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DLN: 93493134027055

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

generally cannot redact the information on the form

| | | 2042 | | | | | | |
|--|---|---|--|---|---------------------------------------|--|---|--|
| | | | endar year, or tax year beginning 07-0: C Name of organization | 1-2013 , 2013, and ending 06-3 | 30-2014 | D Emplo | ver identif | ication number |
| | еск па Iress ch | applicable hange | COLLEGE FOR CREATIVE STUDIES | | | | • | |
| | ne cha | _ | Doing Business As | | | 38-15 | 550064 | |
| | ıal retu | _ | Number and street (or P O box if mail is no | st delivered to etreet address) Deem/s | uto | | | |
| | mınate | | 201 E KIRBY | or delivered to street address) Room/si | ante | E Telepho | one number | • |
| | ended | | City or town, state or province, country, an | d ZIP or foreign postal code | | (313) | 664-744 | 0 |
| _ | | n pending | DETROIT, MÍ 48202 | | | G Gross r | eceipts \$81 | 249 121 |
| | | | F Name and address of principal | officer | H(a) | Is this a group | | · · · · · · · · · · · · · · · · · · · |
| | | | RICHARD L ROGERS | | | subordinates? | return for | ┌ Yes ┌ No |
| | | | 201 E KIRBY DETROIT,MI 48202 | | Н(р) | Are all subordı | natos | ┌ Yes ┌ No |
| | | | | | | included? | liates | j řesj No |
| I Ta | x-exem | npt status | ✓ 501(c)(3) | o) 4947(a)(1) or 527 |] | If "No," attach | a list (se | ee instructions) |
| J W | ebsite | e:► WW | /W COLLEGEFORCREATIVESTUDIES | EDU | H(c) | Group exempt | ion numbe | er ► |
| K Forr | n of org | rganızatıon | Corporation Trust Association Ot | her 🕨 | L Yea | r of formation 19 | 06 M Sta | ate of legal domicile MI |
| Pa | rt I | Sum | mary | | • | | | |
| Governance | - [] [] | THE CO DIFFERE MEMBER LEARNI DEGREE CONTIN | escribe the organization's mission or m LLEGE FOR CREATIVE STUDIES IS A ENT MAJORS AND MASTER OF FINE R OF THE NATIONAL ASSOCIATION NG COMMISSION OF THE NORTH C E SEEKING PROGRAMS THE COLLECT UING EDUCATION PROGRAMS AND FION THROUGH PARTNERSHIP PRO | A PRIVATE COLLEGE OFFERING ARTS DEGREES IN TWO MAJOR OF SCHOOLS OF ART AND DENTRAL ASSOCIATION THE GEALSO OFFERS NON-CREDITATION OF THE CONTREDITATION OF | RS CCS ESIGN A COLLEGE COURS | IS AN ACCRE ND IS ACCRE ENROLLED 1 ES IN THE VI | DITED I DITED BY ,366 STU SUAL AR | NSTITUTIONAL 7 THE HIGHER JDENTS IN TS THROUGH ITS |
| | - | | | | _ | | | |
| Activities & | 2 (| Check th | nis box 析 if the organization disconti | nued its operations or disposed | of more t | han 25% of its | net asse | ts |
| Ē | 3 1 | Number | of voting members of the governing bo | dy (Part VI, line 1a) | | | з | 43 |
| Ş | 4 1 | Number | of independent voting members of the | governing body (Part VI, line 1b |) | | 4 | 42 |
| | | | mber of individuals employed in calend | | | | 5 | 1,003 |
| | | | mber of volunteers (estimate if necess | , , | | | 6 | 140 |
| | I | | related business revenue from Part VI lated business taxable income from Fo | | | | 7a 7b | 847,802 |
| | | | natea basiness taxabis income nomi i | | | | | 70.767 |
| | | | | <u> </u> | | Prior Year | 1 76 1 | 20,267 Current Year |
| | 8 | Contri | butions and grants (Part VIII, line 1h) | | | | | - |
| enne | 8 9 | | butions and grants (Part VIII, line 1h) im service revenue (Part VIII, line 2g) | | | Prior Year 10,364,6 42,561,0 | 518 | Current Year |
| Pevenue | 9 10 | Progra Invest | am service revenue (Part VIII, line 2g) tment income (Part VIII, column (A), l | | | Prior Year 10,364,6 42,561,0 169,5 | 518 033 577 | Current Year 11,513,816 44,632,629 3,509,160 |
| Revenue | 9 10 11 | Progra Invest Other | am service revenue (Part VIII, line 2g) tment income (Part VIII, column (A), l revenue (Part VIII, column (A), lines | | | Prior Year 10,364,6 42,561,0 | 518 033 577 | Current Year 11,513,816 44,632,629 |
| Revenue | 9 10 | Progra Invest Other Total I | am service revenue (Part VIII, line 2g) tment income (Part VIII, column (A), l revenue (Part VIII, column (A), lines revenue—add lines 8 through 11 (must | | | Prior Year 10,364,6 42,561,0 169,5 | 518 033 577 | Current Year 11,513,816 44,632,629 3,509,160 |
| Revenue | 9 10 11 | Progra Invest Other Total (12) | am service revenue (Part VIII, line 2g) tment income (Part VIII, column (A), l revenue (Part VIII, column (A), lines | nes 3, 4, and 7d) | | 10,364,6 42,561,0 169,5 5,312,9 | 518 033 577 949 | Current Year 11,513,816 44,632,629 3,509,160 5,092,127 |
| Revenue | 9 10 11 12 13 14 | Progra Invest Other Total (12) Grants Benefi | tm service revenue (Part VIII, line 2g), tment income (Part VIII, column (A), lines frevenue (Part VIII, column (A), lines frevenue—add lines 8 through 11 (must | ines 3, 4, and 7d) | e | Prior Year 10,364,6 42,561,0 169,5 5,312,5 58,408,1 | 518 033 577 949 | Current Year 11,513,816 44,632,629 3,509,160 5,092,127 64,747,732 |
| | 9 10 11 12 | Progra Invest Other Total (12) Grants Benefi | transervice revenue (Part VIII, line 2g), transmit income (Part VIII, column (A), lines (Part VIII), column (A), lines (Part VIII), column (A), lines (Part IX), column (A), lines (Part IX), column (B), column (| ines 3, 4, and 7d) | e | Prior Year 10,364,6 42,561,0 169,5 5,312,5 58,408,1 | 518 033 577 949 177 052 0 | Current Year 11,513,816 44,632,629 3,509,160 5,092,127 64,747,732 17,582,174 |
| | 9 10 11 12 13 14 | Progra Invest Other Total (12) . Grants Benefi Salar(5-10) | transervice revenue (Part VIII, line 2g), transmit income (Part VIII, column (A), lines (Part VIII), column (A), lines (Part VIII), column (A), lines (Part IX), column (A), lines (Part IX), column (B), column (| ines 3, 4, and 7d) | e | Prior Year 10,364,6 42,561,0 169,5 5,312,5 58,408,1 | 518 033 577 949 177 052 0 | Current Year 11,513,816 44,632,629 3,509,160 5,092,127 64,747,732 17,582,174 0 |
| | 9 10 11 12 13 14 15 | Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes | timent income (Part VIII, line 2g), timent income (Part VIII, column (A), lines (Part VIII), column (A), lines (Part VIII), column (A), lines (Part VIII), column (A), lines (Part III), column (A), lines (Part III), column (Part IIII), column (Part IIII), column (Part IIIIIIII), column (Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | ines 3, 4, and 7d) | e | Prior Year 10,364,6 42,561,0 169,5 5,312,5 58,408,1 | 518 033 577 949 177 052 0 | Current Year 11,513,816 44,632,629 3,509,160 5,092,127 64,747,732 17,582,174 0 21,900,521 |
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| Expenses | 9 10 11 12 13 14 15 16a b | Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other | timent income (Part VIII, line 2g), timent income (Part VIII, column (A), lines in revenue (Part VIII, column (A), lines in revenue—add lines 8 through 11 (must incompany). Is and similar amounts paid (Part IX, column (Part IX, column)). Is sional fundraising fees (Part IX, column). Indicates (Part IX, column (D), line 2 expenses (Part IX, column (A), lines 1 | ines 3, 4, and 7d) | e | Prior Year 10,364,6 42,561,0 169,5 5,312,5 58,408,1 16,794,0 20,369,5 | 518 033 577 949 177 052 0 579 0 693 324 147 | Current Year 11,513,816 44,632,629 3,509,160 5,092,127 64,747,732 17,582,174 0 21,900,521 0 |
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| Sign of the Paramons of the Pa | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 r penanowled | Progra Invest Other Total (12) . Grants Benefi Salario 5-10) Profes Total fu Other Total (1) Reven Total (2) Sign alties of dge and as any ki ANNE Type | temm service revenue (Part VIII, line 2g) tement income (Part VIII, column (A), lines are venue (Part VIII, column (A), lines are venue—add lines 8 through 11 (must revenue—add lines 6 (Part IX, column (E), lines, other compensation, employee bendown and assign expenses (Part IX, column (D), line 2 expenses (Part IX, column (A), lines 1 expenses Add lines 13–17 (must equive less expenses Subtract line 18 from assets (Part X, line 16) | ines 3, 4, and 7d) | Beg | Prior Year 10,364,6 42,561,0 169,5 5,312,5 58,408,3 16,794,0 20,369,5 22,273,6 59,437,3 -1,029,1 inning of Currer Year 202,090,2 34,242,3 167,847,8 redules and stater) is based on | 518 533 577 949 177 552 0 579 0 593 324 147 nt 200 353 347 tements, all inform | Current Year 11,513,816 44,632,629 3,509,160 5,092,127 64,747,732 17,582,174 0 21,900,521 0 23,194,384 62,677,079 2,070,653 End of Year 208,226,949 35,143,801 173,083,148 and to the best of ation of which |
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AUBURN HILLS, MI 48326

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

Use Only

✓ Yes ☐ No

| Form | n 990 (2013) | | | | | Page ? |
|----------------------------------|--|--|--|---|--|---|
| Par | Statement of Pr Check if Schedule O | | | | rt III | ٦ |
| 1 | Briefly describe the organiz | zation's mission | | | | |
| THE CRE RES GLO OFFI | E COLLEGE FOR CREATIVE SECOLLEGE EDUCATES VISUE ATIVE PROFESSIONS THAT OLVE TO PURSUE EXCELLED BBAL COMMUNITIES, AND LEERING OPPORTUNITIES FOR AGES | JAL ARTISTS AN T SHAPE SOCIE ⁻ :NCE, ACT ETHIO .EARN THROUGH | D DESIGNE TY AND ADV CALLY, EMBI HOUT THEIR | RS, KNOWLEDGEA /ANCE ECONOMIC RACE THEIR RESP R LIVES THE COLL | BLE IN VARIED FIELDS, WH GROWTH THE COLLEGE F ONSIBILITIES AS CITIZEN EGE ENGAGES IN COMMUN | O WILL BE LEADERS IN OSTERS STUDENTS' S OF DIVERSE LOCAL AND NITY SERVICE BY |
| | | | | | | |
| 2 | Did the organization undert the prior Form 990 or 990- | | | | | 「Yes 「No |
| | If "Yes," describe these ne | w services on Sch | redule O | | | |
| 3 | Did the organization cease services? | | | _ | conducts, any program · · · · · · · · | ┌Yes ┌No |
| | If "Yes," describe these ch | anges on Schedul | e O | | | |
| 4 | | 3) and 501(c)(4) | organizations | s are required to rep | three largest program servic ort the amount of grants and | |
| | (Code) | (Expenses \$ | 42,525,107 | ıncludıng grants of \$ | 17,582,174) (Revenue \$ | 47,312,815) |
| | COLLEGE LEVEL ENVIRONMENT | IN ART AND DESIGN | AVERAGE ENRO | LLMENT WAS 1,366 IN D | EGREE SEEKING PROGRAMS AND 1 | 92 IN CONTINUING EDUCATION |
| 4b | (Code) | (Expenses \$ | | ıncludıng grants of \$ |) (Revenue \$ | 789,975) |
| | DEVELOPING AND REHABILITATI AS WELL AS PROVIDE ADDITION. | | | OLLEGE PARKING STRUC | CTURE THIS DEVELOPMENT WILL H | OUSE ART AND DESIGN EDUCATION |
| 4 c | (Code) | (Expenses \$ | | including grants of \$ |) (Revenue \$ |) |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| 4d | Other program services ([| Describe in Sched | ule O) | | | |
| | (Expenses \$ | ınclud | ding grants o | f \$ |) (Revenue \$ |) |
| 4e | Total program service exp | enses 🗠 | 42,525,107 | | | |
| | : : :::: b.::2::::::: exp. | - • | := ,= = = ,= = , | | | |

| 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)? 5 | 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 | | No |
| 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 |
| .0 | 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 | |
| .1 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Yes | |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11f | Yes | |
| .2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Yes | |
| .3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵 | 13 | Yes | |
| .4a | 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 | |
| .5 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| .6 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | Yes | |
| .7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 8. | 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 | |
| .9 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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? <i>If "Yes," complete Schedule J.</i> | 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 25a | 24a | Yes | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | No |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | No |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | No |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | | | |
| | | 28a | | No |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \square | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes | |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | Yes | |

| e. | Statements Regarding Other 1RS Fillings and Tax Compliance | | | _ |
|----|--|-----|------|-----|
| | Check if Schedule O contains a response or note to any line in this Part V | | Yes | No |
| la | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 158 | | 1 00 | 110 |
| | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | 1 | | |
| • | 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 | | | |
| h | by this return | | | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes | |
| la | 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 | Yes | |
| b | If "Yes," enter the name of the foreign country 🆫 CJ , BD | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| | | | 1 | |
| ia | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νo |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | | 5c | | |
| | 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). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Yes | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | Yes | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | | | 1 | 1 |
| е | 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 | | | 110 |
| 9 | 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 | | |
| 3 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| • | Sponsoring organizations maintaining donor advised funds. | ٣ | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | | 90 | | |
|) | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | | | | |
| | Section 501(c)(12) organizations. Enter Gross income from members or shareholders | | | |
| | Gross income from members or snareholders | | | |
| D | 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 | | | |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | |
| - | Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand | | | |
| a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| h | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14h | | |

