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DLN: 93493022000324

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

2012

OMB No 1545-0047

Open to Public

	Revenue Se	,	► The organization may have t	o use a copy of this return to	satisfy s	tate reporti	ng requirem	ents	Inspection
A Fo	rthe 20	012 cal	endar year, or tax year beginning	07-01-2012 , 2012, and en	ding 06-3	0-2013			
	ck if app		C Name of organization OTIS COLLEGE OF ART AND DESIGN					•	ntification number -
_	ne chang	-	Doing Business As				13-25	81115	•
Init	al return	1	Number and street (or P O box if ma	all is not delivered to street address	) Room/su	ııte	E Telepho	one num	ber
Ter	mınated		9045 LINCOLN BLVD				(310)	665-6	800
☐ Am	ended re	turn	City or town, state or country, and ZI LOS ANGELES, CA 90045	[P + 4	•		(310)	005 0	
☐ App	lication p	pending		and officer		l			99,461,387
			F Name and address of princ SAMUEL HOI	cipal officer			this a group Iliates?	return	for
			9045 LINCOLN BLVD LOS ANGELES, CA 90045						
									ded?
I Tax	c-exemp	t status	<b>✓</b> 501(c)(3) <b> </b>	nsert no )	527				
J W	ebsite:	► ww	W OTIS EDU			<b>H(c)</b> Gr	oup exempt	ion nur	nber <b>►</b>
<b>K</b> Form	n of orga	nızatıon	Corporation Trust Association	Other ►		<b>L</b> Year of	formation 19	18 <b>M</b>	State of legal domicile CA
Pa	rt I	Sum	mary						
Governance	0.	TISCO	escribe the organization's mission OLLEGE OF ART AND DESIGN I TION, OFFERING BOTH GRADU.	S A WASC ACCREDITED CO	DLLEGE S		ING IN AR	TAND	DESIGN
Well	<b>3</b> C	hack th	ıs box ► if the organization dis	continued its operations or d	lisposed	of more than	2.5% of its	net as	cets
95	2 (1	iieck tii	is box Fig. if the organization dis	continued its operations of d	nsposeu (	or more than	12570 01103	net as	3613
<b>න්</b> ග	3 N	umber	of voting members of the governi	ng body (Part VI, line 1a) .				3	23
Activities &			of independent voting members o			•		4	22
ctr			mber of individuals employed in c					5	1,207
ď.			mber of volunteers (estimate if ne elated business revenue from Pa					6 7a	0
			lated business revenue from Pa lated business taxable income fro					7a 7b	0
				,			rior Year	<u> </u>	Current Year
	8	Contril	butions and grants (Part VIII, lin	e 1 h)			3,330,	932	2,380,006
Rayenue	9	Progra	m service revenue (Part VIII, lin	e 2g)			45,661,	270	47,614,501
ieve.			ment income (Part VIII, column				492,	336	910,731
ш			revenue (Part VIII, column (A), l		•		-469,	462	-300,161
			evenue—add lines 8 through 11 (			e	49,015,	076	50,605,077
			and similar amounts paid (Part I			10,208,444 1			12,019,483
	14	Benefit	ts paid to or for members (Part I)	(, column (A), line 4)				0	0
ø			es, other compensation, employed	e benefits (Part IX, column (A	۹), lines	26,058,081 2			25,967,177
nse		5-10)	sional fundraising fees (Part IX, o	column (A.) line 11e)		_			
Expenses			ndraising expenses (Part IX, column (D),				10,		37,000
ш			expenses (Part IX, column (A), li	•	<del></del> .		11,159,	256	12,352,187
			expenses Add lines 13-17 (mus				47,466,	031	50,375,847
	19	Reven	ue less expenses Subtract line 1	8 from line 12			1,549,	045	229,230
Net Assets or Fund Balances						Beginn	ing of Curre Year	nt	End of Year
esse Bak	20	Total a	ssets (Part X, line 16)				55,485,	566	55,383,649
r Bill	21	Totall	iabilities (Part X, line 26)				10,702,		9,811,569
			sets or fund balances Subtract I	ine 21 from line 20			44,782,	576	45,572,080
Unde my kr	rowledg	ties of p	ature Block  perjury, I declare that I have exactlef, it is true, correct, and composed the composite of the						
	— Т	****							
		****	**				2014-01-16		
Sign			** ture of officer				2014-01-16 Date		
Sign Here		Signa WILLI		SERVICES					

