

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

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 06/01, 2006, and ending 05/31/2007

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: MARYLAND INSTITUTE COLLEGE OF ART INC. D Employer identification number: 52-0591661 E Telephone number: (410) 225-2352 F Accounting method: Cash, Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

G Website: WWW.MICA.EDU

J Organization type (check only one) 501(c)(03) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 186,787,676.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23-24, 25a-25c, 26-30, 31-43, and 44 Total functional expenses.

Joint Costs. Check [ ] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ ; (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>DEGREE GRANTING COLLEGE</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a ACCREDITED COLLEGE WITH PROGRAMS IN FINE ARTS, APPLIED ARTS, AND ART EDUCATION; APPROXIMATELY 1,550 FULL-TIME STUDENTS AND 800 PART-TIME CONTINUING STUDIES STUDENTS. GRANTS ARE DISBURSEMENTS FOR STUDENTS AT OTHER ART COLLEGES AND FOR FACULTY DEVELOPMENT GRANTS.</b>  (Grants and allocations \$ 15,225,924. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>40,162,648.</b>
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . <b>▶</b>	<b>40,162,648.</b>

**Part IV Balance Sheets** (See the instructions.)

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .		<b>45</b>	
	<b>46</b> Savings and temporary cash investments . . . . .	4,000,676.	<b>46</b>	7,632,951.
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 3,036,342.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b> 767,363.	2,750,725.	<b>47c</b> 2,268,979.
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 6,070,573.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b> 550,000.	5,773,626.	<b>48c</b> 5,520,573.
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule). . . . .			<b>50a</b>
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			<b>50b</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .		380,246.	<b>52</b> 328,448.
	<b>53</b> Prepaid expenses and deferred charges . . . . .		2,472,894.	<b>53</b> 2,717,312.
	<b>54a</b> Investments - publicly-traded securities, <b>STMT 9.</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		58,517,111.	<b>54a</b> 66,918,250.
	<b>b</b> Investments - other securities (attach schedule). . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>
	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>
	<b>56</b> Investments - other (attach schedule) . . . . .			<b>56</b>
	<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 119,705,903.		
<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 27,643,245.	75,900,698.	<b>57c</b> 92,062,658.	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> <b>STMT 10</b> )		37,048,316.	<b>58</b> 29,884,332.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		186,844,292.	<b>59</b> 207,333,503.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .		<b>60</b> 5,107,224.	11,227,205.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		3,366,683.	<b>62</b> 3,035,553.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . . <b>STMT. 11.</b>		75,632,032.	<b>64a</b> 75,119,432.
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .			<b>64b</b>
	<b>65</b> Other liabilities (describe <input type="checkbox"/> <b>STMT 12</b> )		2,478,795.	<b>65</b> 2,599,810.
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .		86,584,734.	<b>66</b> 91,982,000.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .		67,398,696.	<b>67</b> 79,982,787.
	<b>68</b> Temporarily restricted . . . . .		8,895,727.	<b>68</b> 9,016,161.
	<b>69</b> Permanently restricted . . . . .		23,965,135.	<b>69</b> 26,352,555.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .		100,259,558.	<b>73</b> 115,351,503.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .		186,844,292.	<b>74</b> 207,333,503.	





Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b
83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88b At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90a List the states with which a copy of this return is filed
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 909
91a The books are in care of DOUGLAS MANN Telephone no. (410) 225-2352
Located at 1300 MOUNT ROYAL AVENUE BALTIMORE, MD ZIP + 4 21217
b 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)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (TUITION & FEES, DORMITORIES, BOOKSTORE, AUXILIARY ENT., COURSE MATERIALS), Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue (DEPOSIT FORFEITURE, UNRELATED INCOME, DIGITAL PRINTING, MISCELLANEOUS), Subtotal, and Total.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

<b>106</b> Did the reporting organization <b>make</b> any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	<b>Yes</b>	<b>No</b>
		<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>a</b>	----- ----- -----			
<b>b</b>	----- ----- -----			
<b>c</b>	----- ----- -----			
<b>Totals</b>				

<b>107</b> Did the reporting organization <b>receive</b> any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	<b>Yes</b>	<b>No</b>
		<input checked="" type="checkbox"/>

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>a</b>	----- ----- -----			
<b>b</b>	----- ----- -----			
<b>c</b>	----- ----- -----			
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	<b>Yes</b>	<b>No</b>
		<input checked="" type="checkbox"/>

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
 Type or print name and title \_\_\_\_\_

<b>Paid Preparer's Use Only</b>	Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) <b>P00451522</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/>	<b>KPMG LLP</b>		EIN <input type="checkbox"/> <b>13-5565207</b>
		<b>1660 INTERNATIONAL DRIVE</b>		Phone no. <input type="checkbox"/> <b>703-286-8000</b>
		<b>MCLEAN, VA 22102-4848</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2006**

Name of the organization

MARYLAND INSTITUTE COLLEGE OF ART INC.