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

| Check if Schedule O contains a response or note to any line in the | hıs Part VI . | | | | | | | . <u>「</u> マ |
|--|---------------|--|--|--|--|--|--|--------------|
| | | | | | | | | |

| Se | ection A. Governing Body and Management | | | |
|---|--|--|-----------------------------|-----------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | 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 | Yes | |
| 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 | | Νo |
| 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 | |
| Ь | 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 | ie Cod | e.) |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ıe Cod Yes | e.) No |
| | Did the organization have local chapters, branches, or affiliates? | evenu 10a | | |
| 10a | | | | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| 10a b 11a | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | No No |
| 10a b 11a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | | No No |
| 10a b 11a b 12a | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | No No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a | Yes | No No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b | Yes | No No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 10a 10b 11a 12a 12b | Yes Yes Yes | No No |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes | No No |

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ANNE D BECK 201 E KIRBY

| Form 990 | (2013) | |
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | more t | han o | one l both | box, an d r/tru | heck sofficer (stee) Highest compensated | Former | (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 organizations |
|--------------------|--|--------|-------|---------------|-----------------------|--|--------|--|--|--|
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| (A) Name and Title | (B) Average hours per week (list any hours | more t | han on is | one l both ector | oox, an o | heck unless officer stee) | _ | Report competed from corganization and corganiza | table nsation the tion (W- | (E) Reportable compensation from related organizations (W | /_ c | (F) Estimated amount of oth compensatio from the organization a | | | |
|---|---|-----------------------------------|-----------------------|------------------------|--------------|------------------------------------|----------|--|-------------------------------------|---|--------------------|---|-----------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099 | -M15C) | 2/1099-MISC) | | relati organiza | ed | | |
| | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | $oldsymbol{\perp}$ | | | | |
| 1b Sub-Total | oots to Dart VII S | · · | | • | | | ▶ | | | | + | | | | |
| d Total (add lines 1b and 1c) | • | | | ٠. | ٠. | • | Þ | | 1,673,732 | | 0 | | 180,213 | | |
| 2 Total number of individuals \$100,000 of reportable cor | • | | | | | d abov | /e) w | ho receive | d more th | an | • | | | | |
| | | | | | | | | | | Г | | Yes | No | | |
| 3 Did the organization list any on line 1a? If "Yes," complete | | | | | key • | emplo | yee • | , or highes | t compen | sated employee | 3 | | No No | | |
| 4 For any individual listed on organization and related org | | | | | | | | | | | | | 110 | | |
| ındıvıdual | | • • | | • | • | | • | | | | 4 | Yes | | | |
| 5 Did any person listed on lin services rendered to the or | | | | | | | | | anization • • • | or individual for | 5 | | No | | |
| Section B. Independent | | | | | | | | | | | | | | | |
| Complete this table for you compensation from the organization | | | | | | | | | | | | :ax year | | | |
| | (A) Name and business | address | | | | | | | Des | (B) cription of services | | (C Compe | | | |
| ARGONAUT BUILDING MASTER TENANT L | LC 201 E KIRBY DETRO | OIT MI 48 | 202 | | | | | | SPACE REN MANAGEME | TAL/ PROPERTY NT | | 5 | 5,372,330 | | |
| SODEXO INC & AFFILIATES 4880 PAYSHE GUARDSMARK LLC PO BOX 11407 BIRMII | | L 60674 | | | | | | | FOOD SERN | | 丰 | 1 | 974,664 | | |
| FOREMOST COMMUNICATION 2921 WILS | | PIDS MI 4 | 9534 | | | | | | | DISTRIBUTION | \top | | 674,004 | | |
| DDM MARKETING AND COMM 100 GRAN | DVILLE AVE SW STE 60 | 0 GRAND | RAPIE | S MI | 4953 | 34 | | | | G AND WEB DESIGN | \top | | 327,636 | | |
| 2 Total number of independent | • | _ | not | lımıt | ed to | o thos | e list | ted above) | <u> </u> | ıved more than | \top | | | | |

| Other Revenue | |
|---------------|--|
| | |

| Form 99 | | · · | | | | | | Page 9 |
|---|----------------|---|--|-------------------------|----------------------|--|---|--|
| Part V | / • • • | Statement o | o f Revenue ule O contains a respoi | nse or note to any lu | ne in this Part VIII | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| | 1a | Federated cam | paigns 1a | | | | | |
| Grants | ь | Membership du | ies 1b | | | | | |
| 9 | С | Fundraising eve | ents 1c | 1,113,433 | | | | |
| Giffs, iilar A | d | Related organiz | zations 1d | | | | | |
| | e | Government grants | | 3,333,806 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f | _ | ons, gifts, grants, and 1f | | | | | |
| itribu Othe | g | | ons included in lines | 284,569 | | | | |
| Son | h | Total. Add lines | s 1 a - 1 f | | 11,513,816 | | | |
| | | | | Business Code | | | | |
| inue | 2a | TUITION | | 611600 | 43,062,501 | 43,062,501 | | |
| ek E | ь | COURSE/LAB FEES | ; | 611600 | 1,224,909 | 1,224,909 | | |
| - Ce | С | REGISTRATION FE | ES | 611600 | 294,100 | 294,100 | | |
| Ē. | d | APPLICATION FEES | 5 | 611600 | 41,710 | 41,710 | | |
| ج د | е | MATERIAL FEES | | 611600 | 9,409 | 9,409 | | |
| Program Service Revenue | f | All other progra | am service revenue | | | | | |
| Š | g | Total. Add lines | s 2a-2f | | 44,632,629 | | | |
| | 3 | | ome (including dividen | | 1 716 052 | | | 1 716 052 |
| | 4 | | ar amounts) stment of tax-exempt bond | Table | 1,716,953 1,382 | | | 1,716,953 1,382 |
| | 5 | Royalties | strictic of tax-exempt bond | proceeds | 1,302 | | | 1,302 |
| | | Royalties : | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | 2,202,800 | , | | | | |
| | b | Less rental expenses | 227,671 | | | | | |
| | С | Rental income | 1,975,129 | | | | | |
| | d | or (loss) Net rental inco | me or (loss) | | 1,975,129 | 1,918,628 | | 56,501 |
| | | | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other than inventory | 16,720,587 | | | | | |
| | ь | Less cost or other basis and | 14,929,762 | | | | | |
| | | sales expenses Gain or (loss) | 1,790,825 | | | | | |
| | d | , , | (ss) | | 1,790,825 | | | 1,790,825 |
| ıne | 8a | Gross income f events (not inc \$ 1,113 | rom fundraising luding | | -,,, | | | |
| Other Revenue | | of contributions See Part IV, lin | s reported on line 1c) ne 18 a | 609,288 | | | | |
| ťħ | b | | penses b | 643,789 | | | | |
| 0 | c 9a | Gross income f | (loss) from fundraising from gaming activities ne 19 | events 🛌 | -34,501 | | | -34,501 |
| | | | a | | | | | |
| | b | | penses b (loss) from gamıng actı | | | | | |
| | 10a | Gross sales of returns and allo | ınventory, less | - | | | | |
| | | | a | 994,713 | | | | |
| | b | | oods sold b | 700,167 | 201-1- | | | 20 |
| | С | | (loss) from sales of inv | | 294,546 | | | 294,546 |
| | 11a | Miscellaneous | | Business Code 531390 | 789,975 | 789,975 | | |
| | ь | DEVELOPER F | | 900099 | 724,540 | . 55,5.5 | 724,540 | |
| | C | BUILDING SEF | VAICED | 900099 | 541,558 | 541,558 | ,5 10 | |
| | d | MEAL PLAN All other reven | ue | 333333 | 800,880 | 220,000 | 123,262 | 457,618 |
| | e | Total. Add lines | | > | | | , – | |
| | 12 | | See Instructions . | | 2,856,953 | | | |
| | | | occinations : | • | 64,747,732 | 48,102,790 | 847,802 | 4,283,324 |

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 or note to any line in this Part IX (D) (B) 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 16,193,055 16,193,055 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 1,389,119 1,389,119 Benefits paid to or for members Compensation of current officers, directors, trustees, and 1,226,837 149,673 871,589 205,575 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 16,942,568 9,867,746 6,685,249 389,573 Pension plan accruals and contributions (include section 401(k) 915,789 442,475 437,876 and 403(b) employer contributions) 35,438 1,511,807 541,196 913,870 Other employee benefits 56,741 10 1,303,520 746,083 512,955 44,482 11 Fees for services (non-employees) Management 139,447 348 139,099 Legal 162,470 162,470 Professional fundraising services See Part IV, line 17 Investment management fees 413,688 413,688 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 1,581,976 1,225,661 345,330 10,985 Schedule O) Advertising and promotion . . 1,450,926 28,973 1,391,082 12 30,871 13 Office expenses 2,435,125 1,306,981 1,076,795 51,349 680,039 148,307 531,732 14 Information technology . . 15 Royalties . 8,040,236 6,432,189 1,608,047 16 Occupancy **17** 526,210 330,136 167,574 Travel 28.500 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 151,133 62,035 87,866 1,232 20 1,533,138 1,533,138 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 3,956,431 3,165,145 791,286 23 365,210 365,210 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 CATERING/ENTERTAINMENT 98,747 630,188 731,497 2,562 BAD DEBT EXPENSE 250,223 233,182 17,041 DUES/MEMBERSHIPS 182,439 70,047 108,181 4,211 d CAMPUS EVENTS 157,587 26,472 130,495 620 e All other expenses 436,609 67,537 332,125 36,947 Total functional expenses. Add lines 1 through 24e 25 62,677,079 42,525,107 19,235,845 916,127 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