Firm's name MOSS ADAMS LLP

Firm's address ► 3121 WEST MARCH LANE SUITE 100

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

STOCKTON, CA 952192303

Paid

Preparer

**Use Only** 

Firm's EIN 🕨 91-0189318

Phone no (209) 955-6100

✓ Yes No

Par	t III	Statement of Program S Check if Schedule O contains a				
1	Briefl	ly describe the organization's mis	sion			
		ARES DIVERSE STUDENTS OF R VISION	ART AND DESIGN	N TO ENRICH OUR WO	ORLD THROUGH THEIR CREAT	TIVITY, THEIR SKILL,
2		ne organization undertake any sig rior Form 990 or 990-EZ?			which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these new services of	on Schedule O			
3		ne organization cease conducting	, or make sıgnıfıca	nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these changes on So	hedule O			
4	expen	ribe the organization's program sonses Section 501(c)(3) and 501 otal expenses, and revenue, if any	(c)(4) organization	s are required to report	,	•
4a	(Code	e ) (Expenses \$	38,567,728	ıncludıng grants of \$	12,019,483 ) (Revenue \$	47,614,501 )
	OFFEI ARCH SCULI	PREPARES DIVERSE STUDENTS OF ART RS AN INTERDISCIPLINARY EDUCATION HITECTURE/LANDSCAPE/INTERIORS, DIGPURE/NEW GENRES, AND TOY DESIGN, RS CERTIFICATE PROGRAMS AS WELL AS	FOR 1,186 FULL-TIME ITAL MEDIA, FASHION I . AND MFA DEGREES IN	STUDENTS, AWARDING ACC DESIGN, GRAPHIC DESIGN, I FINE ARTS, GRAPHIC DESI	REDITED BFA DEGREES IN ADVERTISIN ILLUSTRATION, PRODUCT DESIGN, PAIGN, PUBLIC PRACTICE, AND WRITING	NG, NTING, PHOTOGRAPHY,
4b	(Code	e ) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
<b>4</b> c	(Code	e ) (Expenses \$		including grants of \$	) (Revenue \$	)
4d		er program services (Describe in penses \$	Schedule O ) including grants o	·f\$	) (Revenue \$	)
4e	Tota	Il program service expenses 🕨	38,567,728			
	. 5.4	- 1 2	50,507,720			

# Form 990 (2012) Part IV Checklist of Required Schedules

			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 I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II"</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8	Yes	
9	Did the organization report an amount in Part X, line 21 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
LO	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	
l1	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 X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI 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	
L4a	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	Yes	
<b>L</b> 5	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
<b>L7</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
L9	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		Νo
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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 $IV \cdot \cdot \cdot \cdot$ .	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		No
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		
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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2012)

Par				_
	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   224		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь				110
	If "Yes," enter the name of the foreign country ►			
	We also an experience and the constitute of the			NI -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year   7d	/		140
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
.0	Section 501(c)(7) organizations. Enter	90		
	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			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	[		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	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	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1:	
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	[		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►CA
- 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)
- 19 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►WILLIAM SCHAEFFER 9045 LINCOLN BOULEVARD LOS ANGELES, CA (310)665-6800

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	(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-	(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	2/1079-M13C)	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)

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	С	(F) Estima nount of ompens from t	other ation ne
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganızatı relate organıza	d
1b	Sub-Total				•			, T					
c d	Total from continuation sheet  Total (add lines 1b and 1c).	S to Part VII, S	ection A	· ·	٠.	•		•	2,017,905	(	)		286,328
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received more th	ıan			
												Yes	No
3	On line 1a? If "Yes," complete S					key •	emplo	yee, •	or highest compen	sated employee	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ction B. Independent Co	ntractors											
1	Complete this table for your five compensation from the organization	e highest comp										ax vear	
	compensation nom the organiz	/al	pcii3	4 (1011	101		archae	., y C	I I I I I I I I I I I I I I I I I I I	/B)	., 3 t	4A 7 CUI	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
APPLE ONE PO BOX 29048 GLENDALE CA 91209	STAFFING SERVICES	327,033
UNIVERSAL PROTECTION SERVICES 6200 PLAYA VISTA DRIVE PLAYA VISTA CA 90094	SECURITY SERVICES	113,356
BEHR BROWERS ARCHITECTS INC 340 N WESTLAKE BLVD UNIT 250 WESTLAKE VILLAGE CA 91362	ARCHITECTURAL SERVICES	108,876
ADP PO BOX 78415 PHOENIX AZ 85062	PAYROLL SERVICES	100,765
2. Total number of independent contractors (including but not limited to those listed a	shove who received more than	

Part V	Ш	Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII										
		Check If Schedi	<u>ule O contains a respor</u>	nse to any question i	n this Part VIII .  (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 cam	paigns 1a									
unts	ь	Membership du	es <b>1b</b>									
ributions, Giffs, Grants Other Similar Amounts	С	Fundraising eve		1,050,643								
ž Ž	_	Related organiz										
Gii ila	d			13,000								
ns,	е	Government grant		13,000								
er å	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	1,316,363								
년 전 본	g		ons included in lines	78,693	i	i						
Contributions, Gifts, Grants and Other Similar Amounts	h	1a-1f \$ <b>Total.</b> Add lines	: 1a-1f		2,380,006							
<u>ة ت</u>	"	Total. Add lille:		· · · •	2,300,000							
an	2-	TUTTON AND FEE		Business Code								
ver	2a	TUITION AND FEES		611600	46,396,301	46,396,301						
22	b	AUXILIARY ENTERF	/KISES	900099	1,218,200	1,218,200						
Š	c d											
Program Service Revenue	e											
Ta	f	All other progra	ım service revenue									
္န	•											
	g		s 2a – 2f		47,614,501							
	3		ome (including dividen ar amounts)		907,466			907,466				
	4		tment of tax-exempt bond									
	5	Royalties		•								
			(ı) Real	(II) Personal								
	6a	Gross rents	34,050									
	b	Less rental expenses	22,668									
	С	Rental income or (loss)	11,382									
	d	Net rental inco	me or (loss)		11,382			11,382				
		Gross amount	(ı) Securities	(II) O ther								
	7a	from sales of assets other than inventory	48,280,962	2,468								
	b	Less cost or other basis and	48,280,165	0								
	_	sales expenses Gain or (loss)	797	2,468								
	c d		s)		3,265			3,265				
	8a	Gross income f	· ·	· · · · · · · · · · · · · · · · · · ·	-,			-,				
Other Revenue		events (not inc \$1,050	luding									
ä		See Part IV, lin	e 18									
je	h	less direction	penses b	127,496 553,477								
₹	c		(loss) from fundraising		-425,981			-425,981				
	9a		rom gaming activities	·								
	b	Less direct ex	penses <b>b</b>									
	c		(loss) from gaming acti	vities								
	10a	Gross sales of returns and allo										
	ь	less costofa	oods sold <b>b</b>									
			(loss) from sales of inve	entory								
		Miscellaneous		Business Code								
	11a	OTHER INCOM	1E	900099	114,438			114,438				
	b											
	С											
	d	All other reven	ue									
	е	<b>Total.</b> Add lines	s 11a-11d	•	114,438							
	12	Total revenue.	See Instructions .	🛌	50,605,077	47,614,501	0	610,570				

