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DLN: 93493135041954

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)

2012

OMB No 1545-0047

Open to Public Inspection

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

			C Name of organization	ing 07-01-2012 , 2012, and ending 06	3-30-20.	13	D Employer ide	entification number		
	eck if a dress ch	pplicable	Maine College of Art							
_	me cha	_	Doing Business As				01-037875	00		
_	tıal retu	-								
_			Number and street (or P O box i 522 Congress Street	f mail is not delivered to street address) Room	/suite		E Telephone nur	mber		
_	rmınate						(207)699-	5045		
Am	nended	return	City or town, state or country, ar Portland, ME 04101	nd ZIP + 4						
Ap	plication	n pending					<b>G</b> Gross receipts	\$ 16,200,837		
			F Name and address of p	rıncıpal officer	H(	(a) Is this	a group retur	n for		
			Donald Tuski 97 SPRING STREET			affiliat	es?	┌ Yes 🗸 No		
			PORTLAND, ME 04102		Н	<b>b)</b> Are all	affiliates incl	uded?		
								(see instructions)		
[ Ta	ıx-exem	npt status	▼ 501(c)(3)	◀ (Insert no )		_				
J W	ebsite	e: 🕨 ww	w meca edu		H(	( <b>c)</b> Group	exemption nu	ımber 🕦		
			Corporation Trust Associa	otion Other ►	L	. Year of fom	nation	State of legal domicile ME		
Pa	rt I	Sum	nmary							
				sion or most significant activities						
<b>a</b> 1		THE CO	LLEGE'S MISSION IS TO PR	OVIDE EDUCATION IN FINE ARTS						
Governance	:									
Ē	.									
<u>ş</u>	2	Check tl	his box দ if the organization	discontinued its operations or dispose	d of mo	re than 25	% of its net a	ssets		
	l						1 -	1		
Activities &				erning body (Part VI, line 1a)				34		
ĕ				rs of the governing body (Part VI, line 1				34		
				ın calendar year 2012 (Part V, lıne 2a)			. 5	337		
ą ą				fnecessary)			. 6	50		
				Part VIII, column (C), line 12			. 7a	0		
	Ь	Net unre	lated business taxable income	e from Form 990-T, line 34	<u> </u>		<u> </u>			
					<u> </u>	Prior		Current Year		
a.	8		ibutions and grants (Part VIII)	·  _		1,317,068	1,010,476			
anue	9	9 Program service revenue (Part VIII, line 2g)					13,229,239	13,496,894		
Reveni	10		tment income (Part VIII, colu	$\cdot \vdash$		55,771	150,936			
<u> </u>	11		revenue (Part VIII, column (A			148,866	-44,516			
	12			11 (must equal Part VIII, column (A),		14,750,944		14,613,790		
	13			art IX, column (A), lines 1–3)			4,435,738	4,779,119		
	14		·	t IX, column (A), line 4)						
	15			oyee benefits (Part IX, column (A), line						
\$	-	5-10		,,	Ľ		5,443,953			
Expenses	16a	Profes	ssional fundraising fees (Part I	X, column (A), line 11e)	. L			0		
ੜੇ	Ь	Total fu	undraising expenses (Part IX, column	(D), line 25) <b>►</b> 287,486	_					
ш	17			), lines 11a-11d, 11f-24e)	ī. [		4,224,201	4,501,867		
	18			nust equal Part IX, column (A), line 25	_	:	14,089,378	14,724,939		
	19	Reven	ue less expenses Subtract lir	ne 18 from line 12			661,566	-111,149		
Net Assets or Fund Balances						Beginning Ye		End of Year		
90 00 90 00 90 90 00 90 00 90 00 90 00 90 90 00 90 00 90 90 00 90 90 90 00 90 90 90 90 90 90 90 90 90 90 90 90 9	20	Total	assets (Part X. line 16)		. $\vdash$		26,041,465	26,011,509		
3.E	21						10,703,091	10,312,572		
5 <u>5</u>	22			ct line 21 from line 20	_		15,338,374	15,698,937		
	1311		nature Block			•		20/000/00		
Jnde ny k	r pena nowled	alties of dge and	perjury, I declare that I have e	examined this return, including accomp omplete Declaration of preparer (other						
		h ****				301	4 OF 15			
Sigr	,		ature of officer				4-05-15 e			
Sigr Her		'	beth Elicker Exec VP							
			e or print name and title							
			Print/Type preparer's name	Preparer's signature	Date	Check	r If PTIN			
Pai	d	<u> </u>	Patrick Nicholas			self-e	mployed   P0028	39567		
	<sub>u</sub> pare		Firm's name 🕨 Macpage LLC			Firm's	EIN 🟲			
	on:		Firm's address ► 30 Long Creek Dr			Phone	e no (207) 774-	5701		
Jat	<i>,</i> OII	יע	South Portland, ME	04106			. *			
			Journ Politanu, ME	O-11-00		ı				

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

✓ Yes 厂No

**le Total program service expenses ►** 9,814,678

Form **990** (2012)

Part IV	Checklist	of	Required	<b>Schedules</b>

			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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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 $IV^{\square}$	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		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $\chi^{*}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	_	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the 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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Νo
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "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			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
36	<b>Section 501(c)(3) organizations.</b> 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	