| FGI | T X | Check if Schedule O contains a response or note to any line in this Part X | | | |
|--------------|-----|---|--------------------------|-----|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | 10,519 | 1 | 10,569 |
| | 2 | Savings and temporary cash investments | 16,437,567 | 2 | 22,426,157 |
| | 3 | Pledges and grants receivable, net | 7,352,983 | 3 | 4,881,870 |
| | 4 | Accounts receivable, net | 14,354,445 | 4 | 13,881,861 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, keeping employees, and highest compensated employees. Complete Part II of Schedule L | ′ | 5 | |
| Assets | 6 | 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 | s | 6 | |
| Š. | 7 | Notes and loans receivable, net | 8,859,281 | 7 | 8,856,392 |
| ď | 8 | Inventories for sale or use | 457,945 | | 478,233 |
| | 9 | Prepaid expenses and deferred charges | 747,137 | 9 | 879,471 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 116,021,01 | | | |
| | ь | Less accumulated depreciation | 62,353,909 | 10c | 61,931,815 |
| | 11 | Investments—publicly traded securities | 38,707,746 | 11 | 16,743,148 |
| | 12 | Investments—other securities See Part IV, line 11 | 50,899,402 | 12 | 76,225,199 |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 1,909,266 | | 1,912,234 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 202,090,200 | 16 | 208,226,949 |
| | 17 | Accounts payable and accrued expenses | 6,220,901 | 17 | 6,348,486 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 2,683,563 | | 3,818,082 |
| | 20 | Tax-exempt bond liabilities | 24,952,007 | 20 | 24,546,540 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | 21,002,001 | 21 | 21,010,010 |
| lities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | 21 | |
| Liabiliti | | persons Complete Part II of Schedule L | | 22 | |
| ï | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule | | | |
| | | D | 385,882 | 25 | 430,693 |
| | 26 | Total liabilities. Add lines 17 through 25 | 34,242,353 | 26 | 35,143,801 |
| ce s | | Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34. | | | |
| G G | 27 | Unrestricted net assets | 135,151,919 | 27 | 140,665,247 |
| <u>8</u> | 28 | Temporarily restricted net assets | 29,027,486 | 28 | 28,650,110 |
| Ξ | 29 | Permanently restricted net assets | 3,668,442 | 29 | 3,767,791 |
| Fund Balance | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ┌ and | | | |
| 5 | | complete lines 30 through 34. | | | |
| \$ | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| 4 | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Net | 33 | Total net assets or fund balances | 167,847,847 | 33 | 173,083,148 |
| | 34 | Total liabilities and net assets/fund balances | 202,090,200 | 34 | 208,226,949 |

| Day | t XI Reconcilliation of Net Assets | | | <u>'</u> | age == |
|-----|--|-----------|----|----------|---------|
| Pal | Check if Schedule O contains a response or note to any line in this Part XI | | | | ৮ |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 64.7 | 747,732 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 2 | | 62,6 | 577,079 |
| 3 | Revenue less expenses Subtract line 2 non line 1 | 3 | | 2,0 | 70,653 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot . | 4 | | 167.8 | 347,847 |
| 5 | Net unrealized gains (losses) on investments | | | | - |
| • | | 5 | | 5,3 | 342,745 |
| 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 | | -2,1 | 178,097 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | 10 | | 1727 | 000140 |
| Dar | t XII Financial Statements and Reporting | 10 | | 1/3,0 | 083,148 |
| Fai | Check if Schedule O contains a response or note to any line in this Part XII | | | | . ᅜ |
| | | | | Yes | No |
| | Accounting method used to prepare the Form 990 | | | | |
| 1 | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both | wed 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 separate basis, consolidated basis, or both | arate | | | |
| | ☐ Separate basis ☐ Both consolidated and separate basis | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant? | ht of the | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O | n | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133? | ie | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | Yes | |

Software ID: **Software Version:**

EIN: 38-1550064

Name: COLLEGE FOR CREATIVE STUDIES

| Form 990, Part VII - Compensation Compensated Employees, and Inde | of Officers, pendent Cor | Directontracto | ors, rs | Tru | ste | es, k | (ey | Employees, Higl | nest | |
|--|---|---|-----------------------|------------------------|--------------------------|------------------------------|--|---|--|--------------------------|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | rage Position (do not more than one box (list person is both an one sours and a director/tile.) | | ox, u an of trus | inless fficer tee) | | (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 | |
| | organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1033-11130/ | 2/1033-1413-0 | related organizations |
| RICHARD L ROGERS | 40 00 | х | | х | | | | 401,369 | 0 | 26,106 |
| PRESIDENT KEITH E CRAIN | 0 00 | | | | | | | | | |
| CHAIRMAN | 0 00 | Х | | Х | | | | 0 | 0 | 0 |
| LYNN F ALANDT | 30 | × | | х | | | | 0 | 0 | 0 |
| VICE CHAIRMAN JAMES H VANDENBERGHE | 0 00 | | | | | | | | | |
| TREASURER | 0 00 | x | | х | | | | 0 | 0 | 0 |
| ALPHONSE S LUCARELLI | 30 | х | | х | | | | 0 | 0 | 0 |
| SECRETARY | 0 00 | | | | | | | Ů | 0 | |
| ROBERT H BLUESTEIN | 30 | × | | | | | | 0 | 0 | 0 |
| TRUSTEE THOMAS C BUHL | 0 00 | | | | | | | | | |
| TRUSTEE | 0 00 | Х | | | | | | 0 | 0 | 0 |
| DARRELL BURKS | 30 | × | | | | | | 0 | 0 | 0 |
| TRUSTEE FRANK CAMPANALE | 0 00 | | | | | | | | | |
| TRUSTEE | 0 00 | × | | | | | | 0 | 0 | 0 |
| THOMAS CELANI | 30 | | | | | | | | 0 | |
| TRUSTEE | 0 00 | Х | | | | | | 0 | 0 | 0 |
| LOIS P COHN | 30 | × | | | | | | 0 | 0 | 0 |
| TRUSTEE VAN E CONWAY | 0 00 | | | | | | | | | |
| TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| GARY L COWGER | 30 | × | | | | | | 0 | 0 | 0 |
| TRUSTEE KC CRAIN | 0 00 | | | | | | | | | |
| TRUSTEE | 30 | x | | | | | | 0 | 0 | 0 |
| MATT CULLEN | 0 00 | | | | | | | _ | _ | _ |
| TRUSTEE | 0 00 | Х | | | | | | 0 | 0 | 0 |
| GRETCHEN DAVIDSON | 30 | × | | | | | | 0 | 0 | 0 |
| TRUSTEE LINDA DRESNER | 0 00 | | | | | | | | | |
| TRUSTEE | 0 00 | x | | | | | | 0 | 0 | 0 |
| IRMA B ELDER | 30 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE | 0 00 | | | | | | | Ů | 0 | |
| JAMES FARLEY | 30 | × | | | | | | 0 | 0 | 0 |
| TRUSTEE DAVID T FISCHER | 0 00 | | | | | | | | | |
| TRUSTEE | 0 00 | X | | | | | | 0 | 0 | 0 |
| ALFRED J FISHER III | 30 | × | | | | | | 0 | 0 | 0 |
| TRUSTEE NATHAN M FORBES | 0 00 | | | | | | | | | |
| TRUSTEE | 30 | x | | | | | | 0 | 0 | 0 |
| RAPLH GILLES | 0 00 | | | | | | | _ | | |
| TRUSTEE | 0 00 | Х | | | | | | 0 | 0 | 0 |
| NANCY GROSFELD | 30 | × | | | | | | 0 | 0 | О |
| TRUSTEE SHEILA HAMP | 0 00 | | | | | | | | | |
| TRUSTEE | 0 00 | × | | | | | | 0 | 0 | 0 |
| | | | | | | | | • | | |

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

| Compensated Employees, and Inde | | ntracto | rs | | | | | ı | 1 | 1 1 |
|--|---|------------------------------------|---------------------------|------------|-------------------------|--|--------|--|---|--|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | Posit more th perso and a | ion (d nan o n is b | ne booth a | ox, u an of /trus | ınless fficer tee) | | (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 |
| | organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Ke) emplojee | Highest compensated employee | Former | 2/1033 MISC) | 2/1033 MISC) | related organizations |
| DAVID M HEMPSTEAD | 30 | Х | | | | | | 0 | 0 | 0 |
| TRUSTEE DANIALLE KARMANOS | 0 00 | | | | | - | | | | |
| TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| MARIA LEONHAUSER | 30 | <u> </u> | | | | \vdash | | | | |
| TRUSTEE | 0 00 | Х | | | | | | 0 | 0 | 0 |
| JAMES M NICHOLSON | 30 | Х | | | | | | 0 | 0 | 0 |
| TRUSTEE THOMAS D OCDEN | 0 00 | | | | | | | - | - | - |
| THOMAS D OGDEN | 30 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE SANDRA PIERCE | 0 00 | | | | | - | | | | |
| TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| STEPHEN POLK TRUSTEE | 30 | х | | | | | | 0 | 0 | 0 |
| WALTRAUD E PRECHTER | 30 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE JAMES E PRESS | 0 00 | Х | | | | | | 0 | 0 | 0 |
| TRUSTEE JOHN RAKOLTA JR | 0 00 | | | | | | | | | |
| TRUSTEE MICHAEL RITCHIE | 0 00 | Х | | | | | | 0 | 0 | 0 |
| TRUSTEE | 30 0 00 | Х | | | | | | 0 | 0 | 0 |
| SYDNEY L ROSS TRUSTEE | 30 0 00 | х | | | | | | 0 | 0 | 0 |
| LLOYD SEMPLE | 30 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE ANTHONY L SOAVE | 0 00 | | | | | | | | | |
| TRUSTEE | 0 00 | Х | | | | | | 0 | 0 | 0 |
| ELEANOR F SULLIVAN TRUSTEE | 30 0 00 | х | | | | | | 0 | 0 | 0 |
| A ALFRED TAUBMAN | 30 | х | | | | | | 0 | 0 | 0 |
| TRUSTEE MAUREEN P VALADE | 0 00 | Х | | | | | | 0 | 0 | 0 |
| TRUSTEE EDWARD T WELBURN | 0 00 | - | | | | <u> </u> | | | | |
| TRUSTEE SOOSHIN CHOI | 0 00 | Х | | | | | | 0 | 0 | 0 |
| PROVOST | 40 00 0 00 | | | х | | | | 0 | 0 | 0 |
| ANNE D BECK VP - FINANCE & ADMINISTRATION | 40 00 2 00 | | | x | | | | 221,905 | 0 | 23,076 |
| NINA HOLDEN VP - INSTITUTIONAL ADVANCEMENT | 40 00 0 00 | | | х | | | | 177,476 | 0 | 21,133 |
| JULIE HINGELBERG | 40 00 | | | х | | | | 147,044 | 0 | 17,742 |
| JOANNE HEALY | 0 00 | | | | | Х | | 165,402 | 0 | 19,544 |
| DEAN OF GRADUATE STUDIES/PROFESSOR MARK WEST | 0 00 | | | | | x | | 151,681 | 0 | 19,495 |
| PROFESSOR TRANSPORTATION DESIGN KUNISHA ITO | 0 00 | | | | | | | | | |
| PROFESSOR TRANSPORTATION DESIGN | 0 00 | | | | | Х | | 142,002 | 0 | 17,955 |

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

0 00

DEAN OF UNDERGRADUATE STUDIES

| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations below dotted line) | Pore sola normalization and individual trustae | ion (d nan o n is b | ne booth a | ox, ur an off 'trust | nless ficer :ee) | Former | (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 organizations | |
|------------------------------|--|--|---------------------------|------------|----------------------------|------------------------|--------|--|---|--|---|
| GREGORY FRASER | 40 00 | | | | | X | | 139,605 | 0 | 18,714 | l |
| DIRECTOR OF ITS | 0 00 | | | | | ^ | | 139,603 | U | 18,714 | |
| VINCENT CARDUCCI | 40 00 | | | | | х | | 127,248 | 0 | 16,448 | |

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As Filed Data -

DLN: 93493134027055

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

| lame | of | the | orga | niza | tion | |
|-------|------|------|------|-------|-------|---|
| OLLEG | iF F | OR C | REAT | TVF S | TUDIF | - |