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 12,019,483 12,019,483 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 1,547,649 438,234 709,903 399,512 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . Other salaries and wages 19,562,286 15,394,450 3,275,311 892,525 Pension plan accruals and contributions (include section 401(k) 1,193,825 885,451 250,577 57,797 and 403(b) employer contributions) . . . . 2,287,988 473,386 Other employee benefits . . . . 1,679,432 135,170 10 1,375,429 1,100,744 216,262 58,423 11 Fees for services (non-employees) Management . . . . 131,397 9,070 122,327 Legal . . . . . . . . Accounting . . . . . . . . . . . . 144,200 144,200 Lobbying . . . . . . . . . . . . Professional fundraising services See Part IV, line 17 37,000 37,000 Investment management fees . . . . . 113,245 113,245 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 500,999 302,159 176,340 22,500 Schedule O) . . . . . . . Advertising and promotion . . 335,485 56,575 277,839 12 1,071 13 Office expenses . . . . . 1,412,550 878,815 509,397 24,338 229,365 771,158 14 Information technology . . 1,000,523 15 Royalties . 1,065,548 16 Occupancy . . . . . . 3,042,421 1,976,486 387 **17** 879,521 737,269 127,044 15,208 Travel . . . . . . . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . 146,741 73,249 67,382 6,110 20 145,228 95,850 49,378 Payments to affiliates . . . . . . 21 22 Depreciation, depletion, and amortization . 1,818,192 1,200,006 618,186 23 326,878 79,190 247,688 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a STUDENT MEDICAL INSURAN 852,080 852,080 REPAIRS AND MAINTENANCE 687,243 129,283 557,960 c EQUIP COST UNDER \$1,000 316,986 179,529 137,298 159 d DUES & SUBSCRIPTIONS 202,195 161,142 37,821 3,232 296,303 89,866 151,345 55,092 e All other expenses Total functional expenses. Add lines 1 through 24e 25 50,375,847 38,567,728 10,099,595 1,708,524 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	τX	Check if Schedule O contains a response to any question in thi	ıs Part	: x							
					(A) Beginning of year		(B) End of year				
	1	Cash—non-interest-bearing			1,726,893	1	2,236,525				
	2	Savings and temporary cash investments	13,518,291	2	8,126,334						
	3	Pledges and grants receivable, net			898,227	3	416,563				
	4	Accounts receivable, net			72,078	4	125,311				
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete P Schedule L	art II	of		5					
Assets	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary e	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employer and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L								
386	7	Notes and loans receivable, net			H - H						
ď	8	Inventories for sale or use				H					
	9	Prepaid expenses and deferred charges			748,471	ЬŤН	983,598				
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		40,000,000	,						
	ь	Less accumulated depreciation	10b	18,625,494	20,878,442	10c	21,754,727				
	11	Investments—publicly traded securities	<u> </u>		15,138,223	11	19,191,634				
	12	Investments—other securities See Part IV, line 11	1,345,100	12	1,486,590						
	13	Investments—program-related See Part IV, line 11	142,063	13	126,315						
	14	Intangible assets		14							
	15	Other assets See Part IV, line 11			1,017,778		936,052				
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			55,485,566	H	55,383,649				
	17	Accounts payable and accrued expenses			5,062,148		4,840,026				
	18	Grants payable				18	<u> </u>				
	19	Deferred revenue			2,666,430	19	2,436,543				
	20	Tax-exempt bond liabilities			2,905,000		2,535,000				
	21	Escrow or custodial account liability Complete Part IV of Sch			, ,	-	, ,				
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	tors, tı								
ab		persons Complete Part II of Schedule L				22					
ΓÏ	23	Secured mortgages and notes payable to unrelated third partie	es .			23					
	24	Unsecured notes and loans payable to unrelated third parties				24					
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	art X o	f Schedule	00.442	25					
	26	D			10,702,990	6 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	9,811,569				
	26	Total liabilities. Add lines 17 through 25			10,702,990	26	9,611,309				
ğ	27	Unrestricted net assets			27,010,979	77	27,059,122				
<u>a a</u>	28	Temporarily restricted net assets	•	• •	9,308,597	-	10,026,772				
E E	29	Permanently restricted net assets	•	• •	8,463,000	$\vdash$	8,486,186				
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check h			3,400,000	23	5, 100, 100				
9	22	complete lines 30 through 34.				_					
Assets	30	Capital stock or trust principal, or current funds									
S S	31	Paid-in or capital surplus, or land, building or equipment fund				$\vdash$					
ψ.	32	Retained earnings, endowment, accumulated income, or other	runds		44 700 570		4E E70 000				
Net	33	Total net assets or fund balances	•		44,782,576	$\vdash$	45,572,080				
	34	Total liabilities and net assets/fund balances			55,485,566		55,383,649				