Employer identification number

52-0591661

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 20				
Total number of other employees paid over \$50,000 . . ▶	133			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 21		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	NONE	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 22		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶	4	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2006

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .	<b>1</b>	<input checked="" type="checkbox"/>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	<input checked="" type="checkbox"/>
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>	<input checked="" type="checkbox"/>
<b>c</b> Furnishing of goods, services, or facilities? . . . . . <b>.STMT . 23</b>	<b>2c</b>	<input checked="" type="checkbox"/>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . <b>.FORM .990, .PART. V . .</b>	<b>2d</b>	<input checked="" type="checkbox"/>
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2e</b>	<input checked="" type="checkbox"/>
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . . <b>.STMT . 24</b>	<b>3a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? . . . . .	<b>3b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .	<b>3c</b>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>3d</b>	<input checked="" type="checkbox"/>
<b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .	<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>4b</b>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>4c</b>	<input checked="" type="checkbox"/>
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year . . . . . ► _____		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ► _____		
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ► _____		<b>NONE</b>
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ► _____		<b>NONE</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> . . . . .					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. NOT APPLICABLE

Table with 6 columns: (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows 15-25 include categories like Gifts, grants, and contributions received; Membership fees received; Gross receipts from admissions, merchandise sold or services performed; Gross income from interest, dividends; Net income from unrelated business activities; Tax revenues levied; Value of services or facilities furnished; Other income; Total of lines 15 through 22; Line 23 minus line 17; Enter 1% of line 23.

Table for lines 26-27f. Includes sub-rows for public support calculations: 26a (Enter 2% of amount in column (e), line 24), 26b (Total of all these excess amounts), 26c (Total support for section 509(a)(1) test), 26d (Add: Amounts from column (e) for lines: 18, 19, 22, 26b), 26e (Public support (line 26c minus line 26d total)), 26f (Public support percentage (line 26e (numerator) divided by line 26c (denominator))).

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE

(2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
(2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ (2002) \_\_\_\_\_

Table for lines 27c-27h. Includes sub-rows: 27c (Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21), 27d (Add: Line 27a total and line 27b total), 27e (Public support (line 27c total minus line 27d total)), 27f (Total support for section 509(a)(2) test: Enter amount from line 23, column (e)), 27g (Public support percentage (line 27e (numerator) divided by line 27f (denominator))), 27h (Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 29 through 35 regarding racial nondiscrimination policies, financial aid, and organizational compliance.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, and Amount. Rows include Total lobbying expenditures, Total exempt purpose expenditures, and Lobbying nontaxable amount.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities NOT APPLICABLE (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Table with 3 columns: Description, Yes, No, Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, and Total lobbying expenditures.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2006**

Name of organization

MARYLAND INSTITUTE COLLEGE OF ART INC.

Employer identification number

52-0591661

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(03) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

**General Rule -**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules -**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization **MARYLAND INSTITUTE COLLEGE OF ART INC.**

Employer identification number

**52-0591661****Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	US DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW WASHINGTON, DC 20202	547,822.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	GENEVIEVE MCMILLAN 311 CENTRAL STREET BOX 602 ROWLEY, MA 01969	1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BETTY COOKE 7901 RUXWOOD ROAD TOWSON, MD 21204	766,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	WILLIAM O STEINMETZ 7901 RUXWOOD ROAD TOWSON, MD 21204	765,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	CONCORDIA FOUNDATION TWO HOPKINS PLAZA PO BOX 2257 BALTIMORE, MD 21203	639,246.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	GEORGE L BUNTING 1810 A YORK ROAD TIMONIUM, MD 21093	525,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **MARYLAND INSTITUTE COLLEGE OF ART INC.** Employer identification number **52-0591661**