Employer identification number

| 4 | \sqcap | A medi | cal researcl | h organization opera | ted ın conjun | ction with a | hospital des | cribed in se | ction 170(b) | (1)(A)(iii). E | nter the | | |
|-------|--------------------------|---|-------------------------------|---|--|-----------------------------|---|-----------------------------|---|----------------------|---------------|---------------------------|--|
| • | ' | hospita | al's name, ci | ty, and state | _ | | | | | | | | |
| 5 | Г | _ | • | erated for the benefi | _ | or universi | ty owned or o | perated by | a governmer | ntal unit desc | ribed in | | |
| _ | _ | | | A)(iv). (Complete P | | | | | | | | | |
| 6 | <u> </u> | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | |
| 7 | ı | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) | | | | | | | | | | | |
| 8 | Γ | | | described in section | • | • | nplete Part I | I) | | | | | |
| 9 | Γ | An orga | anization tha | at normally receives | (1) more th | an 331/3% d | f its support | from contrib | outions, men | nbership fees | , and gros | ss | |
| | | receipt | s from activ | ities related to its e | xempt functi | ons—subjec | t to certaın e | xceptions, a | and (2) no m | ore than 331, | /3% of | | |
| | | ıts sup | port from gr | oss investment inco | me and unre | lated busine | ss taxable in | come (less | section 511 | tax) from bu | ısınesses | | |
| | | acquire | ed by the org | ganızatıon after June | 30,1975 S | ee section ! | 509(a)(2). (C | omplete Pa | rt III) | | | | |
| 10 | Г | An orga | anızatıon org | ganized and operated | dexclusively | to test for | public safety | See sectio | n 509(a)(4). | | | | |
| 11 | 1 | one or the box | more public that descri | ganized and operated ly supported organiz bes the type of supp b Type II c | ations descr orting organ | ibed in sect ization and | ion 509(a)(1 complete line |) or section s 11e throu | 509(a)(2) \$ igh 11h | See section 5 | 09(a)(3). | Check | |
| е | Γ | other t | _ | ox, I certify that the on managers and ot | _ | | | | | - | | | |
| f | | | | received a written d | etermination | from the IR | S that it is a | Type I, Typ | e II, or Type | III support | ng organi | zation, | |
| | | | this box | 2006 1 11 | · | | | • | 6.11 | | | Γ | |
| g | | | August 1 / , 2 ng persons? | 2006, has the organ | zation accer | oted any giπ | or contributi | on from any | ortne | | | | |
| | | | | rectly or indirectly o | ontrols, eith | er alone or | together with | persons de | scribed in (ii |) | Yes | No | |
| | | and (111 |) below, the | governing body of th | e supported | organizatio | n? | | | 11g | (i) | | |
| | | (ii) A fa | amıly memb | er of a person descr | bed in (i) ab | ove? | | | | 11g | (ii) | | |
| | | (iii) A | 35% contro | lled entity of a perso | n described | ın (ı) or (ıı) | above? | | | 11g(| (iii) | | |
| h | | Provide | the followi | ng information about | the support | ed organızat | ıon(s) | | | | | | |
| S |) Nam suppoi ganiz | rted | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is to organizate col (i) lis your gove docume | ion in ted in rning | (v) Did you the organi in col (i) o suppor | zation of your | (vi) Is organiza col (i) or in the l | tion in ganized | mone | nount of etary port | |
| | | | | instructions)) | Yes | No | Yes | No | Yes | No | 1 | | |
| | | | | | | | | | | | 1 | | |
| | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | |

| Sch | edule A (Form 990 or 990-EZ) 2013 | | | | | | Page 2 |
|-----|--|---------------------------|--------------------|----------------------|---------------------|----------------|--------------------|
| 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 failed | to qualify under |
| _ | Part III. If the organiza ection A. Public Support | tion fails to qu | alify under the | tests listed bel | low, please con | iplete Part . | .111.) |
| | endar year (or fiscal year beginning | (-) 2000 | (1-) 2010 | (-) 2011 | (4) 2012 | (-) 201 | (5) T. I. |
| | in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 201: | 3 (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 | | | | | | |
| 3 | behalf The value of services or facilities | | | | | | |
| 3 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, column | | | | | | |
| | (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| S | ection B. Total Support | I | <u> </u> | | I | | I |
| | endar year (or fiscal year beginning | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | in) ► | (a) 2009 | (b) 2010 | (6) 2011 | (u) 2012 | (e) 2013 | (I) I otal |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| | sources | | | | | | |
| 9 | Net income from unrelated | | | | | | |
| | business activities, whether or not the business is regularly carried | | | | | | |
| | on | | | | | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV) | | | | | | |
| 11 | Total support (Add lines 7 through 10) | | | | | | |
| 12 | Gross receipts from related activities | es, etc (see inst | ructions) | • | | 12 | 1 |
| 13 | First five years. If the Form 990 is t | for the organizati | on's first, second | l, thırd, fourth, or | fifth tax year as a | 501(c)(3) o | rganızatıon, check |
| | this box and stop here | | | | <u> </u> | <u> </u> | <u></u> |
| | ection C. Computation of Pub | | | 4.4 1 (5) | | | |
| 14 | Public support percentage for 2013 | | | 11, column (f)) | | 14 | |
| 15 | Public support percentage for 2012 | · · | • | | | 15 | _ |
| 16a | 33 1/3% support test—2013. If the condition have | | | | line 14 is 33 1/3% | or more, che | ck this box |
| b | and stop here. The organization qua 33 1/3% support test—2012. If the | | | | and line 15 is 33 | 8 1/3% or more | |
| | box and stop here. The organization | | | | , 10 00 | . 40.001111011 | ► F |
| 17a | 10%-facts-and-circumstances test- | -2013. If the org | anızatıon dıd not | check a box on lı | | | |
| | is 10% or more, and if the organizat | | | | | | |
| | in Part IV how the organization mee | ts the "facts-and | d-circumstances' | test The organ | ızatıon qualıfıes a | s a publicly s | |
| Ь | organization 10%-facts-and-circumstances test- | -2012 . If the ora | anization did not | check a hov on li | ne 13 16a 16b | or 17a and L | ▶ 厂 |
| | 15 is 10% or more, and if the organ | | | | | | |
| | Explain in Part IV how the organizat | | | | | | ublicly |
| | supported organization | | | | 4-71 | | ▶ □ |
| 18 | Private foundation. If the organizat instructions | ion aid not check | k a box on line 13 | , 16a, 16b, 1/a, | or 1/p, check thi | s pox and se | e ▶□ |
| | | | | | | | г, |

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

| Cale | ndar year (or fiscal year beginning in) 🟲 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|--|--|--|---|---------------------|------------------------------|---|
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | 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 | | | | | | |
| 4 | business under section 513 Tax revenues levied for the | | | | | | |
| • | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| _ | behalf The value of services or facilities | | | | | | |
| 5 | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | A mounts included on lines 1, 2, | | | | | | |
| | and 3 received from disqualified persons | | | | | | |
| ь | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than | | | | | | |
| | disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c | | | | | | |
| | from line 6) ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning | () 2000 | (1) 2010 | () 2011 | (1) 2012 | () 2012 | (C) T |
| | | | | (A) 2011 I | (d) 2012 | (e) 2013 | (f) Total |
| | in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (4) 2012 | (-, | (-, |
| 9 | in) ► A mounts from line 6 | (a) 2009 | (B) 2010 | (6) 2011 | (4) 2012 | (5, 2222 | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | in) ► A mounts from line 6 Gross income from interest, | (a) 2009 | (B) 2010 | (6) 2011 | (4) 2012 | (0, 2000 | (7,7,5,5,1) |
| 9 | in) ► A mounts from line 6 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | (5,232 | |
| 9 | in) A mounts from line 6 Gross income from interest, dividends, payments received on | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a b | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2012 | | |
| 9 10a b | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b c 11 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | (a) 2009 | (b) 2010 | (6) 2011 | (4) 2322 | | |
| 9 10a b | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include | (a) 2009 | (b) 2010 | (6) 2011 | | | |
| 9 10a b c 11 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of | (a) 2009 | (b) 2010 | (c) 2011 | | | |
| 9 10a b c 11 | In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | (a) 2009 | (b) 2010 | (6) 2011 | | | |
| 9 10a b c 11 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, | (a) 2009 | (b) 2010 | (c) 2011 | | | |
| 9 10a b c 11 | In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 9 10a b c 11 12 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here | or the organizati | on's first, second | | | | |
| 9 10a b c 11 12 13 14 | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here | or the organizati | on's first, second | , thırd, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013 | or the organizati ic Support Pe (line 8, column (| on's first, second ercentage f) divided by line | , thırd, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 | or the organization of the | on's first, second ercentage f) divided by line art III, line 15 | , third, fourth, or | | a 501(c)(3) orga | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the | on's first, second ercentage f) divided by line art III, line 15 me Percenta | , third, fourth, or 13, column (f)) | fifth tax year as a | a 501(c)(3) orga 15 16 | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se 17 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors) | on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided | , third, fourth, or 13, column (f)) ge by line 13, colum | fifth tax year as a | 15 16 | nization, |
| 9 10a b c 11 12 13 14 Se 15 16 Se 17 18 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the organization of the organization of the second of the secon | on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1 | , third, fourth, or 13, column (f)) ge by line 13, column | fifth tax year as a | 15 16 | nization, |

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

| Part IV | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). | | | | | | | |
|---------|--|---------------------|--------------------|--|--|--|--|--|
| | | | | | | | | |
| | Facts And Circumstances Test | | | | | | | |
| | | | | | | | | |
| Retu | ırn Reference | Explanation | | | | | | |
| | | Schodulo A / Form 0 | 000 er 000 E7) 201 | | | | | |

Schedule A (Form 990 or 990-EZ) 2013

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

DLN: 93493134027055

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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. ► Information about Schedule D (Form 990)

Open to Public

| me of the organization LEGE FOR CREATIVE STUDIES | |
|--|---|
| LEGE FOR GREENING STODIES | Employer identification number |
| | 38-1550064 |
| rt I Organizations Maintaining Donor Advised Funds or Other Simila | |
| organization answered "Yes" to Form 990, Part IV, line 6. | (1) 5 |
| (a) Donor advised funds | (b) Funds and other accounts |
| Total number at end of year | + |
| Aggregate contributions to (during year) Aggregate grants from (during year) | |
| Aggregate value at end of year | |
| Did the organization inform all donors and donor advisors in writing that the assets held in | n dener advised |
| funds are the organization's property, subject to the organization's exclusive legal contro | Yes No |
| Did the organization inform all grantees, donors, and donor advisors in writing that grant for used only for charitable purposes and not for the benefit of the donor or donor advisor, or conferring impermissible private benefit? | |
| Tt II Conservation Easements. Complete if the organization answered "Ye | es" to Form 990, Part IV, line 7. |
| · · · · · · · · · · · · · · · · · · · | of an historically important land area of a certified historic structure in 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) | 2c |
| Number of conservation easements included in (c) acquired after $8/17/06$, and not on a historic structure listed in the National Register | 2d |
| Number of conservation easements modified, transferred, released, extinguished, or term the tax year - | nnated by the organization during |
| Number of states where property subject to conservation easement is located 🛌 | |
| maniber of states where property subject to conservation casement is located if | |
| Does the organization have a written policy regarding the periodic monitoring, inspection, enforcement of the conservation easements it holds? | |
| Does the organization have a written policy regarding the periodic monitoring, inspection, | , handling of violations, and Yes No |
| Does the organization have a written policy regarding the periodic monitoring, inspection, enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation estimates the second of the conservation of the conservation end of the conservation easements in the co | , handling of violations, and Yes No |
| Does the organization have a written policy regarding the periodic monitoring, inspection, enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation e | , handling of violations, and Yes No easements during the year ments during the year |
| Does the organization have a written policy regarding the periodic monitoring, inspection, enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easement of expenses incurred in monitoring, inspecting, and enforcing conservation easements. A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements. Does each conservation easement reported on line 2(d) above satisfy the requirements of and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's final | Tyes Note and when the seasements during the year the seasements during the year the section 170(h)(4)(B)(i) Yes Note and expense statement, and |
| Does the organization have a written policy regarding the periodic monitoring, inspection, enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation e Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easem \$\begin{align*} \begin{align*} alig | Tyes Note assements during the year whents during the year of section 170(h)(4)(B)(i) Yes Note and expense statement, and ancial statements that describes Tes, or Other Similar Assets. |
| Does the organization have a written policy regarding the periodic monitoring, inspection, enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation e Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements \$\begin{align*} | Tyes Note assements during the year whents during the year of section 170(h)(4)(B)(i) Yes Note and expense statement, and inicial statements that describes res, or Other Similar Assets. 8. revenue statement and balance sheet tion, or research in furtherance of public |
| Does the organization have a written policy regarding the periodic monitoring, inspection, enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easement of expenses incurred in monitoring, inspecting, and enforcing conservation easements in the second section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's finathe organization's accounting for conservation easements III Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered "Yes" to Form 990, Part IV, line of the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its interpretation and the organization elected. | yes No easements during the year of section 170(h)(4)(B)(i) rea and expense statement, and inicial statements that describes res, or Other Similar Assets. 8. revenue statement and balance sheet tion, or research in furtherance of public cribes these items enue statement and balance sheet |
| Does the organization have a written policy regarding the periodic monitoring, inspection, enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation established the conservation easement of expenses incurred in monitoring, inspecting, and enforcing conservation easements in the second section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenu balance sheet, and include, if applicable, the text of the footnote to the organization's fina the organization's accounting for conservation easements III Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered "Yes" to Form 990, Part IV, line of the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, educated service, provide, in Part XIII, the text of the footnote to its financial statements that described or art, historical treasures, or other similar assets held for public exhibition, educated the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reveworks of art, historical treasures, or other similar assets held for public exhibition, educated the organization elected and provided the similar assets held for public exhibition, educated the organization elected and provided the similar assets held for public exhibition, educated the organization elected and provided the similar assets held for public exhibition, educated the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue the organization elected and provided the provided | yes No easements during the year of section 170(h)(4)(B)(i) rea and expense statement, and inicial statements that describes res, or Other Similar Assets. 8. revenue statement and balance sheet tion, or research in furtherance of public cribes these items enue statement and balance sheet |
| Does the organization have a written policy regarding the periodic monitoring, inspection, enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation expenses incurred in monitoring, inspecting, and enforcing conservation easements. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements. Does each conservation easement reported on line 2(d) above satisfy the requirements of and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenus balance sheet, and include, if applicable, the text of the footnote to the organization's finathe organization's accounting for conservation easements. III Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered "Yes" to Form 990, Part IV, line is works of art, historical treasures, or other similar assets held for public exhibition, educate service, provide, in Part XIII, the text of the footnote to its financial statements that described or art, historical treasures, or other similar assets held for public exhibition, educate service, provide, in Part XIII, the text of the footnote to its financial statements that described or art, historical treasures, or other similar assets held for public exhibition, educate service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 | revenue statement and balance sheet tion, or research in furtherance of public cribes these items. |
| Does the organization have a written policy regarding the periodic monitoring, inspection, enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation expenses incurred in monitoring, inspecting, and enforcing conservation easements. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements. Solve a seach conservation easement reported on line 2(d) above satisfy the requirements of and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenuble balance sheet, and include, if applicable, the text of the footnote to the organization's finathe organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, educated service, provide, in Part XIII, the text of the footnote to its financial statements that described for a specific conservation and the public exhibition, educated service, provide the following amounts relating to these items. | yes No easements during the year ments during the year of section 170(h)(4)(B)(i) yes No use and expense statement, and inicial statements that describes res, or Other Similar Assets. 8. revenue statement and balance sheet tion, or research in furtherance of public cribes these items enue statement and balance sheet tion, or research in furtherance of public cribes these items enue statement and balance sheet tion, or research in furtherance of public *** *** *** *** *** ** ** ** |
| Does the organization have a written policy regarding the periodic monitoring, inspection, enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation established by the properties of the conservation easement of expenses incurred in monitoring, inspecting, and enforcing conservation easements from the second section 170 (h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's finathe organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered "Yes" to Form 990, Part IV, line is works of art, historical treasures, or other similar assets held for public exhibition, educate service, provide, in Part XIII, the text of the footnote to its financial statements that described organization elected, as permitted under SFAS 116 (ASC 958), to report in its reverse for art, historical treasures, or other similar assets held for public exhibition, educate 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, or other similar assets held for public exhibition, educate service, provide the following amounts relating to these items | yes No easements during the year ments during the year of section 170(h)(4)(B)(i) yes No use and expense statement, and inicial statements that describes res, or Other Similar Assets. 8. revenue statement and balance sheet tion, or research in furtherance of public cribes these items enue statement and balance sheet tion, or research in furtherance of public cribes these items enue statement and balance sheet tion, or research in furtherance of public *** *** *** *** *** ** ** ** |