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				r
		Т			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		50,6	505,077
2	Total expenses (must equal Part IX, column (A), line 25)	2		50,3	375,847
3	Revenue less expenses Subtract line 2 from line 1	3			 229,230
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			782,576
5	Net unrealized gains (losses) on investments	5			560,274
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		45,5	572,080
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $\sqsubset$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	rate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	ı			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>)</b>	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equire	3b	Yes	

Software ID: Software Version:

**EIN:** 13-2981115

Name: OTIS COLLEGE OF ART AND DESIGN

Form 990, Part VII - Compensation of Compensated Employees, and Independent	Officers, Dir	ectors	s,Tru	uste	ees,	, Key	/ En	nployees, Highe	st	
<b>(A)</b> Name and Title	(B) Average hours per week (list any	(C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)				th	Τ	(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 related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
SAMUEL HOI PRESIDENT/EX OFFICIO	37 50	х		х				412,996	0	34,724
THOMAS MILLER CHAIR	1 00	х						0	0	0
SUSAN CRANK VICE CHAIR	1 00	х						0	0	0
RODNEY FREEMAN VICE CHAIR	1 00	х						0	0	0
BOB MCKNIGHT VICE CHAIR	1 00	х						0	0	0
JENNIFER BELLA MAGUIRE TRUSTEE	1 00	х						0	0	0
GAIL BUCHALTER TRUSTEE	1 00	х						0	0	0
STEPHANIE COTA TRUSTEE	1 00	х						0	0	0
MARISA ARANGO TRUSTEE	1 00	×						0	0	0
ROBERT FELDMAN TRUSTEE	1 00	×						0	0	0
FREDERICK FISHER TRUSTEE	1 00	х						0	0	0
BRONYA GALEF TRUSTEE	1 00	х						0	0	0
ELAINE GOLDSMITH TRUSTEE	1 00	х						0	0	0
DEBORAH LYNN IRMAS TRUSTEE	1 00	х						0	0	0
STEPHEN JARCHOW TRUSTEE	1 00	х						0	0	0
LAWRENCE LYTTLE TRUSTEE	1 00	х						0	0	0
WINIFRED WHITE NEISSER TRUSTEE	1 00	х						0	0	0
GARY CYPRES TRUSTEE	1 00	х						0	0	0
KIRK HYDE TRUSTEE	1 00	х						0	0	0
CHRISTOPHER WICKS TRUSTEE	1 00	х						0	0	0
WENDY WINTROB TRUSTEE	1 00	х						0	0	0
ROGER WYETT TRUSTEE	1 00	х						0	0	0
DIANE ZIERING TRUSTEE	1 00	х						0	0	0
BETTYE DIXON-THRU 41913 TRUSTEE	1 00	х						0	0	0
MICHAEL SMITH-THRU 9612 TRUSTEE	1 00	х						0	0	0

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

37 50

37 50

MEG CRANSTON

CHAIR, GALLERY

SARAH RUSSIN

CHAIR, LIBERAL ARTS & SCIENCE

( <b>A)</b> Name and Title	(B) Average hours per week (list		than	not one on i ran	box s bot d a	,		(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 employee	Former			related organizations
WILLIAM SCHAEFFER VP ADMINISTRATIVE AND FINANCIAL SERVICES	37 50			Х				185,172	0	25,139
CARRIE STEWART VP INSTITUTIONAL ADVANCEMENT	37 50			х				180,171	0	19,727
KERRY WALK PROVOST	37 50			х				173,800	0	20,997
RANDALL LAVENDAR VICE PROVOST	37 50			х				143,500	0	21,815
MARC MEREDITH-THRU 2213 VP ENROLLMENT MANAGEMENT	37 50			х				137,216	0	21,165
DANA LOPEZ VP HUMAN RESOURCES AND DEVELOPMENT	37 50			х				112,673	0	35,699
ROSEMARY BRANTLEY CHAIR, FASHION	37 50					х		153,925	0	30,502
KALI NIKITAS CHAIR, GRAPHIC DESIGN	37 50					х		153,052	0	20,189
ROBERT WALTERS CHIEF INFORMATION OFFICER	37 50					х		133,540	0	18,537

