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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

2012

Open to Public Inspection

		<b>2012 cal</b> applicable	C Name of organization	g 06-01-2012 , 2012, and ending 05	-31-2013	D Emplo	yer ide	ntification number	
	dress c		MARYLAND INSTITUTE COLLEGE OF	ART INC		52-05	9166	1	
┌ Na	me cha	ange	Doing Business As						
┌ Inı	tıal retu	urn		all is not delivered to street address) Room/	suite	E Telepho	one num	ber	
Гте	rmınate	ed	1300 Mount Royal Avenue Suite						
☐ Am	nended	return	City or town, state or country, and Z	ZIP + 4		(410)	225-2	. 352	
Гар	plicatio	n pending	Baltımore, MD 21217			<b>G</b> Gross r	eceipts s	\$ 210,225,787	
			<b>F</b> Name and address of prin	ncipal officer	H(a) I	s this a group	return	for	
			FRED LAZARUS IV 1300 Mount Royal Avenue			affiliates?		┌ Yes  No	
			Baltimore, MD 21217		H(b) /	Are all affiliate	s inclu	ded?	
								(see instructions)	
<b>I</b> Ta	ıx-exer	mpt status	<b>✓</b> 501(c)(3)   501(c)( ) <b>◄</b> (1	Insert no )	H(c)	Group exempt	ıon nuı	mber <b>►</b>	
J W	ebsit	e:► WV	VW MICA EDU						
<b>K</b> For	m of o	rganızatıon	Corporation Trust Associatio	n  ○ Other ►	<b>L</b> Year	of formation 18	26 <b>M</b>	State of legal domicile D	
Pa	rt I	Sum	ımary						
iance		DEGREE		on or most significant activities LAND INSTITUTE COLLEGE OF AR ISTS AND THE FURTHER ADVANCE					
Governance	2	Check tl	his box দ if the organization dis	scontinued its operations or disposed	d of more th	ian 25% of its	net as	sets	
	3	Number	of voting members of the govern	ing body (Part VI, line 1a)			3	32	
Ě	4	Number	of independent voting members of	of the governing body (Part VI, line ${ t 1}$	b)		4	31	
Activities &	1			calendar year 2012 (Part V, line 2a)			5	2,215	
đ	1		mber of volunteers (estimate if n			6	32		
				art VIII, column (C), line 12			7a	72,145	
	B	Net unie	erated business taxable income ii	rom Form 990-T, line 34	<del></del>	Prior Year	7b 	Current Year	
	8	Contri	ibutions and grants (Part VIII) lu	ne 1h)	_	12,633,	754	10,997,856	
≘				ne 2g)		91,938,		95,335,344	
Ravenue	10			(A), lines 3, 4, and 7d)		6,367,		2,044,469	
Ť	11	Other	revenue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)		410,6	599	362,848	
	12		<del>_</del>	(must equal Part VIII, column (A ), $\ln$	ine	111,350,	300	108,740,517	
	13			IX, column (A), lines 1-3 )	_	25,433,		26,871,095	
	14			X, column (A), line 4)			0	0	
	15			ee benefits (Part IX, column (A), lines					
Expenses		5-10	•		41,054,657 43,76				
<u>₹</u>	16a		ssional fundraising fees (Part IX,		•	24,.	24,304 37,6		
ሿ	b		undraising expenses (Part IX, column (D)			20.617	220	20 546 002	
	17 18			lines 11a–11d, 11f–24e)		29,617, 96,129,		29,546,903	
	19			18 from line 12		15,220,		8,520,788	
Not Assets or Fund Balances						nning of Curre Year		End of Year	
SS-e-l	20	Total	assets (Part X, line 16)			240,839,	246	281,584,727	
정말	21	Total	liabilities (Part X, line 26)			96,608,	187	121,306,758	
	22	_		line 21 from line 20		144,231,0	059	160,277,969	
Unde my k	nowle arer h	alties of edge and as any k		amined this return, including accompanies of preparer (other					
_			e or print name and title						
		1,	Print/Type preparer's name	Preparer's signature	Date	Check I if	PTIN		
Pai			Firm's name F KPMG LLP	1		self-employed Firm's EIN ►			
	pare	er					\ 20C C	000	
Use	• On	ıly  ˈ	Firm's address 🟲 1676 International Drive	e		Phone no (703	, ∠86-8	UUU	

McLean, VA 22102

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

✓ Yes ☐ No

Form	n 990 (2012)					Page <b>2</b>
Par		<b>nt of Program Serv</b> hedule O contains a resp				
1	Briefly describe th	ne organization's mission				
					VATE COLLEGE DEDICATED	TO THE EDUCATION
O F P	ROFESSIONALAR	TISTS AND THE FURTH	ER ADVANCEMENT OF	ART IN THE	COMMUNITY	
2	the prior Form 990	on undertake any signific O or 990-EZ?				┌ Yes ┌ No
	•	these new services on S				
3	Did the organization services?	on cease conducting, or r	nake sıgnıfıcant changes • • • • •	in how it con	ducts, any program · · · · · · · · ·	┌ Yes ┌ No
	If "Yes," describe	these changes on Sched	ule O			
4	expenses Section		) organizations are requi	red to report	ee largest program services, as the amount of grants and alloca	
4a	(Code	) (Expenses \$	54,769,646 including g	grants of \$	26,871,095 ) (Revenue \$	95,512,474 )
	Accredited college wif		d arts, and art education, app	proximately 2,150	0 students, grants are disbursements f	or students' financial aid and
4b	(Code	) (Expenses \$	ıncludıng g	rants of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	ıncludıng g	rants of \$	) (Revenue \$	)
4d	Other program se (Expenses \$	ervices (Describe in Scho	edule O) uding grants of \$		) (Revenue \$	)
4e	Total program se		54,769,646		, ( w	<del>'</del>
TC	rotai piogramise	I VICE EXPENSES F	34,703,040			

art IV	Chec	klist	of Re	auired	Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of	11c		No
d	Its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		.,	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e 11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥌	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? 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 United States? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16	Yes	
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	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 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 through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\blacksquare$	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, 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	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

GI I	Statements Regarding Other 1RS Fillings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   347		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
ı	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	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
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	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		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	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 year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		

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								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	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		Νo					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5									
6	Did the organization have members or stockholders?	6		No					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
a	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)					
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							

### **Section C. Disclosure**

- 17 List the States with which a copy of this Form 990 is required to be filed►MD
- 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 made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►DOUGLAS MANN 1300 MOUNT ROYAL AVENUE BALTIMORE, MD (410) 225-2352

Form 990	(2012	,
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# 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 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Average hours per week (list any hours  Average more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
		organızatıons below	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

		1	1							ı			
	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t	tion ( han ( on is	one l both	box, ≀an	heck unless officer stee)	(E) Reportable compensation from related organizations (W	-	(F) Estima amount of compens from t	ted fother ation he		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	ed
											+		
											+		
1b c	Sub-Total				•		•	<b>*</b>			+		
d	Total (add lines 1b and 1c) .	_			٠.	٠.		Þ	2,514,362		0		530,339
2	Total number of individuals (in \$100,000 of reportable comp						d abov	e) w	ho received more th	an	•		
										Г		Yes	No
3	Did the organization list any <b>f</b> oon line 1a? <i>If</i> "Yes," complete 5					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on lin organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your fi	ve highest comp										+nv	
	compensation from the organiz	zacion κεροιί C	unpens	auon	101	ше (	carena	arye	ar enumy with of Wi	unn me organizati	UILS	tax year	

(A) Name and business address	(B) Description of services	(C) Compensation
THE WHITING-TURNER CONTRACTING CO I , PO BOX 17596 BALTIMORE MD 21297	CONSTRUCTION	7,929,565
PARKHURST DINING SERVICES , PO BOX 644091 PITTSBURGH PA 15264	FOOD SERVICES	2,414,741
CAREFIRST , 10455 MILL RUN CIRCLE OWINGS MILLS MD 211175559	INSURANCE PROVIDER	979,079
BRAD WEESNER DESIGN LLC , 3020 ST PAUL STREET BALTIMORE MD 21218	DESIGN	974,047
HORD COPLAN MACHT , 750 EAST PRATT STREET SUITE MD 21202	ARCHITECTURAL SRVS	612,221
Tatal number of independent controlling but not limited to these listed of	aval wha received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►38

		Check if Schedule O contains a respo	nse to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
χx	1a	Federated campaigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues 1b					
֓֞֞֞֞֞֞֓֓֓֓֞֞֞֞֓֓֓֓֓֓֞֞֞֓֓֓֓֓֡֞֞֞֡֓֡֓֓֡	С	Fundraising events 10	:				
iits ar ⁄	d	Related organizations 1d					
ງ <u>ສ</u> ໄ	e	Government grants (contributions) 1e	5,593,843				
e is	f	All other contributions, gifts, grants, and 1f	5,404,013	ł			
		similar amounts not included above					
	g	Noncash contributions included in lines 1a-1f \$	1,020,865				
5 E	h	Total. Add lines 1a-1f	<b>.</b>	10,997,856			
œ.			Business Code				
eur	2a	TUITION & FEES	611600	84,652,841	84,652,841		
<u> </u>	b	DORMITORIES	611710	6,422,227	6,422,227		
JC e	С	BOOKSTORE	611710	1,151,137	1,151,137		
Ser.	d	AUXILIARY ENT	611710	3,109,139	3,036,994	72,145	
Program Service Revenue	e f	All other program service revenue					
နို့		Tatal Addison 25 25		05 225 244			
_		<b>Total.</b> Add lines 2a-2f Investment income (including divider		95,335,344			
		and other similar amounts)		996,842			996,842
	4	Income from investment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·	36,230			36,230
	5	Royalties	T	822			822
	6a	(1) Real Gross rents 150,937	(II) Personal				
	b	Less rental 121,194					
	c	expenses Rental income 29,743	0				
		or (loss)		29,743			29,743
	d	Net rental income or (loss) (i) Securities	(II) O ther	29,743			23,743
	7a	Gross amount from sales of assets other 102,375,473	(ii) o circi				
	b	Less cost or other basis and sales expenses 101,364,076					
	С	Gain or (loss) 1,011,397					
	d	Net gain or (loss)		1,011,397			1,011,397
Omer Revenue	8a	Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18					
<b>1</b>	b	Less direct expenses b					
5	с	Net income or (loss) from fundraising	events 🛌	0			
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses <b>b</b>					
	С	Net income or (loss) from gaming act	ıvıtıes	0			
	10a	Gross sales of inventory, less returns and allowances					
		a					
	b c	Less cost of goods sold <b>b</b> Net income or (loss) from sales of inv	L centory	n			
		Miscellaneous Revenue	Business Code				
ŀ	11a	DEPOSIT FORFEITURE	900099	5,100			5,100
	b	TICKET AND EVENT INCOME	900099	69,349			69,349
	С	DIGITAL PRINTING	900099	177,130	177,130		
	d	All other revenue		80,704			80,704
	e	Total. Add lines 11a-11d	🕨	332,283			
	12	Total revenue. See Instructions .			05.440.555	<b></b>	0.055
	1		*	108,740,517	95,440,329	72,145	2,230,18