	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   151		1 65	IAC
	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	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		N
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	E-		
6~	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		N
	organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		IN
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
ч	If "Yes," indicate the number of Forms 8282 filed during the year			IN
u	Ti res, indicate the number of forms 5252 med during the year.			
е	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? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		N
y	required?	7g		N
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N
8	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		N
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		l I n
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N
.0	Section 501(c)(7) organizations. Enter	90		IN
	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			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		l N
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13-		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		N
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
r	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	   14a		l I n
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		N

Form 990 (2012) Page 6 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. Section A. Governing Body and Management

	<del> </del>		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	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	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			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
		evenu	ue Cod Yes	e.) <b>No</b>
10a	Did the organization have local chapters, branches, or affiliates?	evenu 10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes	No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No No No

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 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 ►Elizabeth Elicker VP 522 Congress Street Portland, ME (207)699-5045

Form	990	(2012
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#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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	1										
(A) Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the		
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 11130)	MISC)	organization and related organizations		
See Additional Data Table												
	•	•	•							Form <b>990</b> (2012)		

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

		T												
	<b>(A)</b> Name and Title	(B) A verage			(I Repor		<b>(E)</b> Reportable		<b>(F)</b> Estima	<sub>ted</sub>				
	hours per week (list		more t	han d	ne l	box,	unless	;	compensation compensation				mount of	other
			person is both an officer and a director/trustee)						from		from related		compens	
		any hours for related		a aire				Ι_	organıza 2/1099		organizations (W 2/1099-MISC)		from t rganızatı	
		organizations	Individual trustee or director	<u> </u>	Office	<u>₹</u>	Former Highest compensated employee		-,	11100)			relate	
		below	E S	<u>ä</u>	8	9	얼ఠ	ne					organıza	tions
		dotted line)	[호호	<u> </u>		序	ကြည် ကြည်							
			j ğ	🖺		employee	ặ							
			<u>\$</u>	Institutional Trustee		٣	Ě							
			_	e e			Ě							
							č					-		
												_		
								Ļ						1
1b	Sub-Total			•	•			<b>P</b>						
С	Total from continuation sheet				•	•	•			402.012				E1 24E
d	•					•	•	_		492,912				51,345
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an			
	\$100,000 of reportable compe	insacion nom ch	e organ	izatit	)   <b> -</b>	,								
													Yes	No
3	Did the organization list any <b>fo</b>	<b>ormer</b> officer, dir	ector o	r trus	tee,	key	emplo	yee,	, or highes	t compen	sated employee			
	on line 1a? If "Yes," complete S	chedule J for suc	ch indivi	dual								3		No
4	For any individual listed on line	a 1a, is the sum	of repo	rtable	есо	mpe	nsatıo	n and	d other co	mpensatio	on from the			
	organization and related organ													
	ındıvıdual			•	•	•		•				4	Yes	
5	Did any person listed on line 1								_	janızatıon	or individual for			
	services rendered to the organ	iization? <i>If</i> "Yes,	," compl	ete S	ched	lule J	forsu	ch pe	erson .		[	5		No
	Commission that the following for			د ل		٠٠								
1	Complete this table for your five compensation from the organization										•		tax vear	
		(A)	-					, -			(B)	Ť	(C)	)
WD7C		ame and business		1104							cription of services	$\dashv$	Compen	sation
	HT-RYAN CONSTRUCTION 10 DANFOR over Security 367 St John Street PORTI		ND ME 04	+104						Construction Security	II WORK	$\dashv$		149,300
	22. 22. 22. 20. 20. 20. 20. 20. 20. 20.											-+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization -2

Form **990** (2012)

		Check if Schedule O contains a respo	ise to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
0	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
ا ۾ وَڌِ ا ۾ وَڌِ	С	Fundraising events 1c	82,467				
E ğ	d	Related organizations 1d					
ট 🖺		Government grants (contributions) 1e	296,281				
Sin.	е						
	f	All other contributions, gifts, grants, and similar amounts not included above	631,728				
훈통	g	Noncash contributions included in lines 1a-1f \$	386,353	į	į		j
Cont	h			1,010,476			
O e			, <u>*</u>				
E E	2a	TUITION AND FEES	Business Code 611600	12,021,559	12,021,559		
eve	 b	Auxilary Income	611600	1,475,335	1,475,335		
م ج	c	- Annal, Meeting	011000	1,473,333	1,473,333		
r ve	d						
Program Serwice Revenue	e						
튵	f	All other program service revenue					
ا گھ		Tabal Addings 2s 26		12.106.001			
_		<b>Total.</b> Add lines 2a-2f		13,496,894	-		
	•	and other similar amounts)		103,405			103,405
	4	Income from investment of tax-exempt bond	proceeds	0			
	5	Royalties	•	0			
	6a	(I) Real Gross rents 308,102	(II) Personal				
	b	Less rental 421,128					
	c	expenses Rental income -113,026					
	_	or (loss)	<u> </u>	-113,026			-113,026
	d	Net rental income or (loss) (i) Securities	(II) O ther	113,020			113,020
	7a	Gross amount from sales of assets other 1,184,789	(11) 0 31101				
	b	than inventory Less cost or other basis and sales expenses  1,137,258					
	c	Gain or (loss) 47,531					
	d	Net gain or (loss)		47,531			47,531
Other Revenue	8a	Gross income from fundraising events (not including \$ 82,467 of contributions reported on line 1c) See Part IV, line 18					
<u> </u>	ь	Less direct expenses b	18,825				
5	c	Net income or (loss) from fundraising	28,661 events <b>.</b>	-9,836			-9,836
	9a	Gross income from gaming activities See Part IV, line 19	·				
	b	Less direct expenses b					
	c	Net income or (loss) from gaming acti	vities	О			
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
		Net income or (loss) from sales of inv	entory 🛌	0			
		Miscellaneous Revenue	Business Code				
	11a	MISC INCOME	611600	78,346			78,346
	b						
	c						
	d	All other revenue					
	е	<b>Total.</b> Add lines 11a-11d		78,346			
	12	<b>Total revenue.</b> See Instructions .	🕨	14,613,790	13,496,894		106,420