Χ

115,050

116,810

18,898

18,936

0

0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493022000324

**Employer identification number** 

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

### **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

su	pported anizatior		organization (described on lines 1- 9 above or IRC section (see instructions))	organizati col (i) list your gove docume	on in ted in rning	the organiz in col (i) o suppor	zation f your	organizati col (i) orgi in the U	on in anized	mon	etary port
	Name of	(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you	notify	(vi) Is t	the	(vii) Ar	nount of
h	(iii)	A 35% contro	illed entity of a person ng information about	n described	ın (ı) or (ıı) a				11g(		
		` '	governing body of the er of a person descri	• •	•	11			11g	• •	
	` '	•	rectly or indirectly of the governing body of the	•		•	persons des	scribed in (ii)	11g	(i) Yes	No
g	Sın follo	ce August 17, . owing persons?					·			· ·	, 
f	Ift		received a written do	etermination	from the IR	5 that it is a <sup>-</sup>	Type I, Type	e II, or Type	III supportı	ng organi	zation,
е	oth	_	ox, I certify that the ion managers and otl	_		•			•	•	
11	one the <b>a</b>	or more public box that descr Type I	ganized and operated ly supported organiz ibes the type of supp <b>b</b> Type II <b>c</b>	ations descr porting organ Type II	ibed in secti ization and c I - Functiona	on 509(a)(1) complete line: ally integrate	or section s 11e throu d <b>d</b>	509(a)(2) Se gh 11h Type III - No	ee <b>section 5</b> on-functiona	<b>09(a)(3)</b> . Ily integr	. Check ated
10	_		ganization after June ganized and operated								
			oss investment inco ganization after June						tax) from bu	sinesses	
		·	vities related to its ex	•	<del>-</del>		• •	• •			
9		=	at normally receives			* *		•	· ·	-	ss
7 8	des	cribed in <b>sectio</b>	at normally receives on 170(b)(1)(A)(vi). : described in <b>sectior</b>	(Complete P	art II )		_	ntal unit or fr	om the gene	eral public	C
6	_	•	local government or	_							
	sec	tion 170(b)(1)	( <b>A)(iv).</b> (Complete P	art II )							
5			erated for the benefi	t of a college	or universit	y owned or o	perated by a	government	al unit desc	rıbed ın	
4		iedical researc pital's name, c	h organization operat ity and state	ted in conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(	1)(A)(iii). E	nter the	
3	_	•	perative hospital se	=							
2	_		d in <b>section 170(b)(1</b>			•					
1	Г Ас	hurch, convent	ion of churches, or a	ssociation of	churches de	escribed in <b>s</b> e	ection 170(b	)(1)(A)(i).			
			te foundation becaus						isti actions.		
Part	Re	ason for Pu	ıblic Charity Sta	tus (All ord	nanizations	must comr	olete this n	13-29811   art.) See in			
3113 00	LLLGL OI 1	AKT AND DESIGN						12 20011	1 5		

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,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						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493022000324

OMB No 1545-0047

Open to Public **Inspection** 

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

**Employer identification number** Name of the organization OTIS COLLEGE OF ART AND DESIGN 13-2981115 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a)

d	Number of conservation easements included in (c) acquired after $8/17/06$ , and not on a historic structure listed in the National Register	2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminat	ed by th	ne organization d	urıng	
	the tax year <b>F</b>				
4	Number of states where property subject to conservation easement is located 🛌				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, har enforcement of the conservation easements it holds?	ndling of	violations, and	┌ Yes	┌ N
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments o	luring the year		
	<u> </u>				
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easemen	ts durin	g the year		
=	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se and section $170(h)(4)(B)(II)$ ?	ction 17	70(h)(4)(B)(ı)	┌ Yes	┌ N
9	In Part XIII, describe how the organization reports conservation easements in its revenue ar	nd exper	nse statement, a	nd	

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

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D Schedule D (Form 990) 2012

No
- No
No
<u> </u>
s back 661,402
750,002
601,070
54,962
755,372
No
No No
N o
value
375,677
97,053
L44,733
98,678
738,586
754,727
,8 ,8 ,8

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
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Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	

Par	Reconciliation of Revenue per Audited Financial Statements with Revenue	<u>per k</u>	eturn
1	Total revenue, gains, and other support per audited financial statements	1	39,586,100
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	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII )	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	1,113,751
3	Subtract line <b>2e</b> from line <b>1</b>	3	38,472,349
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 113,245		
b	Other (Describe in Part XIII )	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	12,132,728
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	50,605,077
Part	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	38,796,596
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIII )	7	
e	Add lines <b>2a</b> through <b>2d</b>	2e	553,477
3	Subtract line <b>2e</b> from line <b>1</b>	3	38,243,119
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 113,245	5	
b	Other (Describe in Part XIII )	3	
c	Add lines <b>4a</b> and <b>4b</b>	4c	12,132,728
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	50,375,847

#### 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 III, LINE 1A	THE COLLEGE COLLECTIONS ARE MADE UP OF DONATED ARTWORK OF HISTORICAL SIGNIFICANCE WHICH ARE NOT RECORDED AS ASSETS AND ARE HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY THE COLLECTIONS ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO FUND ENDOWED SCHOLARSHIPS
	PART III, LINE 4	COLLECTIONS ARE - HELD FOR PUBLIC EXHIBITION, EDUCATION, OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN - PROTECTED, KEPT UNENCUMBERED, CARED FOR, AND PRESERVED - SUBJECT TO A DONOR POLICY THAT REQUIRES THE PROCEEDS FROM SALES OF COLLECTION ITEMS TO BE USED TO FUND AN ENDOWMENT FUND
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	OTIS USES FUNDS TO ESTABLISH SCHOLARSHIPS AND FUNDED PROGRAMS THE AMOUNT OF EARNINGS TO BE SPENT AS SCHOLARSHIPS DEPENDS ON THE FOLLOWING 1 IF DONOR LETTER IS ON FILE, FOLLOW THE DONOR'S INTENTIONS 2 IF NO DONOR LETTER IS ON FILE, ACCORDING TO THE BOARD OF TRUSTEES, SPENDING SHOULD NOT EXCEED 4% (PER YEAR) OF BEGINNING PRINCIPAL BALANCE 3 THE AMOUNT TO SPEND ON SCHOLARSHIPS SHOULD NOT EXCEED THE ORIGINAL PRINCIPAL UNLESS SPECIFIED BY DONOR LETTER OR BOARD OF TRUSTEES 4 TRANSFER ENDOWMENT FUNDS TO RESTRICTED FUNDS SCHOLARSHIPS AT THE END OF THE YEAR
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE COLLEGE ADOPTED THE PROVISIONS OF THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARDS CODIFICATION ("ASC") 740- 10, "INCOME TAXES," RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS THE COLLEGE RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE COLLEGE FILES AN EXEMPT ORGANIZATION RETURN AND APPLICABLE UNRELATED BUSINESS INCOME TAX RETURN IN THE U S FEDERAL JURISDICTION AND WITH THE CALIFORNIA FRANCHISE TAX BOARD THE COLLEGE IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2010 FOR ITS FEDERAL AND 2009 FOR ITS STATE FILINGS
PART XI, LINE 2D - OTHER ADJUSTMENTS		RECLASS SPECIAL EVENT EXPENSE 553,477
PART XI, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID 12,019,483
PART XII, LINE 2D - OTHER ADJUSTMENTS		RECLASS SPECIAL EVENT EXPENSE 553,477
PART XII, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID 12,019,483