| Part | Organizations Maintaining Co | llections of Art, | Histo | rical Tr | easures, or O | the | r Similar Ass | ets (cor | ntınued) |
|--------|--|------------------------------------|----------|--------------------|--|---------------|------------------------------|-------------------|------------|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | on, and other records | s, ched | • | _ | | _ | of its | |
| а | Public exhibition | | d [| _ Loan o | or exchange progi | rams | | | |
| b | Scholarly research | | e [| Other | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIII | llections and explair | n how t | hey furthe | r the organizatior | ı's ex | empt purpose ın | | |
| 5 | During the year, did the organization solicit | | | | | | | | – |
| Day | assets to be sold to raise funds rather than t | | | | | | | Yes | No_ |
| Fall | Part IV, line 9, or reported an an | | | | | u i | es to Follil 95 | , | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | | | | | ets r | | Yes | ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the fo | ollowin | g table | - | | | | |
| | | | | | - | | Amo | unt | |
| c | Beginning balance | | | | - | 1c | | | |
| d | Additions during the year | | | | - | 1d | | | |
| e | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | L | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21? | | | | | Yes | □ No |
| ь | If "Yes," explain the arrangement in Part XII | | | | | | | | <u> </u> |
| Pa | rt V Endowment Funds. Complete | f the organization (a)Current year | | | s" to Form 990, b (c)Two years back | _ | | e) Four ye | are back |
| 1a | Beginning of year balance | 3,668,442 | (B)PIR | 3,559,664 | 3,556,905 | + • • | 3,473,546 | | 3,342,601 |
| ь | Contributions | 99,349 | | 108,778 | 2,759 | + | 83,359 | | 130,945 |
| c | Net investment earnings, gains, and losses | | | | | | | | |
| | | 242,156 110,723 | | 243,186 111,070 | 228,179 99,410 | + | 239,302 103,633 | | 96,552 |
| d e | Grants or scholarships Other expenditures for facilities | 110,723 | | 111,070 | 99,410 | ' | 103,033 | | 90,332 |
| - | and programs | 131,433 | | 132,116 | 128,769 |) | 135,669 | | 127,456 |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | 3,767,791 | | 3,668,442 | 3,559,664 | ŀ | 3,556,905 | 3 | 3,473,546 |
| 2 | Provide the estimated percentage of the curr | ent year end balance | (line | 1g, columr | n (a)) held as | | | | |
| а | Board designated or quasi-endowment ► | 94 000 % | | | | | | | |
| b | Permanent endowment ► 6 000 % | | | | | | | | |
| c | Temporarily restricted endowment ► C |) % | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c show | ıld equal 100% | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organizat | ion tha | at are held | and administere | d for | the | | |
| | organization by (i) unrelated organizations | | | | | _ | 3a(i) | Yes | No No |
| | (ii) related organizations | | | | | | 3a(ii | | No |
| b | If "Yes" to 3a(II), are the related organizatio | | on Sch | nedule R? | | | 3b | İ | |
| 4 | Describe in Part XIII the intended uses of th | e organization's endo | owmen | t funds | | | | | |
| Par | t VI Land, Buildings, and Equipme | | e org | anızatıon | answered 'Yes | ' to | Form 990, Par | t IV, lın | е |
| | 11a. See Form 990, Part X, line : Description of property | | | (a) Cost or o | | | (c) Accumulated depreciation | (d) Boo | k value |
| | Land | | + | | 3,284 | 310 | | 2 | ,284,310 |
| | Buildings | | \vdash | | 79,059 | _ | 29,297,291 | | ,761,741 |
| | Leasehold improvements | | . ト | | , 3,033 | ,032 | 23,231,231 | 17 | ,. 51,7-11 |
| | Equipment | | . | | 30,348 | ,958 | 22,186,341 | 8 | ,162,617 |
| | Other | | | | 3,328 | | 2,605,571 | | 723,147 |
| | I. Add lines 1a through 1e <i>(Column (d) must e</i> | qual Form 990, Part X, | colum | n (B), line : | 10(c).) | • | | 61 | ,931,815 |
| | , , , , , | . , , | | | | | Schedule D | | |

| See Form 990, Part X, line 12. (a) Description of security or category | (b)Book value | (c) Method of valuation |
|---|-------------------------------|---|
| (Including name of security) (1)Financial derivatives | | Cost or end-of-year market value |
| (2)Closely-held equity interests | | |
| (3)Other | | _ |
| (A) ALTERNATIVE INVESTMENTS | 21,332,204 | F |
| (B) INVESTMENT IN CCS ARGONAUT HOLDINGS, INC | 29,588,981 | С |
| (C) COMERICA OUTSIDE FUNDS | 25,304,014 | F |
| | | |
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| | | |
| | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 76,225,199 | |
| Part VIII Investments—Program Related. Com | | answered 'Yes' to Form 990, Part IV, line 11c. |
| See Form 990, Part X, line 13. (a) Description of investment | (b) Book value | (c) Method of valuation |
| (a) Description of investment | (b) Book value | Cost or end-of-year market value |
| | | |
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| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | |
| Part IX Other Assets. Complete if the organization a (a) Descript | | , Part IV, line 11d See Form 990, Part X, line 15 (b) Book value |
| (a) Descripe | 1011 | (b) Book value |
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | | |
| Part X Other Liabilities. Complete if the organi | | |
| Form 990, Part X, line 25. (a) Description of liability | (b) Book value | |
| | (b) Book value | |
| Federal income taxes DEPOSITS | 133,575 | |
| DUE TO AGENCY (STUDENT ORGANIZATIONS) | 297,118 | |
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| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 430,693 | |
| 2. Liability for uncertain tax positions In Part XIII, provide th | a taxt of the feetnets to the | arganization's financial statements that |

| Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total expenses and losses per audited financial Statements With Expenses per Return fi the organization answered Yes' to Form 990, Part IV, line 12a. Total expenses and losses per audited financial Statements With Expenses per Return fi the organization answered Yes' to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Donated services and use of facilities Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25, but not on line 1: Amounts included on Form 990, Part IX, line 25, but not on line 1: Amounts included on Form 990, Part IX, line 25, but not on line 1: Amounts included on Form 990, Part IX, line 25, but not on line 1: Amounts included on Form 990, Part IX, line 25, but not on line 1: Amounts included on Form 990, Part IX, line 25, but not on line 1: Amounts included on Form 990, Part IX, line 25, but not on line 1: Amounts included on Form 990, Part IX, line 25, but not on line 1: Amounts included on Form 990, Part IX, | Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments | | | | | | | | |
| a Net unrealized gains on investments | | | | | | | | |
| b Donated services and use of facilities | | | | | | | | |
| c Recoveries of prior year grants d Other (Describe in Part XIII) | | | | | | | | |
| d Other (Describe in Part XIII) | | | | | | | | |
| e Add lines 2a through 2d | | | | | | | | |
| A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b Other (Describe in Part XIII) | | | | | | | | |
| A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b Other (Describe in Part XIII) | | | | | | | | |
| b Other (Describe in Part XIII) | | | | | | | | |
| Add lines 4a and 4b | | | | | | | | |
| Add lines 4a and 4b | | | | | | | | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements | | | | | | | | |
| Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements | | | | | | | | |
| 1 Total expenses and losses per audited financial statements | n. Complete | | | | | | | |
| A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities | | | | | | | | |
| Donated services and use of facilities | | | | | | | | |
| b Prior year adjustments | | | | | | | | |
| c Other losses | | | | | | | | |
| d Other (Describe in Part XIII) | | | | | | | | |
| Add lines 2a through 2d | | | | | | | | |
| 3 Subtract line 2e from line 1 | | | | | | | | |
| A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) | | | | | | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) | | | | | | | | |
| b Other (Describe in Part XIII) | | | | | | | | |
| c Add lines 4a and 4b | | | | | | | | |
| Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | | | | | | | |
| Part XIII Supplemental Information 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 a information | | | | | | | | |
| 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 a information | | | | | | | | |
| 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 a information | | | | | | | | |
| Return Reference Explanation | ıddıtıonal | | | | | | | |
| | | | | | | | | |
| PART V, LINE 4 ENDOWMENT EARNINGS ARE USED TO PROVIDE SCHOLARSHIPS TO STUDENTS LECTURE SERIES TO STUDENTS, FACULTY AND COMMUNITY | 5, AND | | | | | | | |
| THE INTERNAL REVENUE SERVICE HAS RULED THAT CCS IS A TAX-EXEMPT INSULATION OF THE INTERNAL REVENUE CODE (THE "CODE") AS EDUCATIONAL INSTITUTION DESCRIBED IN SECTION 170(B)(I)(A)(II) OF THE PROVISION FOR TAXES HAS BEEN MADE IN THE CONSOLIDATED FINANCIAL SECTION 170(B)(I)(A)(II) OF THE PROVISION FOR TAXES HAS BEEN MADE IN THE CONSOLIDATED FINANCIAL SECTION FOR CCS THE ORGANIZATION FILES TAX RETURNS IN U.S. FEDERAL AND STATE MICHIGAN JURISDICTIONS INCOME TAX FILING REMAIN OPEN FOR POTENTIAL EXAMINATIONS FOR THE LAST THREE YEARS THE ORGANIZATION'S UNRECOUNTY OF THE VERY OF THE VE | S AN CODE NO TATEMENTS E OF AL GNIZED TAX ANIZATION -U S INCOME AND EARLIER | | | | | | | |

| | <u> </u> | | | | |
|--|----------------|-------------|--|--|--|
| Part XIII Supplemental Information (continued) | | | | | |
| Ret | turn Reference | Explanation | | | |
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Schedule D (Form 990) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134027055