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 25,193,314 25,193,314 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 1,677,781 1,677,781 Benefits paid to or for members Compensation of current officers, directors, trustees, and 1,711,627 420,005 1,100,510 191,112 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 141,177 141,177 Other salaries and wages 33,621,201 15,860,732 16,292,568 1,467,901 Pension plan accruals and contributions (include section 401(k) 2,066,183 956,494 1,013,060 96,629 and 403(b) employer contributions) . . . . 3,735,382 1,729,213 1,831,476 Other employee benefits . . . . 174,693 10 2,488,509 1,152,001 1,220,128 116,380 11 Fees for services (non-employees) Ω Management . . . . 60,779 60,744 Legal . . . . . . . . 35 130,075 130,075 0 Lobbying . . . . . . . . . . . . Professional fundraising services See Part IV, line 17 37,652 37,652 Investment management fees . . . . . 181,013 181,013 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 1,433,886 381,946 993,107 Schedule O) . . . . . . . 58.833 Advertising and promotion . . 1,873,308 1,114,339 558,746 12 200,223 13 Office expenses . . . . . 2,882,818 187,015 2,575,378 120,425 918,944 14 Information technology . . 922,698 3,754 15 85 85 Royalties . 4,921,054 1,704,657 3,189,763 16 Occupancy . . . . . . 26,634 **17** 1,199,792 368,673 787,443 43,676 Travel . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . 749,858 659,074 90,784 20 4,113,213 4,113,213 Payments to affiliates . . . . . . 0 21 22 Depreciation, depletion, and amortization . 5,027,771 5,027,771 23 1,329,840 1,329,840 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a OTHER/AUXILIARY 2,717,598 2,717,598 **TUITION & FEES** 639,272 639,272 BAD DEBT 524,572 524,572 d STUDENT SERVICES 499,255 499,005 250 340,016 26,424 311,773 1,819 e All other expenses Total functional expenses. Add lines 1 through 24e 25 100,219,729 54,769,646 42,819,198 2,630,885 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

1   Cash—non-interest-beams   Beginning fyear   End year	Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
2   Savings and temporary cash investments   1,775.070   2   2,753.381						
3   Pledges and grants receivable, net   1.6897.078   3   12.010.900		1	Cash—non-interest-bearing	0	1	0
4		2	Savings and temporary cash investments	5,775,979	2	2,752,381
Solution   Complete   Complete		3	Pledges and grants receivable, net	14,697,978	3	12,910,980
### Part		4	Accounts receivable, net	11,192,526	4	7,609,355
100   100		5	employees, and highest compensated employees Complete Part II of		_	
9   Prepand expenses and deferred charges   10a   181,090,177	<u>se</u>	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary			
9   Prepand expenses and deferred charges   10a   181,090,177	Se.					
9   Prepand expenses and deferred charges   3.98, //42   100	Ø. ₹					<u> </u>
10s	_	_		· '		
Complete Part VI of Schedule D   10a   161.090.717   112.080.43   124.353.438   124.353.438   124.353.438   124.353.438   115.080.47   120.080.438   124.353.438   124.		9		1,815,091	9	2,431,745
11   Investments—publicly traded securities   60,985,628   11   71,692,785   12   12,243,547   13   1nvestments—other securities   See Part IV, line 11   18,775,397   12   22,435,947   13   1nvestments—program-related   See Part IV, line 11   19,29,691   13   1,935,052   14   1ntangible assets   0   0   14   0   0   15   Other assets   See Part IV, line 11   11,352,458   15   23,308,178   16   Total assets. Add lines 1 through 15 (must equal line 34)   240,839,246   16   281,564,727   17   11,591,679   18   Grants payable and accrued expenses   9,557,637   17   11,591,679   18   Grants payable   0   0   18   0   0   18   0   0   18   0   0   0   18   0   0   0   0   0   0   0   0   0		10a				
12   Investments—other securities See Part IV, line 11   18,775,397   12   22,435,947     13   Investments—program-related See Part IV, line 11   1,929,691   13   1,935,062     14   Intangible assets   0   14   0     15   Other assets See Part IV, line 11   1,1352,458   15   23,308,177     16   Total assets. Add lines 1 through 15 (must equal line 34)   240,839,246   16   281,564,727     17   Accounts payable and accrued expenses   9,557,637   17   11,591,679     18   Grants payable   0   18   0     19   Deferred revenue   3,449,036   19   2,920,131     19   Deferred revenue   3,449,036   19   2,920,131     10   Tax—exempt bond liabilities   0   21   0     10   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   0   22   0     23   Secured mortgages and notes payable to unrelated third parties   0   24   0     24   Unsecured notes and loans payable to unrelated third parties   0   24   0     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule   2,506,328   25   2,477,080     25   Total liabilities, Add lines 17 through 25   96,608,187   26   121,306,788     26   Total liabilities in that do not follow SFAS 117 (ASC 958), check here		b	Less accumulated depreciation			124,353,438
13		11	Investments—publicly traded securities	60,985,626	11	71,692,785
14		12	Investments—other securities See Part IV, line 11	18,775,397	12	22,435,947
15   Other assets See Part IV, line 11   11,352,458   15   23,308,178   16   Total assets. Add lines 1 through 15 (must equal line 34)   240,839,246   16   281,584,727   17   11,591,679   18   Grants payable and accrued expenses   9,557,637   17   11,591,679   18   Grants payable   0   18   0   0   0   18   0   0   0   18   0   0   0   18   0   0   0   18   0   0   0   0   18   0   0   0   0   0   0   0   0   0		13	Investments—program-related See Part IV, line 11	1,929,691	13	1,935,062
Total assets. Add lines 1 through 15 (must equal line 34)   240,839,246   16   281,584,727   17   11,591,679   18   Accounts payable and accrued expenses   9,557,637   17   11,591,679   18   Grants payable   0   18   0   0   18   0   0   19   Deferred revenue   3,449,036   19   2,920,131   2,920,131   2,220,131   20   Tax-exempt bond liabilities   681,095,186   20   104,317,868   21   Escrow or custodial account liability   Complete Part IV of Schedule D   0   21   0   0   0   0   0   0   0   0   0		14	Intangible assets	0	14	0
17		15	Other assets See Part IV, line 11	11,352,458	15	23,308,178
18   Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)	240,839,246	16	281,584,727
19   Deferred revenue   3,449,036   19   2,920,131		17	Accounts payable and accrued expenses	9,557,637	17	11,591,679
Tax-exempt bond liabilities		18	Grants payable	0	18	0
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue	3,449,036	19	2,920,131
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		20	Tax-exempt bond liabilities	81,095,186	20	104,317,868
Unsecured notes and loans payable to unrelated third parties	Ø	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	0	21	0
24 Unsecured notes and loans payable to unrelated third parties	ilitie	22				
Unsecured notes and loans payable to unrelated third parties	ge		persons Complete Part II of Schedule L	0	22	0
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties	0	23	0
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties	0	24	0
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule			
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets				· ' '		
lines 27 through 29, and lines 33 and 34.   27    Unrestricted net assets		26		96,608,187	26	121,306,758
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	on dh		- · · · · · · · · · · · · · · · · · · ·			
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	ĕ	27	_ ,	82 226 440	27	94 413 696
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	<u>छ</u>					· · ·
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	<u>∞</u>					<u> </u>
complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	Ĭ		•	-47, 100, 199	29	47,040,000
30 Capital stock or trust principal, or current funds	<u> </u>		- · · · · · · · · · · · · · · · · · · ·			
31 Paid-in or capital surplus, or land, building or equipment fund		30			30	
33 Total net assets or fund balances	र्षे	31			31	
33 Total net assets or fund balances	AS	32			32	
<b>34</b> Total liabilities and net assets/fund balances		33		144,231,059	33	160,277,969
	Z	34	Total liabilities and net assets/fund balances	240,839,246	34	281,584,727

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
	There is a contains a response to any question in this rare x		•	•	• •,
1	Total revenue (must equal Part VIII, column (A), line 12)	1		108,7	740,517
2	Total expenses (must equal Part IX, column (A), line 25)	2		100,2	219,729
3	Revenue less expenses Subtract line 2 from line 1	3		8,5	520,788
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) $\cdot$ .	4		144,2	231,059
5	Net unrealized gains (losses) on investments	5		7,8	375,937
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 3	349,815
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		160,2	277,969
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis			1	1
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis			1	
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n		1:	I
	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?		За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