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493022000324

13-2981115

### **Schools**

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

OMB No 1545-0047

OTIS COLLEGE OF ART AND DESIGN

**SCHEDULE E** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization **Employer identification number** 

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
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	OTIS PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY IN ITS COLLEGE CLASS CATALOG THAT IS DISTRIBUTED TO STUDENTS FOR ENROLLMENT AS WELL AS AVAILABLE TO THE GENERAL PUBLIC IN ADDITION, THE COLLEGE POSTS THIS INFORMATION ON ITS WEBSITE AND INCLUDES IT IN APPLICATION MATERIALS
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	OTIS RECEIVED FEDERAL AWARDS FROM THE U.S. DEPARTMENT OF EDUCATION AND NATIONAL ENDOWMENT OF THE HUMANITIES DURING THE YEAR, AND ADMINISTERS LOANS FOR THE PERKINS LOAN PROGRAM

Schedule E (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493022000324

OMB No 1545-0047

2012

Open to Public Inspection

**Employer identification number** 

13-2981115

# SCHEDULE F Sta

OTIS COLLEGE OF ART AND DESIGN

**Statement of Activities Outside the United States** 

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

Department of the Treasury Internal Revenue Service

Name of the organization

Pa	"Yes" to Form 990, Pai			ne United States. Co	omplete if the organiza	ation answered
1	<b>For grantmakers.</b> Does the dassistance, the grantees' eligible the grants or assistance?	jibility for the	grants or assis	stance, and the selection	on criteria used to awa	
2	<b>For grantmakers.</b> Describe in the United States.	n Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant fui	nds outside
3	Activites per Region (The follow	ing Part I, line 3	3 table can be d	uplicated if additional spa	ce is needed )	
	( <b>a)</b> Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	CENTRAL AMERICA AND THE CARRIBEAN	0		INVESTMENTS		1,486,590
				1		

0

to Part I

**b** Total from continuation sheets

c Totals (add lines 3a and 3b)

3a Sub-total

Cat No 50082W

Schedule F (Form 990) 2012

1,486,590

1,486,590

ol

0

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		<del>                                     </del>		+
	<del> </del>		<del>                                     </del>		<del> </del>	<del> </del>	+
			<del></del>		<u> </u>		
			<b></b>		<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	<del>                                     </del>	+			+		+
			1		-		+
	<del> </del>		<del>                                     </del>		<del> </del>	<del> </del>	<del></del>
			<del> </del>		<u> </u>	<del> </del>	
						1	

#### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Y	'es	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Υ	'es	<u>  -</u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

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

Identifier	ReturnReference	Explanation

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DLN: 93493022000324

OMB No 1545-0047

**Supplemental Information Regarding** 

Department of the Treasury

(Form 990 or 990-EZ)

**SCHEDULE G** 

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** 

Internal Revenue Service Name of the organization **Employer identification number** OTIS COLLEGE OF ART AND DESIGN

						13-2981115	
Pa	rt I Fundraising Act	tivities. Complete	ıf the or	ganızatı	on answered "Yes"	to Form 990, Part IV,	line 17.
<b>b</b> 🔽 Internet and email solicitations <b>f</b> 🔽 Solicitation of go					Solicitation of nor Solicitation of government Special fundraising vidual (including office stion with professional forms).	regovernment grants rernment grants g events rs, directors, trustees fundraising services?	<b>▽ Yes ▽ N</b> draiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		CONSULTING ON	Yes	No			
	TERRY MONTELONE 19919 GRAND VIEW DR	FUNDRAISING STRATEGIES		No	0	37,000	-37,000
	TOPANGA, CA 90290						
Tota	ıl			<b>.</b>		37,000	-37,000
3	List all states in which the licensing	organization is regist	ered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or
СА							

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut	on answered "Yes" to ions and gross income	Form 990, Part IV, line on Form 990-EZ, line	ne 18, or reported es 1 and 6b. List
			(a) Event #1  FASHION SHOW (event type)	(b) Event #2  PATRON'S CIRCLE (event type)	(c) O ther events  2 (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	1,047,039	52,000	79,100	1,178,139
Revenue	2	Less Contributions	944,743	51,800	54,100	1,050,643
	3	Gross income (line 1 minus line 2)	102,296			
	4	Cash prizes				
رب د	5	Noncash prizes				
nse	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Direct -	8	Entertainment				
ā	9	Other direct expenses .	457,149	29,851	66,477	553,477
	10	Direct expense summary Add lin	es 4 through 9 ın column	ı(d)		(553,477)
	11	Net income summary Combine li			•	-425,981
Par	t II			"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue		\$15,000 on Form 990-EZ, lır	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Г Yes Г Nо	Г Yes Г Nо	
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ▶ .</u>	
9	Ent	er the state(s) in which the organiza	ition operates gaming ac	tivities		
a b		the organization licensed to operate No," explain				
10a b		re any of the organization's gaming l Yes," explain	icenses revoked, susper	nded or terminated during		