	550 (2012)				Page 10
	Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizati	one must comp	loto column (A.)	
Section	Check if Schedule O contains a response to any question in this Pa				
Do no	ot include amounts reported on lines 6b,		(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			· .
2	Grants and other assistance to individuals in the United States See Part IV, line 22	4,779,119	4,779,119		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	1,1.0,-22		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	544,257		447,383	96,874
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	4,005,740	2,058,599	1,870,516	76,625
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	97,223	54,898	40,581	1,744
9	Other employee benefits	444,768	216,614	214,795	13,359
10	Payroll taxes	351,965	161,061	177,868	13,036
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	7,078		7,078	
C	Accounting	22,729		22,729	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	22,184		22,184	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	102,024		102,024	
12	Advertising and promotion	227,783	68,708	127,260	31,815
13	Office expenses	33,992	189	28,532	5,271
14	Information technology	211,339	116,236	84,536	10,567
15	Royalties	, 0	,	,	<del></del>
16	Occupancy	140,975	72,850	68,125	
17	Travel	101,975	16,156	82,630	3,189
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	,	,	· · ·
19	Conferences, conventions, and meetings	6,775		6,775	
20	Interest	299,088	78,000	221,088	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	806,836	578,836	228,000	
23	Insurance	162,755	96,494	66,261	
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)				
а	Supplies	237,826	226,566	10,697	563
b	Utilities	391,470	268,036	117,262	6,172
c	Maintenance & Services	455,453	323,357	125,491	6,605
d	Dorm	595,779	595,779		
е	All other expenses	675,806	103,180	550,960	21,666
25	Total functional expenses. Add lines 1 through 24e	14,724,939	9,814,678	4,622,775	287,486
26	Joint costs. Complete this line only if the organization 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

Par	τχ	Check if Schedule O contains a response to any question in thi	s Part	×			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			Degining of year	1	0
	2	Savings and temporary cash investments			835,857	2	1,394,883
	3	Pledges and grants receivable, net			657,039		11,604
	4	Accounts receivable, net			219,055		243,577
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L	directo art II o	rs, trustees, key of	2.0,000		· ·
ŧ,	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contrib mploy	outing employers		6	0
Assets	7	Notes and loans receivable, net			751,908	7	815,151
4	8	Inventories for sale or use			701,000	8	0
	9	Prepaid expenses and deferred charges			245,010		179,614
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		26,009,037	·		
	ь	Less accumulated depreciation	10b	8,330,252	17,981,336	10c	17,678,785
	11	Investments—publicly traded securities		4,474,400	11	4,821,112	
	12	Investments—other securities See Part IV, line 11			12	0	
	13	Investments—program-related See Part IV, line 11			13	0	
	14	Intangible assets			14	0	
	15	Other assets See Part IV, line 11			876,860	15	866,783
	16	Total assets. Add lines 1 through 15 (must equal line 34).			26,041,465	16	26,011,509
	17	Accounts payable and accrued expenses			779,607	17	684,072
	18	Grants payable	,	18	35 1,512		
	19	Deferred revenue			611,524	19	621,541
	20	Tax-exempt bond liabilities			8,535,291	20	8,087,334
	21	Escrow or custodial account liability Complete Part IV of Sch			0,000,201	21	0,007,004
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquality	ors, tr			21	
Liabiliti		persons Complete Part II of Schedule L				22	
ï	23	Secured mortgages and notes payable to unrelated third partie				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	204,714
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	ited th	rd parties,			
		D			776,669	25	714,911
	26	Total liabilities. Add lines 17 through 25			10,703,091	26	10,312,572
Φ N		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	and	complete			
ĕ	27	Unrestricted net assets			9,178,717	27	9,455,272
Fund Balance	28	Temporarily restricted net assets			1,440,350	28	1,485,582
<u>∞</u>	29	Permanently restricted net assets			4,719,307	29	4,758,083
Ĕ	29	·			4,719,507	29	4,750,003
		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	iere F	j and			
ō	30	Capital stock or trust principal, or current funds	_			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	_
25.5	32	Retained earnings, endowment, accumulated income, or other				32	
Net /	33	Total net assets or fund balances			15,338,374	33	15,698,937
ž	34	Total liabilities and net assets/fund balances			26,041,465	34	26,011,509
		, sear numinices and net assets/fully balances	• •	• •	20,041,400	J-4	20,011,309

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮
	<u> </u>				·
1	Total revenue (must equal Part VIII, column (A), line 12)	1		14,6	513,790
2	Total expenses (must equal Part IX, column (A), line 25)	2		14,7	724,939
3	Revenue less expenses Subtract line 2 from line 1	3		- 1	111,149
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15.3	338,374
5	Net unrealized gains (losses) on investments	5		-	
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		-	125,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			598,937
Par	t XII Financial Statements and Reporting			10,	
	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		No
	If Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	<u> </u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separasis, consolidated basis, or both	arate			
	▼ Separate basis				
C	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			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	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	