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As Filed Data -

DLN: 93493104002234

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

MARYLAND INSTITUTE COLLEGE OF ART INC

# **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

									52-059		
Par				blic Charity Sta						instruction	ns.
	rganı			te foundation becaus			= -				
1	<u> </u>		•	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2	고			in <b>section 170(b)(1</b>			•				
3				perative hospital se							
4				h organization opera	ted ın conjur	nction with	a hospital de	scribed in <b>s</b>	ection 170(b	)(1)(A)(iii)	. Enter the
5	_			ty, and state erated for the benefi	t of a collog	o or univers	uty owned or	aparated by	, 2 dovornmo	ntal unit da	caribad in
,	ı	_	•	A)(iv). (Complete P	_	e or univers	ity owned of	operated by	, a governine	ilital ullit de	scribed iii
•	_				•	tal unit dan	aribad in see	+: 170(b)	(1)(A)()		
6	<u>'</u>			local government o							
7 8	' 	descril	oed in <b>sectio</b>	at normally receives on 170(b)(1)(A)(vi). described in <b>sectio</b> r	(Complete I	Part II)		J	nental unit or	from the ge	neral public
9				at normally receives			-	-	ıbutıons, me	mbership fe	es, and gross
				ities related to its e							
		ıts sup	port from gr	oss investment inco	me and unre	lated busin	ess taxable	ıncome (les	s section 51	1 tax) from	businesses
		acquire	ed by the org	ganızatıon after June	30,1975	See <b>section</b>	509(a)(2).(	Complete P	art III )		
10	Γ	An org	anızatıon or	ganized and operated	d exclusively	y to test for	public safet	y See <b>secti</b>	on 509(a)(4)	١.	
11	$\sqcap$	An org	anızatıon or	ganized and operated	d exclusively	y for the be	nefit of, to pe	rform the fu	nctions of, oi	r to carry ou	t the purposes of
				ly supported organiz						See <b>section</b>	<b>509(a)(3).</b> Check
				bes the type of supp <b>b</b> Type II <b>c</b>						Non functio	nally intograted
_	_			ox, I certify that the			-				· -
е	'	othert	_	on managers and ot	_			•		•	•
f				received a written d	eterminatior	from the I	RS that it is	a Type I, Ty	pe II, or Typ	e III suppo	rtıng organızatıon,
			this box								Г
g			August 17, 7 ng persons?	2006, has the organ	ization acce	pted any gi	ft or contribu	tion from an	y of the		
				rectly or indirectly o	controls, eith	ner alone or	together wit	h persons d	escribed in (	п)	Yes No
				governing body of th				•	,		1g(i)
				er of a person descr		_					lg(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?				g(iii)
h				ng information about							
(i	) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	ou notify	(vi) I	s the	(vii) A mount of
	uppoi			organization	organizat		the organ		organiza		monetary
or	ganiz	ation		(described on lines 1- 9 above	col (i) lis your gove		ın col (i) supp		col (i) or in the		support
				or IRC section	docume		Supp	י די	"" ""	03,	
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	
						† <del>.</del>	+	+	+	<b>+</b>	
Total						1		1			

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> 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							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 (Form 990 or 990-EZ) 2012

DLN: 93493104002234

# OMB No 1545-0047

Inspection

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

Political Campaign and Lobbying Activities

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** MARYLAND INSTITUTE COLLEGE OF ART INC 52-0591661 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2	
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election	
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN	
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN	
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly			
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals	
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)				
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)				
c	Total lobbying expenditures (add lines 1a and 1b	o)					
d	O ther exempt purpose expenditures						
e	Total exempt purpose expenditures (add lines 1c	c and 1d)					
f	Lobbying nontaxable amount Enter the amount fo						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:				
	Not over \$500,000	20% of the amount on li	ne 1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000			
	Over \$1,000,000 but not over \$1,500,000	0,000					
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000						
	Over \$17,000,000						
	Grassroots nontaxable amount (enter 25% of lin	e 1f)					
_	Subtract line 1g from line 1a If zero or less, ente	•		-			
i	Subtract line 1f from line 1c If zero or less, ente			-			
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	Poorting		
-	section 4911 tax for this year?					┌ Yes ┌ No	
_	4-Voor Av	veraging Period U	Inder Section	F01/b)			
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five	
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1	
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total	
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots nontavable amount						

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	IOT				age <b>S</b>
<i></i>		(:	a)		(b)	
ror e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	,	A moui	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		•			
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
C	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
e	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				150
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities?		No			
j	Total Add lines 1c through 1i					150
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c	)(5),	or s	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	_				
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				

# 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1G, COLUMN (B)		THE AMOUNT REPORTED ON LINE 1G IS AN ESTIMATED AMOUNT THE TOTAL AMOUNT IS DE MINIMIS

DLN: 93493104002234

OMB No 1545-0047

# **Supplemental Financial Statements**

Department of the Treasury Internal Revenue Service

**SCHEDULE D** (Form 990)

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

Open to Public Inspection

	e of the organization AND INSTITUTE COLLEGE OF ART INC		Employer identification number					
r ir iX l	THE ASSESSMENT OF THE PROPERTY		52-0591661					
Par	Organizations Maintaining Donor Adorganization answered "Yes" to Form 99	0, Part IV, line 6.	-	•				
		(a) Donor advised funds	(b) Funds and	other accounts				
	otal number at end of year							
	aggregate contributions to (during year)							
	aggregate grants from (during year)							
	ggregate value at end of year		<u> </u>					
	Old the organization inform all donors and donor advisuable to the country, subject to the country, subject to the country, subject to the country to the co		nor advised	┌ Yes ┌ No				
	Old the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene conferring impermissible private benefit?			┌ Yes ┌ No				
art	Conservation Easements. Complete	if the organization answered "Yes"	to Form 990, Part I	V, line 7.				
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreatio Protection of natural habitat Preservation of open space	n or education)	n historically importan certified historic struc					
	 Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservation contribution in	the form of a conserva	tion				
	ascincile on the last day of the tax year		Held at the	End of the Year				
a	Total number of conservation easements		2a					
Ь	Total acreage restricted by conservation easements		2b					
c	Number of conservation easements on a certified his	torıc structure ıncluded ın (a)	2c					
	Number of conservation easements included in (c) acnistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d					
	Number of conservation easements modified, transfer the tax year 🗠	rred, released, extinguished, or terminat	ed by the organization	during				
ŀ	Number of states where property subject to conserva	tion easement is located 🗠						
;	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han		d				
5	Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcing conservation ease	ments during the year					
,	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easement	ts during the year					
	<b>+</b> \$							
	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(II)?	(d) above satisfy the requirements of se	ction 170(h)(4)(B)(ı)	┌ Yes ┌ No				
	n Part XIII, describe how the organization reports co palance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the organization's financia						
art	Organizations Maintaining Collection Complete if the organization answered "		or Other Similar	Assets.				
	f the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide, in Part XIII, the text of the footnote	116 (ASC 958), not to report in its reve ets held for public exhibition, education,	, or research in further					
	f the organization elected, as permitted under SFAS works of art, historical treasures, or other similar ass service, provide the following amounts relating to the	ets held for public exhibition, education,						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$	1,000,000				
	(ii) Assets included in Form 990, Part X		<b>►</b> \$	1,320,427				
2	f the organization received or held works of art, histo following amounts required to be reported under SFAS		for financial gain, provi					
	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$					
	cevenues included in Form 550, Part VIII, line I		F →					

**b** Assets included in Form 990, Part X

Par	Organizations Maintaining Co	liections of Ar	t, HIS	storical i	reasures, or O	tne	r Similar As	sets $(c$	:ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any of	the following that a	are a	significant use	of its	
а	Public exhibition		d	┌ Loan	or exchange progi	ams			
b	Scholarly research		e	┌ Othe	r				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expl	aın ho	w they furth	er the organizatior	ı's ex	cempt purpose i	n	
	Part XIII				-				
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							┌ Yes	✓ No
Par	t IV Escrow and Custodial Arrang	ements. Comp	lete ıf	the organ	ızatıon answere		es" to Form 9	90,	
	Part IV, line 9, or reported an an								
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?				utions or other ass	ets	not 	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete th	e follo	wing table	Г				
_					-	4 -	Ап	nount	
C C	Beginning balance				-	1c			
d	Additions during the year				-	1d			
e	Distributions during the year				-	1e			
f	Ending balance				L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lii	ne 21?	)				Yes	□ No
_ь	If "Yes," explain the arrangement in Part XII								<u> </u>
Pa	rt V Endowment Funds. Complete							(a)[a,,,,,	ha ale
1a	Beginning of year balance	(a)Current year 62,963,648	(D)	Prior year 67,727,466	<b>b (c)</b> Two years back 56,503,241	+	50,623,498		years back 62,054,802
b	Contributions	3,097,297		2,415,170		_	1,025,011		6,244,761
c	Net investment earnings, gains, and losses	3,037,237		2,113,170	1,202,233	$\vdash$	1,023,011		
	wee mivestment curnings, gams, and losses	9,328,001		-4,145,487	9,924,501	+	7,656,218		15,693,825
d	Grants or scholarships	890,010		825,860	732,020	<u> </u>	659,996		484,546
е	Other expenditures for facilities and programs	2,219,379		2,069,429	2,103,902		2,029,913		1,379,092
f	Administrative expenses	114,342		138,212	126,605		111,577		118,602
g	End of year balance	72,165,215		62,963,648	67,727,466	,	56,503,241		50,623,498
2	Provide the estimated percentage of the cur	rent vear end balar	nce (lır	ne 1a. colum	nn (a)) held as				
а		37 490 %	,	3,	. , ,				
b	Permanent endowment ► 49 760 %								
		750 %							
С	The percentages in lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse		zation	that are hel	d and administere	d for	the		
	organization by							Yes	No
	(i) unrelated organizations		•			•	3a(	_	No
	(ii) related organizations					•	3a(		No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the					•	3t	<u>,                                     </u>	
	t VI Land, Buildings, and Equipme				10				
rui	Description of property	ine. See Form 5	<i>5</i> 0, 1 c	(a) Cost or	other (b)Cost or of		(c) Accumulated	(d) B	ook value
				basis (invest	ment) basis (othe	r)	depreciation		
1a	Land				2,638	,541		1	2,638,541
b	Buildings		•		150,168		37,350,050	1	12,818,781
	Leasehold improvements				2,446		118,185	+	2,327,913
d	Equipment				23,964	,021	18,759,292	+	5,204,729
e	Other				1,873	,226	509,752	!	1,363,474
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	equal Form 990, Part	X, colu	ımn (B), lıne	10(c).)			1	24,353,438

Part VIII Investments—Other Securities. Se		
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A)PRIVATE EQUITY AND LIMITED	0	F
(A) I KIVATE EQUITE AND EIGHTED		'
(B) HEDGE FUNDS	22,435,947	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	22,435,947	
Part VIII Investments—Program Related. S		
(a) Description of investment type	(b) Book value	(c) Method of valuation
	, ,	Cost or end-of-year market value
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>F</b>	
Part IX Other Assets. See Form 990, Part X,	line 15.	
(a) Desc	ription	(b) Book value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Par		
1 (a) Description of liability	(b) Book value	
Federal income taxes	0	
REFUNDABLE ADVANCES FROM US GO	2,233,551	
LIABILITY TRUST AGREEMENTS	243,529	
1 - 222 - 2		
	+	
Tabel (Column (b)tl Fr 200 Prot V 1/20 V 27		
	2,477,080	
2. Fin 48 (ASC 740) Footnote In Part XIII, provide the t	ext of the footnote to the organizat	ion's financial statements that reports the

Par	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	90,034,880
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	8,110,645
3	Subtract line <b>2e</b> from line <b>1</b>	3	81,924,235
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	26,816,282
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	108,740,517
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	73,987,970
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	584,523
3	Subtract line <b>2e</b> from line <b>1</b>	3	73,403,447
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	26,816,282
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	100,219,729

### Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SCH D-PART V, LINE 4		DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS THE COLLEGE'S ENDOWMENT FUNDS ARE AN IMPORTANT SOURCE OF REVENUE WHICH SUPPORTS SCHOLARSHIPS, GRANTS, SPECIALIZED PROGRAMS, AND GENERAL OPERATIONS OF THE COLLEGE
SCH D-PART X, LINE 2		PROVIDE THE TEXT OF THE FOOTNOTE ABOUT THE ORGANIZATIONS LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN48 AS AN EDUCATIONAL INSTITUTION MEETING THE REQUIREMENTS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE COLLEGE IS EXEMPT FROM INCOME TAXES ON INCOME RELATED TO ITS EXEMPT PURPOSE AS PROVIDED IN SECTION 501(a), EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM ACTIVITIES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSE THE COLLEGE ACCOUNTS FOR UNCERTAIN TAX POSITIONS, IF ANY, IN ACCORDANCE WITH ASC 740, INCOME TAXES NO PROVISION FOR INCOME TAXES WAS REQUIRED FOR 2013 OR 2012
SCH D-PART XI 2d		PART XI 2d OTHER CONSISTS OF ANNUITY BENEFITS PAID \$113,514 AND RENTAL EXPENSES \$121,194
SCH D - PART III, LINE 4	DESCRIPTION OF COLLECTION	PAINTINGS FURTHER THE ADVANCEMENT OF ART IN THE COLLEGE COMMUNITY
SCH D-PART XI 4b		PART XI 4b CONSISTS OF FINANCIAL AID OF \$26,816,282
SCH D-PART XII 2d		PART XII 2d CONSISTS OF ANNUITY BENEFITS PAID \$113,514 AND RENTAL EXPENSES \$121,194 PART XII 4b CONSISTS OF FINANCIAL AID OF \$26,816,282

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As Filed Data -

DLN: 93493104002234

OMB No 1545-0047

## **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.

**Employer identification number** 

Name of the organization MARYLAND INSTITUTE COLLEGE OF ART INC 52-0591661 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes 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 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 Does the organization maintain the following? a 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 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 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 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

Yes

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

Identifier	Return Reference	Explanation
SCHE EXPLANATION- LINE 3		THE FOLLOWING STATEMENTS APPEAR IN THE COLLEGE'S CATALOG NOTICE OF NONDISCRIMINATION IN EDUCATION AND EMPLOY MENT THE MARY LAND INSTITUTE COLLEGE OF ART DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL FOR REASONS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, OR HANDICAP IN ANY RELATIONSHIP WITH THE INSTITUTION OR IN ANY OF ITS PROGRAMS OR OFFERINGS, HIRING OF FACULTY AND STAFF, OR ANY TERMS AND CONDITIONS OF EMPLOY MENT INQUIRIES CONCERNING THE APPLICATION OF THESE REGULATIONS MAY BE REFERRED TO THE AFFIRMATIVE ACTION OFFICER THE COLLEGE RESERVES THE RIGHT IN ITS DISCRETION TO MAKE FROM TIME TO TIME CHANGES AFFECTING POLICIES, FEES, CURRICULA, OR OTHER MATTERS ANNOUNCED IN THIS CATALOG THE STATEMENTS IN THIS CATALOG DO NOT CONSTITUTE A CONTRACT STATEMENT OF EQUAL OPPORTUNITY AND SERVICES TO THE DISABLED IN COMPLIANCE WITH FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS, THE MARY LAND INSTITUTE COLLEGE OF ART DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, MARITAL STATUS, AGE, DISABILITY, AND APPLICABLE VETERAN STATUS, IN THE ADMINISTRATION OF ITS EDUCATIONAL PROGRAMS ACTIVITIES, OR WITH RESPECT TO EMPLOYMENT IT IS POLICY OF THE MARY LAND INSTITUTE TO PROVIDE THOSE AUXILIARY AIDS AND SERVICES THAT MAY BE NECESSARY TO ENSURE THAT NO INDIVIDUAL WITH A DISABILITY IS EXCLUDED, DENIED SERVICES, SEGREGATED, OR OTHERWISE TREATED DIFFENITLY THAN OTHER INDIVIDUALS. THESE SERVICES CAN BE ARRANGED THROUGH THE DEAN OF STUDENTS THESE POLICIES APPLY TO PRESENT AND PROSPECTIVE STUDENTS AND EMPLOYEES PRESENT OR PROSPECTIVE EMPLOYEES SHOULD CONTACT THE DIRECTOR OF ADMINISTRATIVE SERVICES 410-225-22406
SCHEDULE E, LINE 6A		FUNDS PROVIDED BY THE U.S. GOVERNMENT UNDER THE FEDERAL PERKINS LOAN PROGRAM ARE LOANED TO QUALIFIED STUDENTS FEDERAL STUDENT FINANCIAL AID PROGRAMS (INCLUDING PERKINS OR GUARANTEED LOAN PROGRAMS, GRANT AND WORK-STUDY PROGRAMS) FUNDED APPROXIMATELY 27% OF TUITION AND ROOM AND BOARD REVENUES IN 2012

Schedule E (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493104002234

SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MARYLAND INSTITUTE COLLEGE OF ART INC

Employer identification number

52-0591661

Pa	"Yes" to Form 990, Par			ne United States. Co	omplete if the organiz	ation answered				
1										
2	For grantmakers. Describe in the United States.	n Part V the or	ganızatıon's pı	rocedures for monitori	ng the use of grant fu	nds outside				
3	Activites per Region (The follow	ing Part I, line 3	3 table can be du	uplicated if additional spa	ace is needed )					
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region				
	See Add'l Data			,						
	Sub-total Total from continuation sheets to Part I		30			10,673,359				

30

c Totals (add lines 3a and 3b)

10,673,359

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> 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				ted above that are r e or counsel has pro					
3	Enter total nur	mber of other or	ganizations or en	tities					

Schedule F (Form 990) 2012

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

(a) Type of grant or assistance	Part III can l	e duplicated if additio	nal space is ne	eeded.	·			
the Caribbean  EDUCATIONAL Middle East and North Africa  EDUCATIONAL North America  EDUCATIONAL North America  EDUCATIONAL Russia and the Newly Independent States  EDUCATIONAL South America  EDUCATIONAL South America  EDUCATIONAL Europe (Including Iceland and Greenland)  EDUCATIONAL East Asia and the pacific  EDUCATIONAL South Asia  TITION DISC FMV	(a) Type of grant or assistance	(b) Region				non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
Africa  EDUCATIONAL North America 14 160,930 TUITION DISC FMV  EDUCATIONAL Russia and the Newly Independent States 1 3,400 TUITION DISC FMV  EDUCATIONAL South America 8 73,873 TUITION DISC FMV  EDUCATIONAL Europe (Including Iceland and Greenland) 1 102,925 TUITION DISC FMV  EDUCATIONAL East Asia and the pacific 141 1,150,885 TUITION DISC FMV  EDUCATIONAL South Asia 7 60,450 TUITION DISC FMV	EDUCATIONAL		4			36,000	TUITION DISC	FMV
EDUCATIONAL Russia and the Newly Independent States  EDUCATIONAL South America 8 73,873 TUITION DISC FMV  EDUCATIONAL Europe (Including Iceland and Greenland)  EDUCATIONAL East Asia and the pacific FMV  EDUCATIONAL South Asia 7 60,450 TUITION DISC FMV	EDUCATIONAL		5			66,818	TUITION DISC	FMV
Independent States  EDUCATIONAL South America 8 73,873 TUITION DISC FMV  EDUCATIONAL Europe (Including Iceland and Greenland)  EDUCATIONAL East Asia and the pacific  EDUCATIONAL South Asia 7 60,450 TUITION DISC FMV	EDUCATIONAL	North America	14			160,930	TUITION DISC	FM∨
EDUCATIONAL Europe (Including Iceland and Greenland)  EDUCATIONAL East Asia and the pacific  EDUCATIONAL South Asia 7  EDUCATIONAL South Asia 7	EDUCATIONAL		1			3,400	TUITION DISC	FMV
Iceland and Greenland)  EDUCATIONAL East Asia and the pacific  EDUCATIONAL South Asia 7  Iceland and forest	EDUCATIONAL	South America	8			73,873	TUITION DISC	FMV
pacific   DUCATIONAL   South Asia   7   60,450 TUITION DISC   FMV	EDUCATIONAL	Iceland and	16			102,925	TUITION DISC	FMV
	EDUCATIONAL		141			1,150,885	TUITION DISC	FMV
EDUCATIONAL Sub-Saharan Africa 2 22,500 TUITION DISC FMV	EDUCATIONAL	South Asia	7			60,450	TUITION DISC	FMV
	EDUCATIONAL	Sub-Saharan Africa	2			22,500	TUITION DISC	FMV

### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<u> ~</u>	Yes	Г	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	<b>▽</b>	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)	굣	Yes	Г	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)	굣	Yes	Γ	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)	<b>▽</b>	Yes	Г	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	✓	No

Schedule F (Form 990) 2012

### Part V Supplemental Information

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

Identifier	ReturnReference	Explanation
Schedule F, Part I, Line 2		FOR FINANCIAL AID GRANTS/SCHOLARSHIPS, THE COLLEGE AWARDS THESE TO STUDENTS EACH SEMESTER BASED ON SEVERAL FACTORS THE AWARDS ARE APPLIED DIRECTLY TO THE STUDENT'S ACCOUNT BALANCE FOR TUITION THE AWARDS ARE ACCOUNTED FOR ON THE ACCRUAL METHOD THE INVESTMENTS ARE SHOWN AT BOOK VALUE AS OF THE END OF THE FISCAL YEAR THE PROGRAM SERVICE EXPENSES ARE ACCOUNTED FOR ON THE ACCRUAL METHOD
	•	•

### **Additional Data**

Software ID:

Software Version:

**EIN:** 52-0591661

Name: MARYLAND INSTITUTE COLLEGE OF ART INC

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
Central America and the Caribbean		4	Program Services	STUDY ABROAD	13,898
East Asia and the Pacific		4	Program Services	STUDY ABROAD	24,493
Europe (Including Iceland and Greenland)		20	Program Services	STUDY ABROAD	225,708

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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			
Sub-Saharan Africa		2	Program Services	STUDY ABROAD	21,455			
Central America and the Caribbean			Investments		8,710,024			
Central America and the Caribbean			Grantmakıng		36,000			

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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				
Middle East and North Africa			Grantmakıng		66,818				
North America			Grantmakıng		160,930				
Russia and the Newly Independent States			Grantmaking		3,400				

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
South America			Grantmakıng		73,873
Europe (Including Iceland and Greenland)			Grantmaking		102,925
East Asia and the Pacific			Grantmakıng		1,150,885

Form 990 Schedule F	<u> Part I - Activit</u>	<u>ies Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, 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
South Asia			Grantmakıng		60,450
Sub-Saharan Africa			Grantmaking		22,500

DLN: 93493104002234

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. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization MARYLAND INSTITUTE COLLEG	GE OF ART INC					Employer iden	tification number
						52-0591661	
Part I Fundraising Acti	vities. Complete	ıf the or	rganızatı	ion answered "Yes" t	o Form	1 990, Part IV,	line 17.
1 Indicate whether the organizations b	itations written or oral agree form 990, Part VII) paid individuals or	ement witl or entity entities (f	e f g n any Indi in connec	Solicitation of non- Solicitation of gov Special fundraising vidual (including officer	-govern ernmen g events s, direc undraisi	t grants  s  tors, trustees ng services?	<b>▽ Yes </b> ▽ N draiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or	mount paid to retained by) aiser listed in col <b>(i)</b>	(vi) A mount paid to (or retained by) organization
	CONSULTING CMGN ADVICE	Yes	No No	0		37,652	-37,652
Total	rganızatıon ıs regıs	tered or li		0 solicit funds or has be	en notıf	37,652 led it is exempt	-37,652 from registration or
licensing MD							

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	cion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
		<u> </u>	(a) Event #1	<b>(b)</b> Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
_			(event type)	(event type)	(total number)	(3)
Revenue	1	Gross receipts				
9. 9.	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
en.	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ğ	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		( )
	11	Net income summary Combine Ii	ne 3, column (d), and Iır	e 10		
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>—</u>		\$13,000 OH TOTHI 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col <b>(a)</b> through col <b>(c)</b> )
<u>_</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
			☐ Yes	┌ Yes	┌ Yes	
	6	Volunteer labor	□ No	│ No	┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in co	lumn (d)	🛌	
9	Ent	er the state(s) in which the organiza	ation operates gaming a	ctivities		
а		the organization licensed to operate				. Fyes Fno
b	If"	No," explain				
10a b		re any of the organization's gaming   Yes," explain	icenses revoked, suspe	ended or terminated during	the tax year?	

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
<b>.6</b>	Gaming manager information			
	Name 🟲			
	Gaming manager compensation <b>I</b>	<b>\$</b> \$		
	Description of services provided	<b>&gt;</b>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г <sub>Yes</sub> Г <sub>No</sub>
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	<b>mation.</b> Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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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

OMB No 1545-0047

DLN: 93493104002234

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization						Employer identificati	on number
MARYLAND INSTITUTE COLLEGE O	FART INC					52-0591661	
Part I General Informatio	n on Grants and	l Assistance				•	
<ol> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> <li>Part II Grants and Other A</li> </ol>	ard the grants or as: ation's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	ed States			✓ Yes N
Form 990, Part IV, line	e 21, for any recip	pient that received	more than \$5,000. Pa	rt II can be duplicated	d if additional spa	ce is needed.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount 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 gran or assistance
<ul><li>2 Enter total number of section 50</li><li>3 Enter total number of other orga</li></ul>		=					
For Paperwork Reduction Act Notice, see				Cat No 50055P			le I (Form 990) 2012

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Addıtıonal Data Table					

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

complete this part to provide the information required in rate 1, into 2, rate 1217 column (5), and any other additional morning to							
Identifier	Return Reference	Explanation					
SCH I - PART IV		FOR FINANCIAL AID GRANTS/SCHOLARSHIPS, THE COLLEGE AWARDS THESE TO STUDENTS EACH SEMESTER BASED ON SEVERAL FACTORS THE AWARDS ARE APPLIED DIRECTLY TO THE STUDENT'S ACCOUNT BALANCE FOR TUITION FOR FACULTY DEVELOPMENT GRANTS, THE COLLEGE COLLECTS A DETAILED ACCOUNTING OF ALL GRANT RELATED EXPENDITURES ALONG WITH ALL CORRESPONDING RECEIPTS ALL EXPENDITURES ARE REVIEWED TO ENSURE THAT THEY ARE RELATED TO THE GRANT AND THERE IS PROPER DOCUMENTATION THE GRANT RECIPIENT ALSO SUBMITS A REPORT TO ACADEMIC AFFAIRS SUMMARIZING THEIR EXPERIENCE					

(f)Description of non-cash assistance

Software ID: Software Version:

**EIN:** 52-0591661

(c)A mount of

Name: MARYLAND INSTITUTE COLLEGE OF ART INC

(d)A mount of

(e)Method of valuation (book,

#### Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(b)Number of

(a)Type of grant or assistance

(a) Type of grant of assistance	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	(1)Description of non-cash assistance
COMPETITIVE SCHOLARSHIPS	1617	17,809,608			
UNDERGRADUATE MI GRANTS	941	3,087,286			
GRADUATE SCHOLARSHIPS	269	2,343,109			
RESTRICTED SCHOLARSHIPS & AWARDS	318	1,041,323			
FEDERAL COLLEGE WORK STUDY	255	240,061			
SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT	224	207,000			
MICA WORK STUDY(FINANCIAL AID)	130	118,414			
CONTINUING STUDIES SCHOLARSHIP	80	75,590			
DEPARTMENTAL SCHOLARSHIP	146	121,380			
LUCAS SCHOLARSHIP	27	89,220			
FACULTY DEVELOPMENT GRANT	43	54,813			
OTHER TUITION	2	585			
CONTINUING STUDIES DISCOUNTS	49	4,925			
	'	'	•	•	

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DLN: 93493104002234

OMB No 1545-0047

Inspection

Open to Public

## **Schedule J**

(Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Name of the organization MARYLAND INSTITUTE COLLEGE OF ART INC **Employer identification number** 

52-0591661

Pai	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	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			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	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.			
5	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			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	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 Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

#### Part IIII Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier	Return Reference	Explanation				
SCH J, PART 1, LINE 4B		FRED LAZARUS WAS THE THE ONLY PARTICIPANT HE DID NOT RECEIVE A PAYMENT FROM THE PLAN DURING THE CALENDAR YEAR 2012 \$200,000 WAS DEFERRED				
SCH J, PART II AND FORM 990, PART VII		BARRY NEMETT'S TAXABLE WAGES INCLUDE A GRADUATE TUITION REMISSION BENEFIT				

Schedule J (Form 990) 2012

Software ID: Software Version:

**EIN:** 52-0591661

Name: MARYLAND INSTITUTE COLLEGE OF ART INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		<b>(B)</b> Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
FRED LAZARUS IV	(1) (11)	325,736 0	0	0	222,500 0	13,614 0	561,850 0	0 0
RAYMOND V ALLEN	(I) (II)	266,379 0	0	0 0	22,500	9,670 0	298,549 0	0
J DAVIDSON PORTER	(I) (II)	153,626 0	0	0 0	13,950 0	6,484 0	174,060 0	0
THERESA LYNCH BEDOYA	(1) (11)	197,612 0	0	0	18,000	7,592 0	223,204	0
MICHAEL MOLLA	(I) (II)	181,208 0	0	0	0	6,725 0	187,933 0	0
DOUGLAS R MANN	(1) (11)	234,910 0	0	0	21,150 0	7,952 0	264,012 0	0
THOMAS G HYATT	(1) (11)	161,044 0	0	0 0	15,075 0	11,895 0	188,014 0	0
MICHAEL FRANCO	(I) (II)	191,112 0	0	0 0	17,775 0	9,729 0	218,616 0	0
JAN STINCHCOMB	(I) (II)	151,595 0	0	0 0	14,251 0	11,484 0	177,330 0	0
CYNTHIA BARTH	(1) (11)	132,016 0	0	0	11,876 0	8,416 0	152,308 0	0
BARRY NEMETT	(1) (11)	126,103 0	0	18,085 0	11,335 0	7,034 0	162,557 0	0
ROBERT MERRILL	(I) (II)	132,224 0	0	0	11,855 0	7,219 0	151,298 0	0

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DLN: 93493104002234

OMB No 1545-0047

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 Part VI.

► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection** Employer identification number

		<b>9</b>	
MARYL	AND	INSTITUTE	

Department of the Treasury Internal Revenue Service

Name of the organization

	RYLAND INSTITUTE COLLEGE	OF ART INC								,	oloyer ic	cittiica	icion nun	ibci		
MAI	RILAND INSTITUTE COLLEGE	OFARTING								52	-05916	61				
Pa	art I Bond Issues				1											
	(a) Issuer name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date issued	(e) Issue	price	(f	<b>f)</b> Descriptio	n of purpose	( <b>g)</b> De	feased	beha	On alf of uer		Pool ncing	
										Yes	No	Yes	No	Yes	No	
A	MHHEFA	52-0936091	574217VQ5	01-05-2006	30,50	04,380	мнн	HEFA BONDS	2006		Х		×		X	
В	MHHEFA	52-0936091	574217G25	06-27-2007	38,52	27,968	MHHEFA BONDS 2007				х		×		Х	
С	MHHEFA	52-0936091	5742168D2	10-10-2012	37,37	71,463	мнн	HEFA BONDS	5 2012		Х		х		х	
Pa	rt III Proceeds				_											
	A					4		В			С		D			
1_	A mount of bonds retired						0		0			0				
	A mount of bonds legally defea	asea 					0		0		0	<del>                                     </del>				
3	Total proceeds of issue				30,504,380 38,527,968				37,37	1,463						
4	Gross proceeds in reserve fun	<u>`</u>				4,922,	160		2,251,426			0				
5	Capitalized interest from proceeds						0		0			3,803				
6	Proceeds in refunding escrows						0	2	5,557,418		13,32					
7	Issuance costs from proceeds					412,	533		484,015		60	9,965				
8	Credit enhancement from proc				0 0			0								
9	Working capital expenditures				0 0			0			<u> </u>					
10	Capital expenditures from pro-	ceeds			25,169,687 7,732,558			23,010,321			1					
11	Other spent proceeds						0		0	(			0			
12	O ther unspent proceeds						0		0			0				
13	Year of substantial completion	n 				08		200			013			1		
	Were the bonds issued as part	t of a current refund	ing icclio?		Yes	No X		Yes	No X	Yes	_	lo	Yes	_	No	
14	Were the bonds issued as part							.,	^		+	×		+		
<u>15</u>	<u>`</u>		namy issue?			Х		X		X	-			+		
16	Has the final allocation of proceeds been made?				X			Х		Х						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				×			Х		X						
Pa	art IIII Private Business Use															
						A   N-	-+	B V			C		V	D	NI.	
1	Was the organization a partne	r in a partnership o	ra member of an II	_C. which owned	Yes	No	+	Yes	No	Yes		lo	Yes	-	No	
	tras the organization a partie	ne organization a partner in a partnership, or a member of an LLC, which				l x			X		1 7	ΧI				

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

property financed by tax-exempt bonds?

financed property?

Χ

Χ

	dule K (Form 990) 2012									Page <b>∠</b>
Par	Private Business Use (Continued)		1						1	
			Yes	A     No	Yes	B No	Yes	C No	Yes	D No
За	Are there any management or service contracts that may result in private of bond-financed property?	business use	res	X	Tes	X	res	X	res	NO
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final property?									
С	Are there any research agreements that may result in private business us financed property?	e of bond-		Х		х		Х		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government			0%		0%		0 %		%
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth (c)(3) organization, or a state or local government			%		%		%		%
6	Total of lines 4 and 5			%		%		%		%
7	Does the bond issue meet the private security or payment test?									
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bor issued?			х		х		Х		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations 1 141-12 and 1 145-2?			х		х		Х		
9	Has the organization established written procedures to ensure that all non bonds of the issue are remediated in accordance with the requirements unclean Regulations sections 1 141-12 and 1 145-2?		×		Х		X			
Par	t IV Arbitrage		l	<u> </u>		<u> </u>			1	<u> </u>
		Α			В		С		D	
		Yes	No	Yes	No	Yes	;	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х		X			Х		
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?									
b	Exception to rebate?									
С	No rebate due?									
	If you checked "No rebate due" in line $2c$ , provide in Part VI the date the rebate computation was performed			•	•	•	•	•		
3	Is the bond issue a variable rate issue?		Х		Х	Х				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х					
b	Name of provider	0		0		0				
c	Term of hedge									
d	Was the hedge superintegrated?		Х		Х			Х		
e	Was a hedge terminated?		Х		Х			Х		
					•	•	•			

Pai	tt IV Arbitrage (Continued)								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		х		Х		Х		
b	Name of provider	0		0		0			
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		х		Х		X		
7	Has the organization established written procedures to monitor the requirements of section 148?		x						
Pa	rt V Procedures To Undertake Corrective Action								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).												
Identifier	Return Reference	Explanation										
SCH K, PART 1 LINE B(2007)		PURPOSE OF 2007 BOND ISSUE REFUNDING OF 12/01/2001 BOND ISSUE, REFINANCE OF 2002 POOLED LOAN, AND ADDITIONAL FUNDS FOR CONSTRUCTION OF RESIDENCE HALL AND FOR RENOVATION OF FACILITIES ON CAMPUS										
SCH K, PART 1 LINE C (2012)		PURPOSE OF 2012 BOND ISSUE REFUNDING OF 07/22/1998 BOND ISSUE, AND ADDITIONAL FUNDS FOR CONSTRUCTION OF RESIDENCE HALL AND FOR RENOVATION OF FACILITIES ON CAMPUS										

Schedule K (Form 990) 2012

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DLN: 93493104002234

#### Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

• Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of MARYLAND		nization E COLLEGE	OF ART INC	2					Em	ploye	r ident i	fication	numbe	:r
,			. ,						5 2	-059	1661			
Part I							and section 5							
							Part IV, line 2							
1 (a	) Name	of disquali	fied pers			between dis		(c) Descri	ption o	ftrans	action		<b>(d)</b> Cor	rected?
					person ar	nd organizati	on						Yes	No
												-		
		ount of ta	x ıncurre	d by organiza	ation man	agers or disc	qualified perso	ons during the	yearı	ınders	ection			
495										•	<b>-</b> \$			
<b>3</b> Ente	er the am	ount of ta	x, ıf any,	on line 2, ab	ove, reim	bursed by th	e organizatior	1			<b>\$</b>			
Part II	Loa	ne to an	d/or E	rom Inter	ested D	Persons								
raiti							-EZ, Part V, I	ine 38a. or Fo	rm 99	0.Par	t IV . lın	ie 26. o	rıfthe	
				n amount on l						-,				
(a) Nam	ie of			(c) Purpose			(e)O rıgınal	(f)Balance		In	(h	-	(i)W	rıtten
ınterest		with orga	anızatıon	of loan	or from		principal	due	defa	ult?	Appro		agree	ment?
perso	n				organiza	tion?	amount				by board or committee?			
					То	From	7		Yes	No	Yes	No	Yes	No
					1	113			1.55		1		1	1
								†				1	_	
								1	-				_	
								1					_	
													_	
								†					_	
Γotal					<b>-</b>		<u> </u>	1			1	1	7	
Part III	Gran	ts or A	ssistan	ce Benefit	· •	terested [	Persons		_		1			
ai c 111							rm 990, Par	t IV. line 27	_					
(a) Nan	ne of inte			ationship bet			fassistance	(d) Type o		tance	(e)	Purpos	e of ass	sistance
(-,	person			ted person ar		,					(-)			
			(	organization										
								_						
								_						

Part IV Business Transactions Complete if the organizat			e 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reveni	f zatıon's
				Yes	No
(1) THERESA L BEDOYA	VP ADMISSIONS	141,177	SPOUSE'S EMPLOYMENT		No
(2) FREDYE W GROSS	TRUSTEE	·	SPOUSE'S INDEPENDENT CONTRACT		No

#### Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493104002234

OMB No 1545-0047

. Inspection

#### **SCHEDULE M** (Form 990)

Department of the Treasury

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

**Noncash Contributions** 

Internal Revenue Service Name of the organization MARYLAND INSTITUTE COLLEGE OF ART INC

**Employer identification number** 

52-0591661

Pa	Types of Property				32 0331001			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d noncash contrib	etermı		ts
1	Art—Works of art	Х	5		RESALE VALUE			
2	Art—Historical treasures .			, ,				
3	Art—Fractional interests							
4	Books and publications	Х		20,865				
	Clothing and household goods			,				
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	ART	.,						
	Other ► (SUPPLIES)	X	21	0	0			
	Other ► ( <u>EQUIPMENT</u> )	Х	9	0	0			
	Other ▶()							
	Other ► ()				<u> </u>			
29	Number of Forms 8283 received for which the organization comple				29			1
							Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the entire	re holding p	eriod?			30a		No
	If "Yes," describe the arrangeme							
31	Does the organization have a gif	t acceptano	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or use contributions?	e thırd partı • • •	es or related organizations	to solicit, process, or sell i	noncash • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (	a) ıs checked,			

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Schedule M, Part I, Line 33		The college does not record contributions of in-kind property in the accounting records unless it is an item of considerable value (The College considers this to be anything over \$20,000)

Schedule M (Form 990) (2012)

OMB No 1545-0047

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Supplemental Information to Form 990 or 990-EZ

Inspection

Name of the organization MARYLAND INSTITUTE COLLEGE OF ART INC

**Employer identification number** 

52-0591661

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19		FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART VI, SECTION B, LINE 11B		AN ELECTRONIC COPY OF THE ORGANIZATION'S FORM 990(INCLUDING ALL SCHEDULES), was provided to each voting member of the organization's governing body prior to its filing with the IRS.  The organization's officers and full Board of Trustees performed a high-level review of the prepared form 990 prior to filing it with the IRS. A more in-depth review was performed by the Board Finance Committee, which is comprised of trustees and officers.
FORM 990, PART VI, SECTION B, LINES 15A AND 15B		THE PRESIDENT'S SALARY IS REVIEWED BY A CHAIR APPOINTED PRESIDENTIAL REVIEW COMMITTEE/COMP ENSATION COMMITTEE, THEN GOES TO THE BOARD IN EXECUTIVE SESSION DURING THAT REVIEW, THEY COMPARE THE COLLEGES SALARIES WITH OTHER AICAD COLLEGES IN ADDITION, THERE IS A PERIODIC OUTSIDE REVIEW THE LAST REVIEW WAS DONE IN FEBRUARY 2007 BY KENNEDY AND RAND CONSULTING NOTES OF THE DELIBERATION PROCESS ARE TAKEN AND MAINTAINED OTHER OFFICERS' AND KEY EMPLO YEES' COMPENSATION IS REVIEWED AND APPROVED BY A COMMITTEE OF THE BOARD AND TAKES INTO ACC OUNT THE SALARIES OF COMPARABLE POSITIONS IN OTHER COLLEGES NOTES OF THE DELIBERATION PROCESS ARE TAKEN AND MAINTAINED
FORM 990, PART VI, SECTION B, LINES 12A, 12B AND 12C		EACH TRUSTEE AND OFFICER ANNUALLY SIGNS A STATEMENT THAT AFFIRMS SUCH PERSON HAS RECEIVED AND CAREFULLY READ THE CONFLICT OF INTEREST POLICY, UNDERSTANDS AND AGREES TO COMPLY WITH THE POLICY, AND FURTHER UNDERSTANDS THAT THE COLLEGE IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES TH AT ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT PURPOSES TRUSTEES AND OFFICERS ARE COVERED UN DER THE CONFLICT OF INTEREST POLICY TRUSTEES OR OFFICERS WHO HAVE DECLARED OR HAVE BEEN F OUND TO HAVE A CONFLICT OF INTEREST SHALL REFRAIN FROM PARTICIPATING IN THE CONSIDERATION OF ANY PROPOSED TRANSACTION, UNLESS FOR SPECIAL REASONS THE BOARD REQUESTS INFORMATION OR INTERPRETATION FROM THE PERSON OR PERSONS INVOLVED, AND SHALL NOT VOTE, OR BE PRESENT AT T HE TIME OF VOTING, ON ANY MATTER UNDER CONSIDERATION AT A BOARD OR COMMITTEE MEETING WHICH SUCH TRUSTEE HAS A KNOWN CONFLICT OF INTEREST. THE CHAIRMAN OF THE BOARD, WHO, TOGETHER W ITH COUNSEL, SHALL BE RESPONSIBLE FOR ADMINISTRATION OF THIS POLICY
FORM 990, PART XI, LINE 9		Loss on extinguishment of debt (349,815)
FORM 990, PART VI, LINES 6 AND 7A		MICA HAS MEMBERS AND THEY ARE THE SAME AS THE TRUSTEES ACCORDING TO IRS INSTRUCTIONS, THE SE QUESTIONS SHOULD NOT BE ANSWERED YES, IF THE MEMBERS ARE THE SAME AS THE TRUSTEES THER EFORE, BOTH QUESTIONS 6 AND 7A HAVE BEEN ANSWERED NO

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DLN: 93493104002234

OMB No 1545-0047 2012

Open to Public Inspection

**Employer identification number** 

**Related Organizations and Unrelated Partnerships** 

Department of the Treasury Internal Revenue Service

Name of the organization

MARYLAND INSTITUTE COLLEGE OF ART INC

(Form 990)

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

				52-05916	61			
art I Identification of Disregarded Entities (Con								
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	C	<b>(f)</b> Direct controlling entity		
art II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations durin	i <b>nizations</b> (Complete i g the tax year.)	f the organization a	answered "Yes'	' to Form 990, P	art IV,	line 34 because it	: had oi	ne
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	tion Public charity (if section 501)	status (c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	ontrolle itity?
) MICA GRADUATE STUDIO CENTER INC	SPECIAL RE	MD	501(C)(3)	11A		MICA	Yes Yes	No
, 00 MOUNT ROYAL AVE								
ALTIMORE, MD 21217 4939807							$oldsymbol{\perp}$	
							$\perp$	
							$\perp$	
							$\perp$	
							$\perp$	
or Paperwork Reduction Act Notice, see the Instructions for Form 9	<del>3</del> 90.	Cat No 501	35Y			Schedule R (Forr	n 990) 2	2012

<b>(a)</b> Name, address, and I related organizatio	EIN of on	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	enti	ct olling i ty	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)		<b>(f)</b> Share of total incom	(g) Share of e end-of-year assets	( <b>h</b> Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	i) ral or aging ner?	( <b>k)</b> Percentage ownership
										Yes	No		Yes	No	
Part IV Identification of Related line 34 because it had one of	Organizations Taxable	as a Corpo	ration s a cor	or Tr	ust (C on or tr	ompleto	e if t	the organ	ization an ear.)	swere	d "Ye	s" to Form	990,	Par	t IV,
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Lega domici (state or fo country	le oreign		Ourect co	<b>d)</b> ontrolling	Type (C co	(e) of entity rp, S corp, trust)	(f) Share of total income		(g) re of en of-year assets	d- Percen owner	tage		(i) Section 512 (b)(13) controlled entity?
(1) POOLED INCOME FUND (1)	ANNUITY	MD			NONE	-	Trust								Yes No
(2) CHARITABLE REMAINDER TRUSTS (4)	ANNUITY	MD			NONE	-	TRUST	-							

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more $r\epsilon$	elated organizations li	sted in Parts II-IV?		1					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
b	Gift, grant, or capital contribution to related organization(s)				1b		No			
C	Gift, grant, or capital contribution from related organization(s)				1c		No			
d	Loans or loan guarantees to or for related organization(s)				1d	Yes				
e	Loans or loan guarantees by related organization(s)				1e		No			
f	Dividends from related organization(s)				1f					
g	Sale of assets to related organization(s)				1g		No			
h	Purchase of assets from related organization(s)				1h		No			
i	Exchange of assets with related organization(s)				1i		No			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
k	k Lease of facilities, equipment, or other assets from related organization(s)									
	b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  f Purchase of assets from related organization(s)  1 g  1 c  1 d  1 c  1 d  1 c  1 d  1 c  1 d  1 c  1 d  1 c  1 d  1 d			No						
					1m		No			
					1n		No			
					10		No			
n	Reimbursement haid to related organization(s) for expenses				1p		No			
-					⊢∸+		No			
ч	Rembulsement para by related organization(5) for expenses				H					
r	O ther transfer of cash or property to related organization(s)				1r		No			
s	Other transfer of cash or property from related organization(s)				1s		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds						
		Transaction			unt in	ivolved				
<b>1)</b> M:	CA GRADUATE STUDIO CENTER INC	d	2,350,000	COST						

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships															
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	year allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No			
												1			

**Additional Data Return to Form** 

Software ID:

**Software Version:** 

**EIN:** 52-0591661

Name: MARYLAND INSTITUTE COLLEGE OF ART INC

Schedule R (Form 990) 2012

Page **5** 

### Part VII Supplemental Information

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

DLN: 93493104002234

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

**Depreciation and Amortization** (Including Information on Listed Property)

Sequence No 179

► See separate instructions. ► Attach to your tax return. Business or activity to which this form relates

Identifying number

	ne(s) shown on return RYLAND INSTITUTE (	COLLEGE OF A		L DEPRECIATI	ION			
1711	(TE/NIB INSTITUTE (							
Da	rt I Election	To Evnense (	 Certain Property Un	der Section	170			52-0591661
Ċ			isted property, comple			nplete Part I.		
1	Maximum amount (se	ee instructions)					1	
2	Total cost of section	179 property p	laced in service (see inst	ructions)			2	
3	Threshold cost of se	ction 179 prope	rty before reduction in lin	nitation (see ins	structions)		3	\$ 2,000,000
4	Reduction in limitation	on Subtract line	3 from line 2 If zero or l	ess, enter -0-			4	
5	Dollar limitation for t	tax year Subtrac	ct line 4 from line 1 If zei	ro or less, enter	-0- If marrı	ed		
	filing separately, see	e instructions					5	
				_				
6	(a)	Description of pi	roperty		usiness use	(c) Elected	cost	
6				on	19)			
Ť								
7	Listed property Enter	the amount from	n line 29		. 7	1		
			operty Add amounts in c	olumn (c). lines	6 and 7 •		8	<u> </u>
9		·	er of line 5 or line 8 • •	` ''			9	
10			om line 13 of your 2011 F				10	
11	•		e smaller of business inc		nan zero) or l	ine 5 (see	<u> </u>	
	instructions) •						11	
12	•	e deduction Add	d lines 9 and 10, but do n	ot enter more th	nan line 11		12	
	•		013 Add lines 9 and 10,		.▶ 13			
	<u> </u>		below for listed proper					
			Allowance and Othe			t include listed	proper	ty ) (See instructions )
14	Special depreciation	allowance for qu	ualified property (other th	an listed proper	ty) placed in	service during		
	the tax year (see ins	structions)					14	
15	Property subject to s	section 168(f)(1	) election · · ·				15	
16	Other depreciation (	including ACRS)	)				16	4,473,315
Par	t IIII MACRS De	preciation (I	<b>Do not</b> include listed j		ee instructio	ons.)		
				ection A			T	1
			d in service in tax years l				17	
18			ets placed in service durii			_		
	Section P Acc	ck nere	Service During 20			► I	<u> </u>	ation System
	Section b-Assi		(c) Basis for	IZ IAX TEAL		General De	preci	System
,	a) Classification of	(b) Month and	depreciation	(d) Recovery				(g)Depreciation
•	property	year placed in	(business/investment use	period	(e) Conven	tion <b>(f)</b> Metl	nod	deduction
		service	only—see instructions)					
19a	3-year property							
b	5-year property							
	7-year property							
	10-year property							
	15-year property							
	20-year property 25-year property	_		25 yrs		S/L		
	Residential rental			27 5 yrs	MM	S/L		
	property			27 5 yrs	MM	S/L		
l i	Nonresidential real			39 yrs	ММ	S/L		
	property				MM	S/L		
		on C—Assets Plac	ced in Service During 201	2 Tax Year Usin	g the Alterna		on Sys	tem
	Class life	_				S/L		
	12-year			12 yrs		S/L		
	40-year	L (coo instrict	tions)	40 yrs	MM	S/L		
	<b>rt IV Summar</b> Listed property Enter	r <b>y</b> (see instruc	<u> </u>				21	
			14 through 17, lines 19	and 20 in colum	nn (a) and lir	e 21 Enter	<u> </u>	
			your return Partnerships				22	4,473,315
<b>23</b>		·	service during the curren					7,773,313
	portion of the basis att			· · · ·	.   23			

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. **epreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.