OMB No 1545-0047

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2013

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization **Employer identification number** COLLEGE FOR CREATIVE STUDIES 38-1550064 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? 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? 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 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a 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? **4**c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Part II 5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? **5c** 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 h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a 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. 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)

| Return Reference | Explanation |
|----------------------------|---|
| SCHEDULE E, PART I, LINE 3 | A NONDISCRIMINATORY POLICY IS PUBLICIZED ON OUR WEBSITE, IN ALL OF OUR MAILINGS TO POTENTIAL STUDENTS, ON BROCHURES, ADMISSIONS MATERIALS AND FINANCIAL AID BROCHURES |
| SCHEDULE E, PART I, LINE 6 | FINANCIAL CONTRIBUTIONS ARE RECEIVED FROM THE US DEPARTMENT OF EDUCATION AND THE STATE OF MICHIGAN |

Schedule E (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134027055

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

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.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public **Inspection**

Employer identification number

| | e of the organization | Employer identi | fication number | | | | | | |
|-----|---|--|--|---|---|--|--|--|--|
| COL | LEGE FOR CREATIVE STUDIES | | | | 38-1550064 | | | | |
| Pa | General Information "Yes" to Form 990, Par | | | ne United States. Co | omplete if the organiza | ation answered | | | |
| 1 | For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | | | | | | | | |
| 2 | For grantmakers. Describe in assistance outside the United | | ganızatıon's pı | rocedures for monitorii | ng the use of its grant | s and other | | | |
| 3 | Activites per Region (The follow | ing Part I, line 3 | table can be du | uplicated if additional spa | ace is needed) | | | | |
| | (a) 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 | | | |
| (1 |) See Add'l Data | | j | , | | | | | |
| (2 |) | | | | | | | | |
| (3 |) | | | | | | | | |
| (4 |) | | | | | | | | |
| (5 |) | | | | | _ | | | |
| | Sub-total Total from continuation sheets | 0 | 0 | | | 13,701,439 | | | |
| | to Part I | | - | | | · | | | |
| | c Totals (add lines 3a and 3b) | 0 | 0 | 1 | l l | 13,708,439 | | | |

| Pa | | | | | | ited States. Compl duplicated if additior | | | to Form 990, |
|-----|--------------------------|---|--------------------|-------------------------|------------------------------|---|------------------------------------|--|--|
| 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 | (f) Manner of cash disbursement | (g) A mount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (: | 1) | | | | | | | | |
| (: | 2) | | | | | | | | |
| (: | 3) | | | | | | | | |
| (4 | 4) | | | | | | | | |
| 2 | | | | | | ies by the foreign co (c)(3) equivalency l | | | |
| 3 | Enter total nur | nber of other or | ganızatıons or ent | rities | | | | | |

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **3** 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. (c) Number of (d) A mount of (e) Manner of cash (a) Type of grant or (b) Region (f) A mount of (g) Description (h) Method of assistance recipients cash grant disbursement non-cash of non-cash valuation assistance (book, FMV, assistance appraisal, other)

| | | | | | | appraisal, other) |
|--------------------------------|-------------------------------------|-----|--------|---|------------|-----------------------|
| (1) GRANTS AND SCHOLARSHIPS | EAST ASIA AND THE PACIFIC | 108 | | APPLIED AGAINST STUDENT'S TUITION ACCOUNT | | |
| (2) GRANTS AND SCHOLARSHIPS | EUROPE | 7 | 65,300 | APPLIED AGAINST STUDENT'S TUITION ACCOUNT | | |
| (3) GRANTS AND SCHOLARSHIPS | MIDDLE EAST AND NORTH AFRICA | 5 | 64,950 | APPLIED AGAINST STUDENT'S TUITION ACCOUNT | | |
| (4) GRANTS AND SCHOLARSHIPS | SOUTH ASIA | 5 | , | APPLIED AGAINST STUDENT'S TUITION ACCOUNT | | |
| (5) GRANTS AND SCHOLARSHIPS | NORTH AMERICA | 6 | 63,575 | APPLIED AGAINST STUDENT'S TUITION ACCOUNT | | |
| (6) GRANTS AND SCHOLARSHIPS | SOUTH AMERICA | 3 | , | APPLIED AGAINST STUDENT'S TUITION ACCOUNT | | |
| (7) GRANTS AND SCHOLARSHIPS | SUB SAHARAN AFRICA | 3 | 42,945 | APPLIED AGAINST STUDENT'S TUITION ACCOUNT | | |
| (8) GRANTS AND SCHOLARSHIPS | RUSSIA AND NEIGHBORING STATES | 1 | · | APPLIED AGAINST STUDENT'S TUITION ACCOUNT | | |
| (9) | | | | | | |
| (10) | | | | | | |
| (11) | | | | | | |
| (12) | | | | | | |
| (13) | | | | | | |
| (14) | | | | | | |
| (15) | | | | | | |
| (16) | | | | | | |
| (17) | | | | | | |
| (18) | | | | | | |
| | | | | | Schedu | ıle F (Form 990) 2013 |

Part IV Foreign Forms

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

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013 Page **5**

Part V Supplemental Information

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).

990 Schedule F, Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 2 | FUNDS ARE NOT USED OUTSIDE OF THE UNITED STATES RATHER THEY ARE USED BY INTERNATIONAL STUDENTS WHILE ATTENDING SCHOOL IN THE UNITED STATES AMOUNTS ARE APPLIED DIRECTLY TO STUDENTS STUITION ACCOUNTS |

Additional Data

Software ID: Software Version:

EIN: 38-1550064

Name: COLLEGE FOR CREATIVE STUDIES

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region |
|--------------------------------------|---|--|---|---|--------------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 12,319,320 |
| EAST ASIA AND THE PACIFIC | 0 | _ | GRANTS TO RECIPIENTS IN THE REGION | | 1,053,099 |
| EUROPE | 0 | _ | GRANTS TO RECIPIENTS IN THE REGION | | 65,300 |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | | | |
|---|---|--|--|---|--------------------------------------|--|--|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region | | |
| MIDDLE EAST AND NORTH AFRICA | 0 | | GRANTS TO RECIPIENTS IN THE REGION | | 64,950 | | |
| NORTH AMERICA | 0 | | GRANTS TO RECIPIENTS IN THE REGION | | 63,575 | | |
| SOUTH AMERICA | 0 | | GRANTS TO RECIPIENTS IN THE REGION | | 32,750 | | |

| Form 990 Schedule F Part I - Activities Outside The United States | | | | | | | |
|---|-------------------------------------|--|--|---|--------------------------------------|--|--|
| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service (s) in region | (f) Total expenditures for region | | |
| SOUTH ASIA | 0 | _ | GRANTS TO RECIPIENTS IN THE REGION | | 59,500 | | |
| SUB SAHARAN AFRICA | 0 | | GRANTS TO RECIPIENTS IN THE REGION | | 42,945 | | |
| RUSSIA AND NEIGHBORING STATES | 0 | | GRANTS TO RECIPIENTS IN THE REGION | | 7,000 | | |

DLN: 93493134027055

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Supplemental Information Regarding

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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization COLLEGE FOR CREATIVE STUDIES 38-1550064 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants Phone solicitations g | Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Γ Yes Γ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Dıd (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 10 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

| | | G (Form 990 or 990-EZ) 2013 | | | | Page 2 |
|--------------|--------|---|---|---|----------------------------------|--|
| Pa | rt II | Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g | aising event contributi | | | |
| | | | (a) Event #1 DETROIT INTL WINE AUCTION | (b) Event #2 STUDENT EXHIBITION | (c) O ther events (total number) | (d) Total events (add col (a) through col (c)) |
| ₫ | | | (event type) 1,475,885 | (event type) 246,836 | | 1,722,721 |
| Revenue | 1 2 | Gross receipts Less Contributions | | | | |
| Ω Φ | 3 | Gross income (line 1 | 945,337 | | | 1,113,433 |
| | | minus line 2) | 530,548 | 78,740 | | 609,288 |
| | 4 | Cash prizes | | | | |
| <u>စ</u> | 5 | Noncash prizes | | | | |
| Expenses | 6 | Rent/facility costs | | | | |
| ठ | 7 | Food and beverages . | 95,947 | 25,342 | | 121,289 |
| Direct | 8 | Entertainment | | 1,200 | | 1,200 |
| Δ | 9 | Other direct expenses . | 444,100 | 77,200 | | 521,300 |
| | 10 | (643,789) | | | | |
| | 11 | Net income summary Subtract li | ne 10 from line 3, column | (d) | | -34,501 |
| Par | t III | Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii | | "Yes" to Form 990, Pa | rt IV, line 19, or repo | orted more than |
| Revenue | | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| <u>&</u> | 1 | Gross revenue | | | | |
| enses | 2 | Cash prizes | | | | |
| pen | 3 | Non-cash prizes | | | | |
| Direct Exp | 4 | Rent/facility costs | | | | |
| 짇 | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Г Yes%_ Г No | ┌ Yes | | |
| | 7 | Direct expense summary Add lines | s 2 through 5 in column (| d) | | |
| | 8 | Net gaming income summary Subt | ract line 7 from line 1, co | lumn (d) | <u> ▶</u> | |
| 9 a b | Is t | er the state(s) in which the organization licensed to operate No," explain | gaming activities in each | of these states? | | . 「Yes 「No |
| | | | | | | |
| | | re any of the organization's gaming Yes," explain | licenses revoked, suspen | ded or terminated during | the tax year? | |

| Does | s the organization operate gaming activit | ies with nonmember | s? |
|---------|---|---|---|
| 12 | | | st or a member of a partnership or other entity |
| | | · | · · · · · · · · · · · · · · · · · · · |
| 13 | Indicate the percentage of gaming acti | | Yes No |
| a | | | |
| ь | | | |
| 14 | · | | e organization's gaming/special events books and records |
| | | | , |
| | Name 🟲 | | |
| | Address ► | | |
| 15a | | | m whom the organization receives gaming |
| h | | | he organization > \$ and the |
| Ь | amount of gaming revenue retained by | | |
| _ | | | |
| С | If "Yes," enter name and address of the | s third party | |
| | Name 🕨 | | |
| | Address 🏲 | | |
| 16 | Gaming manager information | | |
| | Name 🟲 | | |
| | Gaming manager compensation ► \$ | | |
| | Description of services provided | | |
| | Director/officer | _ Employee | Independent contractor |
| 17 | Mandatory distributions | ⊏mpioyee | i independent contractor |
| 1/ a | ' | e law to make charit: | able distributions from the gaming proceeds to |
| 4 | | | · · · · · · · · · · · · · · · · · · · |
| ь | | | Istributed to other exempt organizations or spent |
| | in the organization's own exempt activi | | |
| Pa | rt IV Supplemental Information | on. Provide the ex b, 15c, 16, and 17 | rplanations required by Part I, line 2b, columns (iii) and (v), and 7b, as applicable. Also complete this part to provide any |
| | Return Reference | | Explanation |
| | | | |

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DLN: 93493134027055

OMB No 1545-0047

Schedule I (Form 990)

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

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

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

| · · | | | | | | Linployer lucitameati | on number |
|--|-----------------------|--|-----------------------------|---|---|--|--|
| COLLEGE FOR CREATIVE STUDIES | | | | | | 38-1550064 | |
| Part I General Informatio | n on Grants and | d Assistance | | | | ' | |
| Does the organization maintain the selection criteria used to aw Describe in Part IV the organization | vard the grants or as | sıstance? . | | | | | ΓYes Γ |
| Part II Grants and Other A Form 990, Part IV, line | | | | | | | es" to |
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grai or assistance |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 50 3 Enter total number of other organ | | - | | | | _ | |