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

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

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

OMB No 1545-0047

DLN: 93493022000324

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

0

ame of the organization						Employer identificati	on number
TIS COLLEGE OF ART AND DESIG	GN					13-2981115	
Part I General Information	on on Grants and	d Assistance				•	
Does the organization maintain the selection criteria used to a Describe in Part IV the organization	ward the grants or as ation's procedures fo	sistance? or monitoring the use o	f grant funds in the Unite	ed States			✓ Yes
Part II Grants and Other A Form 990, Part IV, lir				ert II can be duplicate			es to
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
<ul><li>Enter total number of section 5</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, Pa	art 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	( <b>d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) STUDENT SCHOLARSHIPS	1028	12,019,483			
Part IV Supplemental Inform	nation.				

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 ALL STUDENT SCHOLARSHIPS ARE POSTED TO THE STUDENT ACCOUNTS TO PAY FOR TUITION AND FEES BY FINANCIAL AID OFFICE PER OTIS POLICY, SCHOLARSHIPS BFA/MFA DO NOT EXCEED TUITION AND FEES

Schedule I (Form 990) 2012

DLN: 93493022000324

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,

**Compensation Information** 

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization OTIS COLLEGE OF ART AND DESIGN **Employer identification number** 

13-2981115

26	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form		103	140
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee			
	✓ Independent compensation consultant			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(I)-(III) 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	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)SAMUEL HOI PRESIDENT/EX OFFICIO	(i) (ii)	397,401 0	0	15,595 0	24,958 0	9,766 0	5 447,720 0	0
(2)WILLIAM SCHAEFFER VP ADMINISTRATIVE AND FINANCIAL SERV	(i) (ii)	185,172 0	0	0	13,265	11,874	210,311	0
(3)CARRIE STEWART VP INSTITUTIONAL ADVANCEMENT	(i) (ii)	175,000	5,000	171 0	12,262	7,465 0	199,898	0
(4)KERRY WALK PROVOST	(i) (ii)	173,800 0	0	0	12,250	8,747 0	194,797	0
(5)RANDALL LAVENDAR VICE PROVOST	(i) (ii)	143,500	0	0	14,350 0	7,465 0	5 165,315 0	0
(6)MARC MEREDITH- THRU 2213 VP ENROLLMENT MANAGEMENT	(i) (ii)	137,000	0	216 0	13,700 0	7,465 0	5 158,381 0 0	0
(7)ROSEMARY BRANTLEY CHAIR, FASHION	(i) (ii)	153,885 0	0	40		15,777 0	7 184,427 0 0	0
(8)KALI NIKITAS CHAIR, GRAPHIC DESIGN	(i) (ii)	153,052 0		0	12,744	7,4 <b>4</b> 5 0	5 173,241 0 0	0
(9)ROBERT WALTERS CHIEF INFORMATION OFFICER	(i) (ii)	133,540 0	0	0	10,712	7,825 0	152,077 0	0

#### 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

The complete this part for any dualities	so complete and pare for any didicional information					
Identifier	Return Reference	Explanation				
	PART I, LINE 1A	PRESIDENT AND VPAF HAD GRANDFATHERED BENEFITS PLANS WHICH REQUIRED THE GROSS UP PAYMENT				
	PART I, LINE 4A	MARC MEREDITH RECEIVED A SEVERANCE PAYMENT THE AMOUNT AND TERMS OF THE AGREEMENT ARE SUBJECT TO A CONFIDENTIALITY CLAUSE DUE TO PUBLIC INSPECTION REQUIREMENTS OF THIS SCHEDULE, DETAILS HAVE NOT BEEN INCLUDED, BUT ARE AVAILABLE				
	PART I, LINE 7	ANNUAL BONUS - IN ADDITION TO EMPLOYEE'S BASE SALARY, EMPLOYEE MAY RECEIVE A DISCRETIONARY ANNUAL BONUS IN AN AMOUNT UP TO FIFTY-THOUSAND DOLLARS (\$50,000) SUCH ANNUAL BONUS SHALL BE DETERMINED BY THE BOARD AFTER EMPLOYEE'S ANNUAL PERFORMANCE REVIEW CONDUCTED BY THE BOARD OR EXECUTIVE COMMITTEE FOLLOWING THE CLOSE OF EACH FISCAL YEAR OF THE TERM THE PERFORMANCE REVIEW SHALL BE BASED UPON SUCH CRITERIA AND WEIGHTING AS MAY BE ESTABLISHED FROM TIME TO TIME BY THE BOARD, WITH DUE CONSIDERATION GIVEN TO THE PERFORMANCE OF THE DUTIES OF EMPLOYEE SET FORTH IN EMPLOYMENT AGREEMENT, AND TO EMPLOYEE'S RECORD OF MEETING SPECIFIC GOALS WHICH THE BOARD MAY PROVIDE TO EMPLOYEE IN JULY OF EACH YEAR APPLICABLE TO THE REST OF THAT FISCAL YEAR				