 Software ID:
 12000229

 Software Version:
 2012v2.0

 EIN:
 01-0378758

Name: Maine College of Art

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir	ectors	,Tru	uste	ees,	Key	En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list	Positio more unless an o	<b>(C</b> n (do than	not one on is	box s bot d a	,		(D) Reportable compensation from the organization (W- 2/1099-MISC)	( <b>E)</b> 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 trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
DEBORAH REED Director	2 00 0 00	X						0	0	0
DANIEL POTEET Director	2 00 0 00	X						0	0	0
Bill Thornton Director	2 00 0 00	X						0	0	0
CARON ZAND Director	2 00 0 00	X						0	0	0
Margaret Mınıster O'Keefe Dırector	2 00 0 00	X						0	0	0
Margaret Crane Morfit Director	2 00 0 00	Х						0	0	0
MARY SCHENDEL Chair	2 00 0 00	Х		х				0	0	0
BEN DEVINE Director	2 00 0 00	х						0	0	0
RALPH L HARDING Director	2 00 0 00	Х						0	0	0
ANDRES VERZOSA Director	2 00 0 00	Х						0	0	0
CYNTHIA THOMPSON Director	2 00 0 00	Х						0	0	0
DOROTHY SCHWARTZ Director	2 00 0 00	х						0	0	0
CLAUDIA C PACHIOS Director	2 00 0 00	х						0	0	0
WILLIAM R DILL Director	2 00 0 00	х						0	0	0
DANIEL N CREWE Director	2 00 0 00	х						0	0	0
SAMUEL PIERCE Vice Chair	2 00 0 00	х		х				0	0	0
JAC OUELLETTE Director	2 00 0 00	Х						0	0	0
PAULA CRANE LUNDER Director	2 00 0 00	Х						0	0	0
Lynda J Means MD Director	2 00 0 00	х						0	0	0
DANIEL E O'Leary Director	2 00 0 00	Х						0	0	0
Anne M Ireland Director	2 00 0 00	х						0	0	0
ANNETTE L ELOWITCH Director	2 00	х						0	0	0
ERICK LAHME Director	2 00	х						0	0	0
Katharine J Watson Director	2 00	х						0	0	0
Kenneth M Nelson Director	2 00 0 00	Х						0	0	0

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

0 00 40 00

0 00 40 00

0 00

Donald Tuskı

Elizabeth Elicker

Exec VP Admn

President

Compensated Employees, and Indepen	ndent Contra	actors						ı	•	
<b>(A)</b> Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former			related organizations
RONALD BUFORD Director	2 00 0 00	х						0	0	0
JANE G BRIGGS DIRECTOR	2 00 0 00	Х						0	0	0
JUDITH A KANE PHD DIRECTOR	2 00 0 00	х						0	0	0
DEBORAH H DLUHY Director	2 00 0 00	х						0	0	0
MARIA CANNING Director	2 00 0 00	х						0	0	0
ALISON LEAVITT Director	2 00 0 00	х						0	0	0
JOAN L AMORY Director	2 00 0 00	х						0	0	0
John R Coleman Director	2 00 0 00	х						0	0	0
Candace Pilk Karu Director	2 00 0 00	Х						0	0	0
REBECCA CONRAD VP ADVANCEMENT	40 00 0 00			х				90,000	0	6,874
IAN ANDERSON VP FOR ACADEMIC	40 00 0 00			х				105,000	0	14,100

Х

185,000

112,912

18,100

12,271

0

0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135041954

**Employer identification number** 

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Maine College of Art

#### **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.

Open to Public Inspection

									01-0378		
	rt I			blic Charity Sta						nstructions	i
The c	rganı		•	te foundation becaus	•			•	•		
1	Г	A chur	ch, convent	on of churches, or a	ssociation of	fchurches d	escribed in <b>s</b> e	ection 170(	b)(1)(A)(i).		
2	~	A scho	ol described	in <b>section 170(b)(</b> 1	L <b>)(A)(ii).</b> (At	tach Sched	ule E)				
3	$\sqcap$	A hosp	ital or a coo	perative hospital se	rvice organiz	zatıon descr	ıbed ın <b>sectio</b>	n 170(b)(1	)(A)(iii).		
4	$\sqcap$	A medi	cal researc	h organization opera	ted ın conjun	ction with a	hospital des	cribed in <b>se</b>	ction 170(b)(	1)(A)(iii). E	Enter the
	_			ty, and state							
5		Anorg	anızatıon op	erated for the benefi	t of a college	or universi	ty owned or o	perated by	a governmen	tal unit desc	cribed in
		sect ior	170(b)(1)(	(A)(iv). (Complete P	art II )						
6	$\sqcap$	A feder	al, state, or	local government o	r government	tal unit desc	rıbed ın <b>secti</b>	on 170(b)(	1)(A)(v).		
7	$\sqcap$			at normally receives			support from	a governm	ental unit or f	rom the gen	eral public
_	_			on 170(b)(1)(A)(vi).							
8	<u> </u>		-	described in <b>sectio</b>			-	-			
9	Г	_	organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross eights from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of								
		· ·			· ·	=					
				oss investment inco						tax) from bu	ısınesses
	_	•		ganızatıon after June	•			•	•		
10		Anorg	organization organized and operated exclusively to test for public safety See section 509(a)(4).								
11	Г			ganized and operate							
				ly supported organiz						ee <b>section</b> 5	<b>509(a)(3).</b> Check
				bes the type of support of the best between two the best best best best best best best bes						on-functions	ally integrated
e	$\Gamma$			ox, I certify that the			-		* *		· -
•	'	•	_	on managers and ot	•				, ,	•	•
			n 509(a)(2)	3		•	,				. ,, ,
f			-	received a written d	etermınatıon	from the IR	S that it is a	Type I, Typ	oe II, or Type	III support	ing organizatio <u>n,</u>
			this box	2006				<b>c</b>			J
g			august 17, 2 ng persons?	2006, has the organ	ization accep	oted any giπ	or contributi	on from any	or the		
			<b>J</b> ,	rectly or indirectly o	controls, eith	er alone or t	together with	persons de	scribed in (ii)	)	Yes No
				governing body of th	•		3		` '	110	<del></del>
				er of a person descr		_				11g	
				lled entity of a perso			ahove?				(iii)
h		• •		ng information about						9	()
				ng mormation about	сс очеро.с.	·	(5)				
(i	) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfv	(vi) Is	the	(vii) A mount of
•	uppo		(,	organization	organizati		the organiz	•	organizat		monetary
10	ganiz	ation		(described on	col (i) lis	ted ın	ın col (i) d	•	col (i) org		support
				lines 1 - 9 above	your gove	_	suppor	t?	ın the U	S?	
				or IRC section	docume	nt?					
				(see instructions))		<u> </u>		ı	1	1	4
				seruccions))	Yes	No	Yes	No	Yes	No	
			İ				1	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.)	
	ection A. Public Support 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	,rF3	<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,						
<i>7</i> 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						
	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					<u> </u>
	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