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

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|----------------------------------|--------------------------------------|--|---|
| (1) INSTITUTIONAL AID SCHOLARSHIPS FOR FINANCIAL ASSISTANCE | 1183 | 10,375,034 | | | |
| (2) INSTITUTIONAL GRANTS FOR FINANCIAL ASSISTANCE | 1050 | 5,818,021 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 2 | FINANCIAL AID INFORMATION IS PUBLISHED IN THE COLLEGE FOR CREATIVE STUDIES ADMISSIONS MATERIAL, WHICH IS GIVEN TO |
| | EACH STUDENT CANDIDATE, AS WELL AS ON THE CCS WEBSITE, WWW COLLEGEFORCREATIVESTUDIES EDU ELIGIBILITY FOR NEED- |
| | BASED FINANCIAL AID IS DETERMINED BY AN ANALYSIS OF FAMILY RESOURCES FOR THE MOST RECENT CALENDAR YEAR TO ASSESS A |
| | FAMILY'S ABILITY TO CONTRIBUTE TO COLLEGE COSTS ADJUSTMENTS TO AN APPLICATION CAN BE MADE BECAUSE OF A MAJOR |
| | CHANGE IN CIRCUMSTANCE, SUCH AS DEATH, DIVORCE, OR LOSS OF EMPLOYMENT/BENEFITS TO RECEIVE FEDERAL OR STATE |
| | FINANCIAL AID FROM CCS, STUDENTS MUST DEMONSTRATE FINANCIAL NEED, BE ACCEPTED FOR ENROLLMENT IN A DEGREE-SEEKING |
| | PROGRAM, BE ENROLLED AT THE COLLEGE, MAINTAIN A SATISFACTORY ACADEMIC PROGRESS, AND BE A U S CITIZEN OR PERMANENT |
| | RESIDENT IN ADDITION, A STUDENT MUST BE REGISTERED WITH SELECTIVE SERVICE (OR BE EXEMPT) AND CANNOT OWE A REFUND ON |
| | PREVIOUS TITLE IV FUNDS RECEIVED OR BE IN DEFAULT ON ANY STUDENT LOAN ALL STUDENTS MUST COMPLETE THE FREE |
| | APPLICATION FOR FEDERAL STUDENT AID (FAFSA) TO BE CONSIDERED FOR NEED-BASED AID THIS FORM IS AVAILABLE ON-LINE AT |
| | FAFSA ED GOV OR HIGH SCHOOL GUIDANCE OFFICES, OR ANY COLLEGE FINANCIAL AID OFFICE THE RECOMMENDED FILING DEADLINE |
| | FOR HIGH SCHOOL SENIORS RESIDING IN THE STATE OF MICHIGAN WHO ARE CONSIDERING STATE AID IS MARCH 1ST TRANSFER AND |
| | CONTINUING STUDENTS SHOULD SUBMIT THEIR APPLICATION BY MARCH 1ST AS WELL THE FINANCIAL AID CYCLE FAVORS THOSE |
| | STUDENTS WHO FILE IN A TIMELY FASHION AND COMPLETE THE REQUIRED DOCUMENTATION EARLY CCS'TITLE IV CODE IS 006771 |
| | GRANT/SCHOLARSHIP AMOUNTS ARE APPLIED DIRECTLY TO STUDENT'S TUITION ACCOUNTS |

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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**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization COLLEGE FOR CREATIVE STUDIES **Employer identification number**

38-1550064

| Pa | rt I Questions Regarding Compensation | า | · | | | |
|----|---|-----------|---|----|-----|----|
| | | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III | | | | | |
| | First-class or charter travel | \vdash | Housing allowance or residence for personal use | | | |
| | Travel for companions | \vdash | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | 굣 | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Γ | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de | | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to r directors, trustees, officers, including the CEO/Exec | | | _ | ,, | |
| | unectors, trustees, officers, flictuality the CEO/Exec | utive D | mector, regarding the items checked in line 1a. | 2 | Yes | |
| 3 | Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all th used by a related organization to establish compens | at appl | • | | | |
| | ∇ Compensation committee | \vdash | Written employment contract | | | |
| | Independent compensation consultant | ᅜ | Compensation survey or study | | | |
| | Form 990 of other organizations | ▽ | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, or a related organization | Part VII | I, Section A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control | paymer | nt? | 4a | | Νo |
| b | Participate in, or receive payment from, a suppleme | ntal non | qualified retirement plan? | 4b | | Νo |
| C | Participate in, or receive payment from, an equity-b | ased co | mpensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and pr | ovide th | ne applicable amounts for each item in Part III | | | |
| | Only 501(c)(3) and 501(c)(4) organizations only mu | ıst com | plete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of | | | | | |
| а | The organization? | | | 5a | | Νo |
| ь | Any related organization? | | | 5b | | Νο |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of | , lıne 1a | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | Νo |
| b | Any related organization? | | | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of | | | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, p | | | | | |
| | subject to the initial contract exception described in in Part III | n Regula | ations section 53 4958-4(a)(3)? If "Yes," describe | _ | | |
| | | | | 8 | | Νo |
| 9 | If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)? | rebutt | able presumption procedure described in Regulations | 9 | | |

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

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

Note. The sum of columns (B)(I)-(III) 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 | (F) Compensation | |
|--|-------------|--------------------------|-----------------------|-----------------|--------------------------------|------------------------|-----------------------|---|--|
| | | (i) Base compensation | | | other deferred compensation | benefits | columns (B)(ı)-(D) | reported as deferred in prior Form 990 | |
| (1)RICHARD L ROGERS PRESIDENT | (i) (ii) | 387,009 0 | 0 | 14,360 0 | 15,600 0 | 10,506 0 | 427,475 0 | 0 | |
| (2)ANNE D BECK VP - FINANCE & ADMINISTRATION | (i) (ii) | 219,827 0 | 0 | 2,078 0 | 13,190 0 | 9,886 0 | 244,981 0 | 0 | |
| (3)NINA HOLDEN VP - INSTITUTIONAL ADVANCEMENT | (i) (ii) | 177,096 0 | 0 | 380 0 | 10,626 0 | 10,507 0 | 198,609 0 | 0 | |
| (4)JULIE HINGELBERG DEAN OF STUDENT SERVICES | (i) (ii) | 145,789 0 | 0 | 1,255 0 | 8,747 0 | 8,995 0 | 164,786 0 | 0 | |
| (5)JOANNE HEALY DEAN OF GRADUATE STUDIES/PROFESSOR | (i) (ii) | 164,626 0 | 0 | 776 0 | 9,878 0 | 9,666 0 | 184,946 0 | 0 | |
| (6)MARK WEST PROFESSOR TRANSPORTATION DESIGN | (i) (ii) | 151,215 0 | 0 | 466 0 | 9,073 0 | 10,422 | 171,176 0 | 0 | |
| (7)KUNISHA ITO PROFESSOR TRANSPORTATION DESIGN | (i) (ii) | 140,326 0 | 0 | 1,676 0 | 8,420 0 | 9,535 0 | 159,957 0 | 0 | |
| (8)GREGORY FRASER DIRECTOR OF ITS | (i) (ii) | 139,177 0 | 0 | 428 0 | 8,351 0 | 10,363 0 | 158,319 0 | 0 0 | |

Schedule J (Form 990) 2013

Part III Supplemental Information

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 1A | THE PRESIDENT RECEIVES HEALTH OR SOCIAL CLUB DUES THE HEALTH OR SOCIAL CLUB DUES WERE INCLUDED IN TAXABLE COMPENSATION |

Schedule J (Form 990) 2013

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Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions. ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2013

DLN: 93493134027055

Open to Public

Internal Revenue Service

Department of the Treasury

(Form 990)

| | nal Revenue Service | | | | | | | | | | | | Inspec | | |
|-----|---|-------------------------|--------------------|------------------|-------------|-------------------------------------|--------------|-------------------------|-----------|--------------|-----------------|-------------------|-----------|------|----|
| | e of the organization LLEGE FOR CREATIVE STUDIE | EC | | | | | | | | Emp | oloyer id | lentifica | ation num | ıber | |
| | | | | | | | | | | 38- | -15500 | 64 | | | |
| Pa | art I Bond Issues | | | | | | | | | | | | | | |
| | | | | | | | | | | (g) Defeased | | (h) On behalf of | | Pool | |
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue p | ue price (f) Description of purpose | | (9) 0 | leaseu | 1 | issuer financir | | ncing | | |
| | | | | | | | <u>`</u> | | Yes | No | Yes | No | Yes | No | |
| | MICHIGAN HIGHER | | | | | | | NANCETH | | | | | | | |
| A | EDUCATION FACILITIES AUTHORITY | 52-1285150 | 594519R44 | 07-24-2008 | 25,971 | 1,854 C | ACQU CONS | JISITION A STRUCTION | ND IOF | | Х | | x | | Х |
| | | | | | | | | | ACILITIES | | | | | | |
| Pa | rt III Proceeds | | | | _ | | | | | | | | | | |
| | | | | | A | | \dashv | В | 1 | | С | \longrightarrow | | D | |
| 1 | A mount of bonds retired | | | | | 445,0 | 200 | | | | | | | | |
| | A mount of bonds legally defe | ased | | | | | | | | | | | | | |
| 3 | | | | | + | 25,971,8 | 1,854 | | | | | | | | |
| 4 | | | | | + | 1,021,377 | | | | | | | | | |
| 5 | | | | | | 1,224,5 | 578 | | | | | | | | |
| 6 | Proceeds in refunding escrow | | | | 1 | .0,349,7 | 713 | | | | | | | | |
| 7 | Issuance costs from proceed | | | | | 519,437 | | | | | | | | | |
| 8 | Credit enhancement from pro | | | | | | | | | | | | | | |
| 9 | Working capital expenditures | from proceeds | | | | | | | | | | | | | |
| 10 | Capital expenditures from pro | oceeds | | | 12,856,749 | | | | | | | | | | |
| 11 | Other spent proceeds | | | | | | | | | | | | | | |
| 12 | Other unspent proceeds | | | | | | | | | | | | | | |
| 13 | Year of substantial completion | on . | | | 201 | 1 1 | | | • | | | | | | |
| | | | | | Yes | No | | Yes | No | Yes | <u> </u> | No | Yes | | No |
| 14 | Were the bonds issued as pai | rt of a current refundi | ing issue? | | | Х | | | | | | | ı | | |
| 15 | Were the bonds issued as pai | rt of an advance refur | nding issue? | | Х | | | | | | | | | | |
| 16 | Has the final allocation of pro | oceeds been made? | | | х | | | | | | | | | | |
| 17 | 17 Does the organization maintain adequate books and records to support the final | | | x | | | | | | | | | | | |
| 100 | allocation of proceeds? | Ileo | | | | | | | | | | | | Щ | |
| Pal | rt IIII Private Business (| Use | | | Α Α | | \neg | В | , | | С | $\overline{}$ | | | |
| | | | | | Yes | No | + | Yes | No | Yes | Ť | No | Yes | Ť | No |
| 1 | Was the organization a partne | er ın a partnership, or | ra member of an L' | .LC, which owned | | Y | | | | | | | | | |

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

property financed by tax-exempt bonds?

financed property?