Schedule J (Form 990) 2012

Software ID: Software Version:

**EIN:** 13-2981115

Name: OTIS COLLEGE OF ART AND DESIGN

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

Form 990, Schedule 3,	<u>rait</u>	T Officers, Direc	itors, rrustees, ke	y Employees, and	riighest compens	sated Employees		
(A) Name		(B) Breakdown o	fW-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
SAMUEL HOI	(I) (II)	397,401 0	0	15,595 0	24,958 0	9,766 0	447,720 0	0
WILLIAM SCHAEFFER	(I) (II)	185,172 0	0	0	13,265 0	11,874 0	210,311 0	0
CARRIE STEWART	(I) (II)	175,000 0	5,000 0	171 0	12,262 0	7,465 0	199,898 0	0
KERRY WALK	(I) (II)	173,800 0	0	0	12,250 0	8,747 0	194,797 0	0
RANDALL LAVENDAR	(I) (II)	143,500 0	0	0	14,350 0	7,465 0	165,315 0	0 0
MARC MEREDITH- THRU 2213	(ı) (ıı)	137,000 0	0	216 0	13,700 0	7,465 0	158,381 0	0
ROSEMARY BRANTLEY	(I) (II)	153,885 0	0	40	14,725 0	15,777 0	184,427 0	0
KALI NIKITAS	(I) (II)	153,052 0	0	0	12,744 0	7,445 0	173,241 0	0
ROBERT WALTERS	(I) (II)	133,540 0	0	0	10,712 0	7,825 0	152,077 0	0

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DLN: 93493022000324

OMB No 1545-0047

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Noncash Contributions** 

. Inspection

Name of the organization OTIS COLLEGE OF ART AND DESIGN **Employer identification number** 

13-2981115

Pa	rt I Types of F	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 d noncash contrib	etermı	_	ts
1	Art—Works of art .				<u> </u>				
	Art—Historical treas								
	Art—Fractional inter								
	Books and publication								
	Clothing and househ								
	goods								
6	Cars and other vehic	les							
7	Boats and planes .								
	Intellectual property								
	Securities—Publicly		Х	1	9,454	COST/SELLING PR	ICE		
	Securities—Closely								
11	Securities—Partners or trust interests .								
12	Securities—Miscella	neous							
13	Qualified conservation contribution—Historistructures	ıc							
14	Qualified conservation contribution—Other								
15	Real estate—Resider	ntıal .							
16	Real estate—Comme	ercial							
17	Real estate—O ther								
18	Collectibles								
19	Food inventory								
20	Drugs and medical s	upplies .							
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifac	ts							
	EDUC			_		6667/65117N6.DD			
	Other►(SUPPLIES	<del></del> ′	X	5	69,239	COST/SELLING PR	ICE		
	Other►(								
	Other ► (	<del>_</del> '							
	Other ► (	/ 9.2 recoved	by the ergs	Inization during the tax yea	r for contributions				
29				283, Part IV, Donee Ackno		29			0
								Yes	No
30a					erty reported in Part I, lines				
					on, and which is not require	d to be used			
				period?			30a		No
b	If "Yes," describe th	ne arrangem	ent in Part 1	I					
31					review of any non-standard		31	Yes	
32a		on hire or us	· ·	es or related organizations	to solicit, process, or sell i	noncash • • •	32a		Νo
b	If "Yes," describe ir	n Part II							
33	If the organization d	lıd not report	an amount	in column (c) for a type of	property for which column (	a) is checked,			
	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)

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DLN: 93493022000324

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

Nam	ne of	the	orga	anız	atı	on	
OTIS	COL	EGE (	OF A	RT A	ND	DESIG	ΞN

Employer identification number

13-2981115

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES DOES HAVE THE AUTHORITY TO MAKE DECISIONS ON BEHALF OF THE COLLEGE WITH A FEW EXCEPTIONS AS STATED IN THE BY LAWS MAY TRANSACT ALL SUCH BUSINESS AND TAKE ALL SUCH ACTION ON BEHALF OF THE CORPORATION WHICH THE BOARD OF TRUSTEES COULD TRANSACT OR TAKE UNDER LAW, EXCEPT TO GRANT DEGREES, TO MAKE REMOVALS FROM OFFICE, TO AMEND OR REPEAL BY LAWS, TO ADOPT NEW BY LAWS, AND TO AMEND OR REPEAL ANY RESOLUTION OF THE BOARD OF TRUSTEES WHICH BY ITS EXPRESS TERMS IS NOT SO AMENDABLE OR REPEALABLE.
	FORM 990, PART VI, SECTION B, LINE 11	THE FULL 990 IS REVIEWED BY THE CONTROLLER AND THE VICE PRESIDENT FOR FINANCIAL AND ADMINISTRATIVE SERVICES THEN A FORM 990 WITHOUT DETAILED SCHEDULE B IS MADE AVAILABLE TO THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION WATCHES FOR ANYTHING THAT LOOKS/COULD BE A CONFLICT, ANYTHING THAT FALLS INTO THIS CATEGORY IS IMMEDIATELY INVESTIGATED
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE CEO, EXECUTIVE DIRECTOR AND OTHER TOP MANAGEMENT IS REVIEWED BY THE OTIS FINANCIAL COMMITTEE AND BOARD OF TRUSTEES
	FORM 990, PART VI, SECTION C, LINE 19	- FINANCIAL STATEMENTS ARE AVAILABLE BY REQUEST VIA MAIL OR E-MAIL - GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC