	130178TR7	08-13-2009	9 940 000	CONSTRUCT SOUTH CAMPUS CLASSROOMS, REFINANCE EXISTING TAXABLE LOAN		х		X		X
_												
			•									_

Part III Proceeds

		A	В	C	D
1	A mount of bonds retired				
2	A mount of bonds legally defeased				
3	Total proceeds of issue	9,940,000			
4	Gross proceeds in reserve funds	34,970			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	198,800			
8	Credit enhancement from proceeds	27,504			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	3,696,639			
11	Other spent proceeds				
12	Other unspent proceeds				

13	Year of substantial completion	20	09					1		
			No	Yes	No	Yes	No	Yes	No	
14	Were the bonds issued as part of a current refunding issue?	X								
15	Were the bonds issued as part of an advance refunding issue?		х							
16	Has the final allocation of proceeds been made?	х								
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	х								

Part IIII Private Business Use

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

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

В		С		D
No	Yes	No	Yes	No

Pai	rt IV Arbitrage										
		А		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?		×								
2	Is the bond issue a variable rate issue?	X		+	+		<u> </u>				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	×									
b	Name of provider	WELLS FARGO BANK									
С	Term of hedge	30 2500	00000000								
d	Was the hedge superintegrated?		х								
e	Was a hedge terminated?		х				1				
4a	Were gross proceeds invested in a GIC?		Х		<u> </u>						
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								
6	Did the bond issue qualify for an exception to rebate?		х		1						

Part V Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
PART I, COL A(F)		BOND PROCEEDS WERE USED, IN PART, TO REFINANCE A TAXABLE LOAN THAT WAS USED TO CONSTRUCT CLASSROOMS, GALLERIES, STUDIO SPACE AND ADMINISTRATIVE OFFICE ON THE COLLEGE'S SOUTH CAMPUS IN ADDITION, THE COLLEGE USED A PORTION OF THE PROCEEDS TO REIMBURSE EXPENDITURES RELATED TO THE COMPLETION OF SEVERAL RENOVATION PROJECTS ON THE SOUTH CAMPUS THE COLLEGE'S SOUTH CAMPUS IS IN A FORMER INDUSTRIAL ZONE NOW DESIGNATED BY THE CITY OF PASADENA FOR RESEARCH, MEDICAL AND EDUCATIONAL USES AND THE BUILDING AMONG THE FIRST LEED CERTIFIED BUILDINGS IN THE CITY

DLN: 93493080004322

OMB No 1545-0047

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Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

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

NonCash Contributions

Name of the organization ART CENTER COLLEGE OF DESIGN

Employer identification number

OF 1021240

					95-192134	U			
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 1g	Method of deto amounts	(d) ermining o		ontribut	iion
1	Art—Works of art	Χ	4	143	SELLING P	RICE			
2	Art—Historical treasures	Χ	5	5	\$1 PER ITE	M DONA	ATED		
3	Art—Fractional interests								
4	Books and publications	Χ		1	\$1 PER ITE	M DONA	ATED		
	Clothing and household	×		,					
good				,	\$1 PER ITE	M DONA	ATED		
	Cars and other vehicles .								
	Boats and planes								
	Intellectual property		_						
	Securities—Publicly traded	Х	9	142,918	HIGH/LOW	AVE O	F FM V		
10	Securities—Closely held stock								
11	Securities—Partnership, LLC, or trust interests .								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Q ualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles	Χ	1	1	\$1 PER ITE	M DONA	ATED		
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
	Scientific specimens								
	Archeological artifacts .								
	Other ► (FURNITURE)	Х	7		DONORES		O N		
	Other ► (ELECTRONICS)	Х	2	· · · · · · · · · · · · · · · · · · ·	SELLING P				
	Other ► (TICKETS)	Х	9	3,493	SELLING P	RICE			
	Other ► ()								
29	Number of Forms 8283 received by for which the organization complete	_	=		29				0
								Yes	No
30a	During the year, did the organizatio								
	must hold for at least three years fr	om the o	date of the initial contribution	on, and which is not require	d to be used				
	for exempt purposes for the entire h	nolding p	eriod?				30a		No
b	If "Yes," describe the arrangement	ın Part I	I						
31	Does the organization have a gift ac	·		·		s ?	31	Yes	
32a	Does the organization hire or use the contributions?			to solicit, process, or sell	non-cash • • •		32a	Yes	
b	If "Yes," describe in Part II								
33	If the organization did not report re	venuesı	n column (c) for a type of p	roperty for which column (a) is checked	,			
	describe in Part II								

Part II

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

Ident if ier	Ret urn Reference	Explanat ion
THIRD PARTY USE		THE ORGANIZATION USES A THIRD PARTY BROKER (NORTHERN TRUST) TO SELL GIFTS OF SECURITIES

Schedule M (Form 990) 2010

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2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Name of the organization
ART CENTER COLLEGE OF DESIGN

Employer identification number

95-1921340

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS REVIEWED FIRST BY THE CONTROLLER AND THE CHIEF FINANCIAL OFFICER IT IS THEN REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES AND THE FULL BOARD OF TRUSTEES DURING FEBRUARY OR MARCH PRIOR TO FILING WITH THE IRS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE COLLEGE'S CONFLICT OF INTEREST POLICY COVERS ALL TRUSTEES, OFFICERS, MEMBERS OF MANAGEMENT AND COMMITTEE MEMBERS EACH COVERED PERSON MUST ATTEST ANNUALLY THAT THEY ARE IN COMPLIANCE WITH THE POLICY THE STATEMENTS ARE REVIEWED EACH YEAR BY THE AUDIT COMMITTEE THE GOVERNANCE COMMITTEE DETERMINES IF CONFLICT EXISTS ANY TRANSACTION IN WHICH A CONFLICT MAY EXIST MUST BE APPROVED BY THE BOARD OF TRUSTEES ANY PERSON WITH A CONFLICT MAY NOT PARTICIPATE IN THE BOARDS DELIBERATIONS OR VOTE WITH REGARD TO THE TRANSACTION

ldentifier	Return Reference	Explanation
	PART VI,	A) PRESIDENT AND CEO - THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS COMPARABLE DATA FROM A VARIETY OF SOURCES AND INCLUDES RESEARCH AND ADVICE FROM ONE OR MORE INDEPENDENT COMPENSATION CONSULTANTS AND ATTORNEYS THE EXECUTIVE COMMITTEE THEN MAKES A RECOMMENDATION TO THE FULL BOARD OF TRUSTEES FOR APPROVAL B) OFFICERS AND OTHER KEY EMPLOYEES - THE PRESIDENT SETS THE SALARIES FOR THESE POSITIONS USING COMPARABLE DATA STUDIES

Identifie	Return Reference Explanation	
	FORM 990, PART VI, SECTION C, LINE 19	ARTICLES OF INCORPORATION, BY LAWS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 7,458,862 DONATED SERVICES AND USE OF FACILITIES 204,500 ACTURIAL ADJUSTMENT 46,000 ADJUSTMENT DUE ROUNDED NET ASSET IN PRIOR YEAR -873 TOTAL TO FORM 990, PART XI, LINE 5 7,708,489