**Supplemental Financial Statements** 

DLN: 93493135041954

OMB No 1545-0047

**SCHEDULE D** (Form 990)

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

Open to Public

	me of the organization une College of Art		Emp	oloyer identification	n numbe	er
				0378758		
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts.	Complet	te if the
		(a) Donor advised funds		<b>(b)</b> Funds and oth	eraccou	ınts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor adv		_ Yes	┌ No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene			er purpose	_ Yes	□ No
D.	conferring impermissible private benefit?	the example then answered "Vest"	to Form			1 140
	rt II Conservation Easements. Complete if		to ron	11 990, Part IV, 1	me 7.	
1	Purpose(s) of conservation easements held by the org		n histor	rically important la	nd area	
	Protection of natural habitat	•		d historic structur		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribution in	the form	m of a conservation	1	
_	easement on the last day of the tax year	a qualified conservation contribution in	the lon	ii oi a conservatioi	•	
				Held at the En	d of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified histo	orıc structure ıncluded ın (a)	2c			
d	Number of conservation easements included in (c) accommodate structure listed in the National Register	quired after 8/17/06, and not on a	2d			
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminat	ed by th	he organızatıon duı	ıng	
	the tax year 🗠					
4	Number of states where property subject to conservat	ion easement is located 🗠				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of		_ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation ease	ments (	during the year		
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	ts durin	a the year		
/	► \$	g, and emoreing conservation casement	es aarm	g the year		
В	Does each conservation easement reported on line 2( and section $170(h)(4)(B)(II)$ ?	d) above satisfy the requirements of se	ction 1	70(h)(4)(B)(ı)	_ Yes	┌ No
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia				
Par	rt IIII Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar As	sets.	
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	, or rese	earch in furtheranc		
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ets held for public exhibition, education,				IC
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			ncıal gaın, provide	the	
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		

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

Par	Organizations Maintaining Co	llections of Art	, Hist	torical	Treas	ures, or O	the	r Similar As	ssets (	(continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	eck any	of the fol	lowing that a	re a	significant us	e of its	
а	Public exhibition		d	┌ Loa	an or exc	change progr	ams			
b	Scholarly research		e	┌ ot	her					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın how	they fur	ther the	organızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit							ıılar	_	_
	assets to be sold to raise funds rather than t							"	Yes	✓ No
Par	<b>t IV</b> Escrow and Custodial Arrang Part IV, line 9, or reported an ar					n answered	J "Y	es" to Form	990,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					or other ass	ets ı	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ıng table		_				
						_		Aı	mount	
С	Beginning balance					_	<b>1</b> c			
d	Additions during the year					_	1d			
е	Distributions during the year 1e									
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?						☐ Yes	Г No
ь	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	nation ha	s been ¡	provided in P	art >	KIII		<u>. Г</u>
Pa	rt V Endowment Funds. Complete									
4.	Parimoina of warmhalanaa	(a)Current year 4,474,400	<b>(b)</b> P	rior year 4,662,9		wo years back 3,937,305		Three years back 3,784,491	(e)Four	years back 4,340,243
1a L	Beginning of year balance	104,949		122,2		142,613		114,566		255,976
b	Contributions	104,545		122,2	31	142,013		114,500		233,370
С	Net investment earnings, gams, and losses	497,081		-105,7	48	789,728		437,309		-664,416
d	Grants or scholarships	255,318		205,5	01	206,734		399,061		147,312
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	4,821,112		4,474,4	00	4,662,912		3,937,305		3,784,491
2	Provide the estimated percentage of the cur	•	ce (line	e 1g, col	umn (a))	held as				
а	Board designated or quasi-endowment 🕨	1 000 %								
b	Permanent endowment ► 81 000 %									
c	Temporarily restricted endowment 🕨 👚 18	000 %								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
3 <b>a</b>	Are there endowment funds not in the posse organization by	ssion of the organiz	atıon t	hat are h	eld and	administered	lfor	the	Ye	- No
	(i) unrelated organizations							3a		S No
	(ii) related organizations								(ii)	No
b	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	chedule	R?.			3	ь	No
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa					(-) (	1 (4)	Darler - bra
	Description of property				or other estment)	( <b>b)</b> Cost or ot basis (othei		(c) Accumulated depreciation	a (a)	Book value
	Land		•							
	Buildings		•		879,422	22,438,	339	6,230,65	53	17,087,108
	Leasehold improvements		•							
	Equipment		•			2,691,	276	2,099,59	99	591,677
	Other			mn (B) 1:	no 10/-1	<u> </u>		<b>L</b> .		17 670 705
iota	i. A da illes Ta tillough Te (C <i>olumn (a) must e</i>	quai ruiii 990, Part .	^, colul	ии ( <i>D),</i> П	n∈ 10(C).		•	Schedule		17,678,785

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market valu	e
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
	<b>L</b> .		
(2) (2)	<u> </u>		
Part VIII Investments—Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	۵
		Cost of end of year market valu	
	_		
	<u> </u>		
Part IX Other Assets. See Form 990, Part X, I  (a) Descr		(b) Book valu	
(a) Descri	iption	(b) Book valu	
Total (Column (h) must send Form 000 Port V = 1/0)	<i>E</i> )		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
Interest rate swap liability	59,000		
gift annuities payable	3,317		
Due to federal govt - Perkins Loan Fund	652,594		
-			
	<del> </del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	·		
2. Fin 48 (ASC 740) Footnote In Part XIII provide the te	vt at the faatnate to the arga	nization's tinancial statements that reports	tho

Part	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	10,756,172
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	921,501
3	Subtract line <b>2e</b> from line <b>1</b>	3	9,834,671
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 ) 4b 4,779,119		
C	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	4,779,119
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	14,613,790
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	10,395,609
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	449,789
3	Subtract line <b>2e</b> from line <b>1</b>	3	9,945,820
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 )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	4,779,119
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	14,724,939

#### 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
Part XII, Line 4b	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	student aıd/scholarshıps \$4779119
Part XII, Line 2d	Part XII, Line 2d Other expenses and losses per audited F/S	special event expense \$28661 rental expenses \$421128
Part XI, Line 4b	Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Student Aıd/Scholarshıps \$4779119
Part XI, Line 2d	Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	special events expense \$28661 Gain on Interest Rate Swap \$125000 Rental expenses \$421128
Part III, Line 1a	elected under SFAS 116 to not report are, historical treasures, o	The College does not capitalize collections, primarily library books and art objects, as they are held for public exhibition and education rather than financial gain. Any proceeds from the sale of collection items are used to acquire other items for the collection. The College estimates the value of the collection to be approximately \$89,000 at June 30, 2011.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135041954

**Employer identification number** 

#### OMB No 1545-0047

#### **Schools**

(Form 990 or 990-EZ)

**SCHEDULE E** 

Department of the Treasury Internal Revenue Service

Name of the organization

▶ 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.

Maine College of Art 01-0378758 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)

ldentifier	Return Reference	Explanation
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		The nondiscriminatory policy is listed in the Student Handbook, the College recruitment View Book, and on the College's web site
Schedule E, Line 6 - Explanation of Aid or Assistance from Governmental Agency		The organization receives funds from various programs of the United States Department of Education, such as the Federal Perkins Loan Program, the Federal Work Study Program, and the Federal Pell Program These funds allow the College to help students to finance the cost of their education

Schedule E (Form 990 or 990-EZ) 2012

DLN: 93493135041954

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

	ne of the organization						Employer iden	tification number
ман	ne College of Art						01-0378758	
Pa	rt I Fundraising Act	<b>ivities.</b> Complete	ıf the o	rganızatı	ion answered "Yes"	to Form	n 990, Part IV	, line 17.
1	Indicate whether the organ	ızatıon raısed funds	through a	ny of the 1	following activities Ch	eck all ti	hat apply	
а	Mail solicitations			e	Solicitation of nor	n-govern	ment grants	
b	✓ Internet and email soli	cıtatıons		f	Solicitation of gov	ernmen	t grants	
С	Phone solicitations			g	Special fundraisir	g event	S	
d	✓ In-person solicitations	;						
2a	Did the organization have a or key employees listed in							┌ Yes ┌ N
ь	If "Yes," list the ten highes to be compensated at least			undraiser	rs) pursuant to agreem	ents und	ler which the fun	idraiser is
	(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol 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
			Yes	No				
			1					
Tota	al			<b>&gt;</b>				
3	List all states in which the licensing	organization is regis	tered or li	censed to	o solicit funds or has be	een notif	ied it is exempt	from registration or

Sche	dule	G (Form 990 or 990-EZ) 2012				Page <b>2</b>
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi			
		events with gross receipts g	(a) Event #1  ART AUCTION AND HONORS GALA (event type)	(b) Event #2  Art Honors (event type)	(c) 0 ther events  1 (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	45,953	34,991	20,348	101,292
Revenue	2	Less Contributions	45,953			
ž	3	Gross income (line 1 minus line 2)		11,175		
	4	Cash prizes				
10	5	Noncash prizes				
Expenses	6	Rent/facility costs				
益	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .	5,667	15,004	7,990	28,661
	10	Direct expense summary Add lin	nes 4 through 9 ın column	(d)	•	(28,661)
	11	Net income summary Combine li	ne 3, column (d), and line	10		-9,836
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii	rganization answered '	"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue		<del></del>	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>동</u>	1	Gross revenue				
sesue	2	Cash prizes				
çen	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
占	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes Г No	Г Yes Г No	
	7	Direct expense summary Add line	s 2 through 5 ın column (	d)		
	8	Net gaming income summary Com	nbine lines 1 and 7 in colu	mn (d)		
9 a b	Ist	er the state(s) in which the organization licensed to operate No," explain	gaming activities in each	n of these states?		
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspen	ded 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.

OMB No 1545-0047

DLN: 93493135041954

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

► Attach to Form 990

lame of the organization						Employer identificati	on number
1aine College of Art						01-0378758	
Part I General Informati	on on Grants and	d Assistance				•	
<ol> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organi</li> </ol>	ward the grants or as	sıstance?			the grants or assist	ance, and	✓ Yes ☐ ו
				<b>United States.</b> Con art II can be duplicate			es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	( <b>d)</b> 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 gra or assistance
<ul><li>Enter total number of section !</li><li>Enter total number of other org</li></ul>						<b>.</b> _	0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SPECIFIC ASSISTANCE -SEOG	156	117,681			
(2) GRANTS AND ALLOCATIONS	400	4,661,438			
Part IV Supplemental Informa	ation	•		•	•

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

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		The College provides scholarships to their students. Amounts awarded are determined by the financial aid department in accordance with the College's and federal agency policies. Amounts given are credited to the students account

Schedule I (Form 990) 2012

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DLN: 93493135041954

**Employer identification number** 

01-0378758

OMB No 1545-0047

#### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Maine College of Art

Pa	TITE Questions Regarding	Compensation				
		<u>-</u>			Yes	No
la			ny of the following to or for a person listed in Form ide any relevant information regarding these items			
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-	up payments $ extstyle  ex$	Health or social club dues or initiation fees			
	Discretionary spending accou	nt $\Gamma$	Personal services (e g , maid, chauffeur, chef)			
b			on follow a written policy regarding payment or above? If "No," complete Part III to explain	1b		
2	Did the organization require substandirectors, trustees, and the CEO/E		ing or allowing expenses incurred by all officers, ing the items checked in line 1a?	2		
3	organization's CEO/Executive Dire	ector Check all that apply	used to establish the compensation of the  Do not check any boxes for methods the CEO/Executive Director, but explain in Part III			
	Compensation committee	Г	Written employment contract			
	Independent compensation co	onsultant 🔽				
	Form 990 of other organization	ns 🔽	Approval by the board or compensation committee			
4	During the year, did any person lis or a related organization	ted in Form 990, Part VII	, Section A , line 1a with respect to the filing organization $% \left( 1\right) =\left( 1\right) \left( 1\right$			
а	Receive a severance payment or c	hange-of-control paymen	t?	4a		Νo
b	Participate in, or receive payment	from, a supplemental non-	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment	from, an equity-based cor	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the	he persons and provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) orga	nizations only must comp	elete lines 5-9.			
5	For persons listed in Form 990, Pa compensation contingent on the re		, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe	ın Part III				
5	For persons listed in Form 990, Pa compensation contingent on the ne		, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe	ın Part III				
7	For persons listed in Form 990, Pa payments not described in lines 5		, dıd the organızatıon provıde any non-fixed ın Part III	7		No
3			ccured pursuant to a contract that was			
		ption described in Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organizat section 53 4958-6(c)?	tion also follow the rebutta	able presumption procedure described in Regulations	9		Νo

#### 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	` '	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
	(i) (ii)	185,000				18,100	203,100	

Schedule J (Form 990) 2012

Part III 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

Schedule J (Form 990) 2012

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

DLN: 93493135041954

2012

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(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** 

Name of the organization Maine College of Art

Χ

Χ

Χ

Χ

01-0378758

Pa	art I Bond Issues													
	(a) Issuer name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date issued	<b>(e)</b> Issue p	orice	<b>(f)</b> Description	on of purpose	<b>(g)</b> De	feased	beha	On alf of uer		Pool ncing
									Yes	No	Yes	No	Yes	No
A	MHHEFA Series 2011B	01-0314384		11-02-2011	3,300	0,000	Purchase Prope	rty for Dorms		Х		х		
В	MHHEFA SERIES 2010B	01-0314384	560427HA5	06-24-2010	2,86		PURCHASE OF BUILDING	ACADEMIC		Х		х		
c	MHHEFA Series 2006F	01-0314384	560425G20	08-01-2006	2,28	5 nnn 1	Purchase and re residence hall	novation of		Х		х		
Pa	rt III Proceeds													
					Α			В		С			D	
1	A mount of bonds retired													
2	A mount of bonds legally defeased													
3	Total proceeds of issue					3,300,	000	3,480,695		2,35	8,231			
4	Gross proceeds in reserve fun	nds				301,	756	301,756		15	2,932			
5	Capitalized interest from proce	eeds												
6	Proceeds in refunding escrows	S												
7	Issuance costs from proceeds	5				38,	018	38,018		6	6,743			
8	Credit enhancement from proc	ceeds												
9	Working capital expenditures f	from proceeds												
10	Capital expenditures from pro	ceeds				3,300,	000	3,140,921		2,13	5,000			_
11	O ther spent proceeds					3,	645				3,645			
12	O ther unspent proceeds	er unspent proceeds												
13	Year of substantial completion	n			201	. 1			2	006				
					Yes	No	Yes	No	Yes	N	lo	Yes		No

allocation of proceeds? Part IIII Private Business Use

14

15

16

17

	1117 ate basiness esc								
-		A B		С					
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		×		×		
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		Х			Х		
		_						1 1 1/4	222) 2242

Χ

Χ

Χ

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

Has the final allocation of proceeds been made?