<b>24a</b> Do you have evider	nce to support	the business/inve	stment ι	ıse claıme	d? <b>┌</b> Yes	Гпо		24	<b>lb</b> If "Y	es," is	the ev	idence	written?	,	s L	0
Type of property (list Date placed in investment Cost of			<b>i)</b> r other sıs	<b>(f)</b> Recovery period	overy Method/			<b>(h)</b> Depreciation/ deduction			(i) Elected section 179 cost					
25Special depreciation allo		• •	y placed	ın service	during the	tax year	and u	used more	e than							
50% in a qualified busi	•	•								25						
<b>26</b> Property used more	e than 50% I	in a qualified bi	usiness	use	T			1			1					
		%									+			+		
		%														
<b>27</b> Property used 50%	orless in a		ness us	е					lo /i		_					
		%							S/L - S/L -		+			$\dashv$		
		%							S/L -		+			┪		
28 Add amounts in co	olumn (h), lır	nes 25 through	27 En	ter here	and on lu	ne 21,	page	1	28							
<b>29</b> Add amounts in co	olumn (ı), lın	e 26 Enterhei	e and o	n line 7,	page 1				<del></del>				29			
	( ),				mation	on U	se d	of Veh	icles				<u>'</u>			
omplete this section	for vehicles	used by a sole	propri	etor, par	tner, or o	ther "n	nore	than 5%	owne	r," or	relate	ed per	son			
f you provided vehicles to	your employee	es, first answer the	e questio		_			n except		mpletir T						
<b>30</b> Total business/inv			ng the		<b>a)</b> icle 1	Vehi	<b>b)</b> cle 2	Ve	<b>(c)</b> shicle 3	3   1	<b>(c</b> Vehic	-		<b>e)</b> icle 5		<b>f)</b> icle 6
year ( <b>do not</b> inclu	de commutir	ng miles) .	•	- '	1010 1	1	<u> </u>				• • • • • • • • • • • • • • • • • • • •		1		1	
<b>31</b> Total commuting i	miles driven	during the yea	r .													
<b>32</b> Total other persor	nal(noncomm	nutina) miles di	riven										+			
33 Total miles driven	•							-		-+			+			
through 32	· · ·	· · ·														
34 Was the vehicle a	vaılable for p	ersonal use		Yes	No	Yes	No	Yes	N	0 1	es/	No	Yes	No	Yes	No
during off-duty ho	urs? .															
35 Was the vehicle u	sed primarily	y by a more tha	n 5%													
owner or related p	erson? .													↓		
<b>36</b> Is another vehicle	available fo	r personal use	?.													
Section Sectio	ns to determ														<b>not</b> mo	re tha
37 Do you maintain a employees?			nat prof	nibits all	personal	use of	vehi	cles, in	cluding	comr	nutın	g, by	your	Y	'es	No
employees.			• • •			• •	•		• •			•				
<b>38</b> Do you maintain a employees? See the												your •				
<b>39</b> Do you treat all us	e of vehicles	s by employees	s as per	rsonal us	se?											
<b>40</b> Do you provide movehicles, and reta				oyees,o	btaın ınfo	rmatio	n fro	m your	employ	ees a	bout	the us	se of			
<b>41</b> Do you meet the r	eauirements	concernina au	alıfıed a	automob	ıle demor	nstratio	n us	e? (See	ınstru	ctions	) .					
Note: If your answ	-							=			-					
	rtization	, , , , , , , , , , , , , , , , , , , ,	15 1 6.	, do 110	e compre			7 101 1110			110102					
Allio	T CIZACIOII	(b)	T			Т			Т	(e)						
(a)		Date			<b>c)</b> tızable		(	<b>(d)</b> Code	Αn	nortiza	ition		Λmo	<b>(f)</b> irtizati	on for	
Description of c	osts	amortization			ount			ection		period				his ye		
40.4		begins	2015		,	<u>_</u>			Įρε	ercent	aye					
<b>42</b> A mortization of co	sts that beg	ins auring you	7 2012	tax year	(see ins	tructio	1S)				-					
			+													
										<u> </u>						
<b>43</b> A mortization of co	_	•		-			•			·  _	43					
44 Total. Add amount	ts ın column	(f) See the ins	tructio	ns for wh	nere to re	port				.	44					

Software ID: **Software Version:** 

**EIN:** 52-0591661

Name: MARYLAND INSTITUTE COLLEGE OF ART INC

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir ndent Contra	ectors	s,Tru	uste	ees	, Key	/ En	nployees, Highe	st	
<b>(A)</b> Name and Title	(B) Average hours per week (list	dıre	than	o not one son i er an 'trus	box s bo d a tee)	th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
MR STEPHEN BOESEL TRUSTEE	1 0	х						0	0	0
MS M GWEN DAVIDSON TRUSTEE	1 0	х						0	0	0
MS ROSALEE C DAVISON TRUSTEE	1 0	х						0	0	0
MR RONALD E FIDLER TRUSTEE	1 0	х						0	0	0
MS ANN M GARFINKLE TRUSTEE	1 0	х						0	0	0
MS ALICE FALVEY GREIF TRUSTEE	1 0	х						0	0	0
MS FREDYE W GROSS TRUSTEE	1 0	х						0	0	0
MR DAVID HAYDEN TRUSTEE	1 0	х						0	0	0
MS BARBARA L HIMMELRICH TRUSTEE	1 0	х						0	0	0
MS WENDY JACHMAN TRUSTEE	1 0	х						0	0	0
MR DAVID JACOBS TRUSTEE	1 0	х						0	0	0
MR RICK GONZALEZ TRUSTEE	1 0	х						0	0	0
MR ROSS JONES TRUSTEE	1 0	х						0	0	0
MR NEIL A MEYERHOFF TRUSTEE	1 0	х						0	0	0
MR JIM MILLER TRUSTEE	1 0	х						0	0	0
MR CHARLES NEARBURG TRUSTEE	1 0	х						0	0	0
MS ANNE S PERKINS TRUSTEE	1 0	х						0	0	0
MR ROGER POWELL TRUSTEE	1 0	х						0	0	0
MS SHEILA K RIGGS TRUSTEE	1 0	х						0	0	0
MS NANCY SASSER TRUSTEE	1 0	х						0	0	0
MR WILLIAM O STEINMETZ TRUSTEE	10	х						0	0	0
MR REGGIE WELLS TRUSTEE	1 0	х						0	0	0
MS SALLIE FRAENKEL ZUCH TRUSTEE	1 0	х						0	0	0
MR JAMES BLUE TRUSTEE	1 0	х						0	0	0
DR JUDITH BURTON TRUSTEE	1 0	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (A) Name and Title (C)
Position (do not check (D) (F) Average Reportable Reportable Estimated amount

Name and Fitte	hours per week (list		than	one on is	box s bot d a	,		compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-MISC)	of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
MR KIBEBE GIZAW TRUSTEE	1 0	X						0	0	0
MR PIERRA ROBERTS LEGORREC TRUSTEE	1 0	х						0	0	0
MR MICHAEL BEATTY TRUSTEE	1 0	X						0	0	0
MR JEFFREY G BUNTING TRUSTEE	1 0	X						0	0	0
MR BRIAN MARTEL TRUSTEE	1 0	X						0	0	0
MS MICHEL L MODELL TRUSTEE	1 0	х						0	0	0
MR DOUG TSUI TRUSTEE	1 0	х						0	0	0
FRED LAZARUS IV PRESIDENT	40 0 1 0			х				325,736	0	236,114
RAYMOND V ALLEN VP ACADEMIC AFFAIRS & PROVOST	40 0			х				266,379	0	32,170
J DAVIDSON PORTER VP STUDENT AFFAIRS	40 0			х				153,626	0	20,434
THERESA LYNCH BEDOYA VP ADMIS AND FINANCIAL AID	40 0			х				197,612	0	25,592
MICHAEL MOLLA VP OPERATIONS	40 0			х				181,208	0	6,725
DOUGLAS R MANN VP FINANCE & HUMAN RESOURCES	40 0 1 0			х				234,910	0	29,102
THOMAS G HYATT VP TECHNOLOGY SYSTEMS	40 0			х				161,044	0	26,970
MICHAEL FRANCO VP DEVELOPMENT	40 0			X				191,112	0	27,504
JAN STINCHCOMB VICE PROVOST-UNDERGRADUATE	40 0				Х			151,595	0	25,735
CYNTHIA BARTH DEAN ACADEMIC SERVICES	40 0					х		132,016	0	20,292
BARRY NEMETT FACULTY	40 0					х		144,188	0	18,369
ROBERT MERRILL FACULTY	40 0					х		132,224	0	19,074
FRANCES BARTH FACULTY	40 0					х		121,973	0	19,933
MR DENNIS FARBER FACULTY	40 0					х		120,739		22,325