Χ

| Part III | Private | Business L | Jse (| (Continued) |) |
|----------|---------|-------------------|-------|-------------|---|
|----------|---------|-------------------|-------|-------------|---|

| 4: | Filvate Business Ose (Continued) | | | | | | | | |
|----|--|-----|---------|-----|----|-----|----|-----|----|
| | | | A | | В | | С | |) |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| За | Are there any management or service contracts that may result in private business use of bond-financed property? | | х | | | | | | |
| ь | If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| С | Are there any research agreements that may result in private business use of bond-financed property? | | Х | | | | | | |
| d | If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | 1 500 % | | | | | | |
| 5 | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | 0 780 % | | | | | | |
| 6 | Total of lines 4 and 5 | | 2 280 % | | | | | | |
| 7 | Does the bond issue meet the private security or payment test? | | Х | | | | | | |
| 8a | Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | х | | | | | | |
| ь | If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | _ | _ | | | | | | |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? | | x | | | | | | |

Part IV Arbitrage

| | | Α | | В | | С | | D | |
|----|--|-----|----|-----|----|-----|----|----------------|-------------|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Has the issuer filed Form 8038-T? | | Х | | | | | | |
| 2 | If "No" to line 1, did the following apply? | | | | | | | | |
| а | Rebate not due yet? | | Х | | | | | | |
| b | Exception to rebate? | | Х | | | | | | |
| С | No rebate due? | Х | | | | | | | |
| | If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | X | | | | | | |
| 4a | Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b | Name of provider | | | | | | | | |
| С | Term of hedge | | | | | | | | |
| d | Was the hedge superintegrated? | | | | | | | | |
| е | Was the hedge terminated? | | | | | | | | |
| | | | | | | | Sc | hedule K (Forn | 1 990) 2013 |

| Part IV Arbitrage (Continued) | | | | | | | | | | | | |
|-------------------------------|---|-----|----|-----|----|-----|----|-----|----|--|--|--|
| | | А | | В | | С | | D | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No | | | |
| 5a | Were gross proceeds invested in a guaranteed investment contract (GIC)? | | Х | | | | | | | | | |
| b | Name of provider | | | | | | | | | | | |
| С | Term of GIC | | | | | | | | | | | |
| d | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | | |
| 6 | Were any gross proceeds invested beyond an available temporary period? | | х | | | | | | | | | |
| 7 | Has the organization established written procedures to monitor the requirements of section 148? | | Х | | | | | | | | | |
| Pa | rt V Procedures To Undertake Corrective Action | | | | | | | | | | | |
| | | | | | | | | _ | | | | |

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

| | | | | | | | |
|----|---------------|--------------|---------------|---------------|---------------|-----|--------------|
| | Х | | | | | | |
| | | | | | | | |
| ma | tion for resp | onses to que | estions on So | chedule K (se | ee instructio | ns) | <u> </u> |

| Part VI Supplemental Info | ormation. Provide additional information for responses to questions on Schedule K (see instructions). |
|-----------------------------------|---|
| Return Reference | Explanation |
| DATE REBATE COMPUTATION PERFORMED | ISSUER NAME MICHIGAN HIGHER EDUCATION FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED 06/30/2013 |

DLN: 93493134027055

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. ▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Internal Revenue Service Name of the organization COLLEGE FOR CREATIVE STUDIES

Employer identification number

| | | 38 | 38-1550064 | | | | | | | | | | |
|-----|---|----------------------------------|--|---|-------------------------------|------|-----|-----|--|--|--|--|--|
| Pa | Types of Property | | | | | | | | | | | | |
| | | (a) Check ıf applıcable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | Method of a noncash contri | | _ | nts | | | | | |
| 1 | Art—Works of art | X | 31 | 46,415 | DONOR STATED | VALU | ΙE | | | | | | |
| 2 | Art—Historical treasures . | | | | | | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | | | | | | |
| 4 | Books and publications | Х | | 835 | COMPARABLE C | OSTS | | | | | | | |
| 5 | Clothing and household goods | Х | | 1,728 | RETAIL COST | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | | | | | |
| 7 | Boats and planes | | | | | | | | | | | | |
| 8 | Intellectual property | | | | | | | | | | | | |
| 9 | Securities—Publicly traded . | X | 12 | 64,092 | MARKET QUOTA | TION | S | | | | | | |
| 10 | Securities—Closely held stock . | | | | | | | | | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | | | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | | | | | | |
| | Qualified conservation contribution—Historic structures | | | | | | | | | | | | |
| | Qualified conservation contribution—Other | | | | | | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | | | | | | |
| | Real estate—Commercial | | | | | | | | | | | | |
| 17 | Real estate—Other | | | | | | | | | | | | |
| 18 | Collectibles | | | | | | | | | | | | |
| | Food inventory | Х | 45 | 142,873 | COMPARABLE C | OSTS | | | | | | | |
| 20 | Drugs and medical supplies . | | | · | | | | | | | | | |
| 21 | Taxidermy | | | | | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | | | | | |
| | Other►(SSROOM SUP) | X | 11 | 17,426 | RETAIL COST | | | | | | | | |
| | Other►(CARDS) | X | 5 | 11,200 | RETAIL COST | | | | | | | | |
| 27 | O ther ▶() | | | | | | | | | | | | |
| 28 | O ther ► () | | | | | | | | | | | | |
| | Number of Forms 8283 received by the for which the organization completed F | | | | 9 | | | | | | | | |
| | | | | | | | Yes | No | | | | | |
| 30a | During the year, did the organization | receive by (| contribution any property r | reported in Part I, lines 1 | through 28, that | | | | | | | | |
| | ıt must hold for at least three years fi | om the date | e of the initial contribution | , and which is not required | d to be used | | | | | | | | |
| | for exempt purposes for the entire ho | ldıng period | ? | | | 30a | | Νo | | | | | |
| | If "Yes," describe the arrangement in | | | | | | | | | | | | |
| 31 | Does the organization have a gift acc | eptance po | licy that requires the revie | w of any non-standard co | ntributions? | 31 | Yes | | | | | | |
| 32a | Does the organization hire or use thir contributions? | d parties or | related organizations to s | olicit, process, or sell no | ncash • • • | 32a | | No | | | | | |
| b | If "Yes," describe in Part II | | | | | | | .,, | | | | | |
| | If the organization did not report an a | mount in co | lumn (c) for a type of prop | erty for which column (a) | ıs checked, | | | | | | | | |

Part II Supplem

Supplemental Information. 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.

Return Reference

Explanation

Schedule M (Form 990) (2013)

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493134027055

OMB No 1545-0047

2013

Open to Public Inspection

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.

Attach to Form 990 or 990-E

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization COLLEGE FOR CREATIVE STUDIES Employer identification number

38-1550064

990 Schedule O, Supplemental Information

| Return Reference | Explanation | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|
| FORM 990, PART VI, SECTION A, LINE 2 | KC CRAIN AND KEITH CRAIN HAVE A FAMILY RELATIONSHIP | | | | | | | | | | |
| FORM 990, PART VI, SECTION B, LINE 11 | THE 990 WILL BE REVIEWED BY THE CHAIR OF THE FINANCE AND AUDIT COMMITTEE BEFORE THE 990 IS FILED | | | | | | | | | | |
| FORM 990, PART VI, SECTION B, LINE 12C | CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE COLLECTED ANNUALLY FROM BOARD MEMBERS DURI NG THE YEAR IF A CONFLICT ARISES, A BOARD MEMBER EXCUSES HIMSELF/HERSELF FROM VOTING | | | | | | | | | | |
| FORM 990, PART VI, SECTION B, LINE 15 | THE EXECUTIVE COMMITTEE REVIEWS AND DECIDES ANNUAL SALARY INCREASES OF THE PRESIDENT, AND OTHER OFFICERS USING COMPARABILITY SURVEYS SUCH AS AICAD AND MI COLLEGE PRESIDENTS THERE WERE SALARY INCREASES IN SEPTEMBER 2013 AND SEPTEMBER 2014 | | | | | | | | | | |
| FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST | | | | | | | | | | |
| FORM 990, PART XI, LINE 9 | GAIN/LOSS ON SUBSIDIARY -2,178,097 | | | | | | | | | | |
| FORM 990, PART XII, LINE 2C | THE AUDIT PROCESS HAS NOT CHANGED IN THE CURRENT YEAR | | | | | | | | | | |

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

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

DLN: 93493134027055

38-1550064

OMB No 1545-0047 2013

Open to Public Inspection

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization

COLLEGE FOR CREATIVE STUDIES

(Form 990)

SCHEDULE R

Employer identification number

| (a) Name, address, and EIN (ıf applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity | | |
|--|---|---|---------------------------|--|--|--------------------|---------------------------------|
| (1) CCS COMMUNITY DEVELOPMENT LLC 201 E KIRBY DETROIT, MI 48202 26-2730307 | CONSTRUCTION DEVELOPMENT MANAGER | MI | 789,975 | 12,238,712 | COLLEGE FOR CREATIVE STUD | DIES | |
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| Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the | ations Complete ıf th e tax year. | e organization ans | swered "Yes" o | n Form 990, Part | IV, line 34 because it | had on | ie |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code sectio | n Public charity stat (if section 501(c)(| us (f) Direct controlling 3)) entity | Section (13) co | g) 512(ontrolle tity? |
| | | | | | | Yes | No |
| | | | | | | | |
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| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | Cat No 5013 | 5 Y | | Schedule R (Forn | n 990) 2 | 013 |

| Part III Identification of Related Orga | nizations Taxab | le as a Partn | ership | Complet | e if the o | organi | zation an | swered "Y | es" oı | n Forn | n 990, Par | t IV, | lıne | 34 | |
|---|--|--|---|----------|---|--------------------|---|--|---------|-----------------------------------|---|-------------------------------|---------------------------------|--|--------------------------|
| because it had one or more relate | ed organizations tr | | | | he tax y | ear. | | | | | · | | | | |
| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | r entity | Predor Income unrel exclude tax t section | | (f) Share of total income | (g) Share of e end-of-year assets | allocat | ortionate tions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man part | j) eral or aging ener? | (k Percer owne | ntage |
| (1) ARGONAUT CAMPUS DEVELOPER LLC | | OWN AND | MI | N/A | - | | | | Yes | No | | Yes | No | | |
| 201 E KIRBY DETROIT, MI 48202 26-1097667 | | REHABILITATE THE ARGONAUT BUILDING | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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| Part IV Identification of Related Orga line 34 because it had one or mor | nizations Taxab e related organiza | le as a Corpo tions treated a | oration as a co | or Trus | t Compl or trust | ete ıf t durıng | the organ | ization an ear. | swere | ed "Ye | s" on Forn | 1 990 | , Pai | rt IV, | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicik (state or fo country | e reign | | (d) controlling entity | Type o | e) of entity S of, S corp, rust) | (f) hare of total income | | (g) e of end year assets | -of- Perc | h) entage ership | | (i) Section (b)(1 contro entit | 512 l3) lled y? |
| (1) CCS ARGONAUT HOLDINGS INC | MANAGE ARGONAUT PROJECT HOLDING | MI | | CREAT | | С | | -4,513,289 | ' | 30,616, | ,964 100 | 000 % | | Yes Yes | No |
| 201 E KIRBY DETROIT, MI 48202 26-2958259 | COMPANY | | | STUDI | ES | | | | | | | | | | |
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| | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | No | | | | |
|--|---|---|------------------------|----------------------------------|---------|---------|----|--|--|--|--|
| 1 D | uring the tax year, did the orgranization engage in any of the following transactions with one or more re | elated organizations lis | sted in Parts II-IV? | | | | | | | | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a | Yes | | | | | |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | No | | | | |
| c | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | No | | | | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | Yes | | | | | |
| e | Loans or loan guarantees by related organization(s) | | | | 1e | | No | | | | |
| | | | | | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | No | | | | |
| g | g Sale of assets to related organization(s) | | | | | | | | | | |
| h | Purchase of assets from related organization(s) | | | | 1h | | No | | | | |
| i | Exchange of assets with related organization(s) | | | | 1i | | No | | | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | | | | | |
| | | | | | | | | | | | |
| k | k Lease of facilities, equipment, or other assets from related organization(s) | | | | | | | | | | |
| I Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | | | | | | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | | | | | | | | | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | | | | | |
| o | Sharing of paid employees with related organization(s) | | | | 10 | | No | | | | |
| | | | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1р | | No | | | | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | No | | | | |
| | | | | | | | | | | | |
| r | O ther transfer of cash or property to related organization(s) | | | | 1r | | No | | | | |
| s | Other transfer of cash or property from related organization(s) | | | | 1s | Yes | | | | | |
| | | | | | | | | | | | |
| _2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete | | | | | | | | | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amo | ount II | nvolved | I | | | | |
| (1) A | RGONAUT CAMPUS DEVELOPER LLC | Α | 789,975 | AMOUNT PAID | | | | | | | |
| (2) A | RGONAUT CAMPUS DEVELOPER LLC | D | 23,974,200 | LOAN BALANCE AS OF 6/30/14 | | | | | | | |
| (3) C | CS ARGONAUT HOLDINGS INC | S | 124,675 | AMOUNT PAID | | | | | | | |
| (4) CCS ARGONAUT HOLDINGS INC D 6,514,885 LOAN BALANCE AS OF 6/30/14 | | | | | | | | | | | |
| (5) C | (5) CCS ARGONAUT HOLDINGS INC A 79,482 AMOUNT PAID | | | | | | | | | | |

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

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

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

| revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships | | | | | | | | | | | | | |
|--|-------------------------|---|--|-----|--|------------------------------------|--|--|----|--|---|----------|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | | (e) all partners section 501(c)(3) anizations? | (f) Share of total Income | (g) Share of end-of-year assets | (h) Disproprtiona allocations ⁷ | _ | (i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | _ | (k) Percentage ownership |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
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Schedule R (Form 990) 2013

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2013