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

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

Χ

Χ

Χ

Χ

Χ

Part Private Business Use (Continued) C D Α В Yes No Yes No Yes No Yes No Are there any management or service contracts that may result in private business use За Х Х Χ of bond-financed property? If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-Χ Χ Х financed property? If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside d counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities 4 % % % other than a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501 % % % (c)(3) organization, or a state or local government Total of lines 4 and 5 % % % % Does the bond issue meet the private security or payment test? 7 Has there been a sale or disposition of any of the bond financed property to a 8a nongovernmental person other than a 501(c)(3) organization since the bonds were Χ Χ Х issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of h % % % % If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Х Х Regulations sections 1 141-12 and 1 145-2? Part IV Arbitrage В С Α D Yes No Yes No Yes No Yes No Has the issuer filed Form 8038-T? 1 Χ Χ Χ If "No" to line 1, did the following apply? 2 Rebate not due vet? а Χ Χ Exception to rebate? b No rebate due? c If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue? 3 Has the organization or the governmental issuer entered 4a Χ Χ Χ into a qualified hedge with respect to the bond issue? Name of provider Term of hedge C Was the hedge superintegrated? d Was a hedge terminated?

No

Part	Arbitrage (Continued)								
		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X	X			

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	Х	X		
ь	Name of provider	FSA			FSA		
С	Term of GIC		30 0000			30 0000	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	x			Х		
6	Were any gross proceeds invested beyond an available temporary period?		x	X		Х	
7	Has the organization established written procedures to monitor		X	X		X	

### the requirements of section 148? Part V Procedures To Undertake Corrective Action

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?

A B		С		D			
Yes	No	Yes	No	Yes	No	Yes	No
	X		x		x		
	^		,				

Part VI	<b>Supplemental Information.</b> Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
Supplemental Information		Schedule K Part II - The amount on Schedule K Part I represents the par value of the College's portion of each bond issue The issue price on Form 8038 Part III line 21(b) includes proceeds for other institutions as well Schedule K Part V - The College did not have written procedures. The College will develop formal written procedures to ensure 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.

Schedule K (Form 990) 2012

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DLN: 93493135041954

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**Noncash Contributions** 

Open to Public Inspection

	ne of the organization e College of Art				Emplo	oyer identificat	ion nu	mber	
· Giii	2 conege of the				01-0	378758			
Pā	rt I Types of Property			•					
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		<b>(d</b> Method of do oncash contrib	etermi		ts
1	Art—Works of art	Х	214	45,953	Sale	s Price			
2	Art—Historical treasures .			,	1				
3	Art—Fractional interests				1				
4	Books and publications				1				
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	Х	41	340,400	Quot	ed Price			
10	Securities—Closely held stock .								
11	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—O ther								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	Taxıdermy				<u> </u>				
22	Historical artifacts				<u> </u>				
23	Scientific specimens				<u> </u>				
24	Archeological artifacts								
25	O ther ► ()				<u> </u>				
	O ther ▶()				<u> </u>				
	O ther ►()				1				
	O ther ▶ ()								
29	Number of Forms 8283 received for which the organization comple				29			1	
20-	During the year did the organiza	tion receiv	a by contribution any propa	erty rapartad in Dart I. lines	. 1 20	+6-+ +		Yes	No
JUa	During the year, did the organiza								
	must hold for at least three years				ea to b	e usea			
	for exempt purposes for the entir				•		30a		No
	If "Yes," describe the arrangeme								
	Does the organization have a gift						31	Yes	
32a	Does the organization hire or use contributions?	e third parti • • •	<del>-</del>	to solicit, process, or sell	nonca	sh •••	32a		No
	If "Yes," describe in Part II		un aalumn (a) fan a tuur of		(a.) ·-	ماده ط			
<b>3</b> 3	If the organization did not report	an amount	. III colulliii (c) for a type of	property for which column	(a) 15 (	лескей,	1		

describe in Part II

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

**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 (Form 990) (2012)

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

**SCHEDULE O** 

(Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Maine College of Art Employer identification number

01-0378758

Identifier	Return Reference	Explanation				
Form 990, Part XI, Line 9	Other Changes In Net Assets Or Fund Balances - Other Increases	Gain on Interest Rate Sw ap = \$125000				
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The College makes its governing documents and financial statements available to the public upon request				
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The President's or CEO's compensation is determined by the Executive Committee of the Boar d of Trustees. They conduct a review of the President annually, review the salary survey m ade available by the Association of Independent Colleges of Art and Design (AICAD) as a re source in determining the level of compensation and review and update his employment contract. The President determines the compensation for the Officers of the College. He conducts an annual review of each Officer or Vice President and reviews the salary survey made available by the Association of Independent Colleges of Art and Design (AICAD) as a resource in determining levels of compensation.				
Form 990, Part VI, Line 15a	Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	The President's or CEO's compensation is determined by the Executive Committee of the Boar d of Trustees They conduct a review of the President annually, review the salary survey m ade available by the Association of Independent Colleges of Art and Design (AICAD) as a re source in determining the level of compensation and review and update his employment contr act The President determines the compensation for the Officers of the College He conducts an annual review of each Officer or Vice President and reviews the salary survey made ava ilable by the Association of Independent Colleges of Art and Design (AICAD) as a resource in determining levels of compensation				
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	The Board Chair, Finance Committee, and management review the 990 prior to submission. Pri or to filing with the IRS, the 990 is made available to all Board of Directors				