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	THE STARR FOUNDATION 399 PARK AVENUE NEW YORK, NY 10022	203,329.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	WHITING-TURNER CONTRACTING 300 E. JOPPA ROAD TOWSON, MD 21286	300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	JACQUES AND NATASHA GELMAN TRUST 260 MADISON AVENUE 18TH FLOOR NEW YORK, NY 10016	200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	MARYLAND HIGHER EDUCATION COMMISSION 839 BESTGATE ROAD, SUITE 400 ANNAPOLIS, MD 21401	2,250,002.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 - GENERAL EXPLANATION ATTACHMENT

BOARD OF TRUSTEES WHO SERVED 1 HOUR PER WEEK WITH NO COMPENSATION  
PART V-A CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

BOARD OF TRUSTEES:

STEPHEN BOESEL  
 GEORGE L. BUNTING, JR.  
 SUZI K. CORDISH  
 M. GWEN DAVIDSON  
 ROSALEE C. DAVIDSON  
 MATHIAS J. DEVITO  
 RONALD E. FIDLER  
 AARON FINK  
 NEAL M. FRIEDLANDER, M.D.  
 ANN M. GARFINKLE  
 ALICE FALVEY GREIF  
 FREDYE W. GROSS  
 RICHARD C. HACKNEY, JR.  
 DAVID HAYDEN  
 BARBARA L. HIMMELRICH  
 TONYA INGERSOL  
 WENDY JACHMAN  
 DAVID JACOBS  
 THOMAS JASEK  
 ROSS JONES  
 NEIL A. MEYERHOFF  
 JIM MILLER  
 CHARLES NEARBURG  
 ANNE S. PERKINS  
 ROGER POWELL  
 SHEILA K. RIGGS  
 NANCY SASSER  
 WILLIAM O. STEINMETZ  
 SALLIE FRAENKEL ZUCH

TRUSTEES EMERITI:  
 GEORGE H. DALSHHEIMER  
 CHARLES L. COSTA  
 LEROY E. HOFFBERGER  
 ROBERT A. SHELTON

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

NOTICE OF NON-DISCRIMINATION  
SCHEDULE A, PART V, LINE 31

THE FOLLOWING STATEMENTS APPEAR IN THE COLLEGE'S CATALOG:

NOTICE OF NONDISCRIMINATION IN EDUCATION AND EMPLOYMENT

THE MARYLAND INSTITUTE, COLLEGE OF ART DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL FOR REASONS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, OR HANDICAP IN ANY RELATIONSHIP WITH THE INSTITUTION OR IN ANY OF ITS PROGRAMS OR OFFERINGS, HIRING OF FACULTY AND STAFF, OR ANY TERMS AND CONDITIONS OF EMPLOYMENT. INQUIRIES CONCERNING THE APPLICATION OF THESE REGULATIONS MAY BE REFERRED TO THE AFFIRMATIVE ACTION OFFICER.

THE COLLEGE RESERVES THE RIGHT IN ITS DISCRETION TO MAKE FROM TIME TO TIME CHANGES AFFECTING POLICIES, FEES, CURRICULA, OR OTHER MATTERS ANNOUNCED IN THIS CATALOG.

THE STATEMENTS IN THIS CATALOG DO NOT CONSTITUTE A CONTRACT.

STATEMENT OF EQUAL OPPORTUNITY AND SERVICES TO THE DISABLED

IN COMPLIANCE WITH FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS, THE MARYLAND INSTITUTE, COLLEGE OF ART DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, MARITAL STATUS, AGE, DISABILITY, AND APPLICABLE VETERAN STATUS, IN THE ADMINISTRATION OF ITS EDUCATIONAL PROGRAMS ACTIVITIES, OR WITH RESPECT TO EMPLOYMENT.

IT IS POLICY OF THE MARYLAND INSTITUTE TO PROVIDE THOSE AUXILIARY AIDS AND SERVICES THAT MAY BE NECESSARY TO INSURE THAT NO INDIVIDUAL WITH A DISABILITY IS EXCLUDED, DENIED SERVICES, SEGREGATED, OR OTHERWISE TREATED DIFFERENTLY THAN OTHER INDIVIDUALS. THESE SERVICES CAN BE ARRANGED THROUGH THE DEAN OF STUDENTS.

THESE POLICIES APPLY TO PRESENT AND PROSPECTIVE STUDENTS AND EMPLOYEES.

PRESENT OR PROSPECTIVE STUDENTS DESIRING FURTHER INFORMATION SHOULD CONTACT THE OFFICE OF THE DEAN OF THE PROGRAM IN WHICH THEY ARE INTERESTED:

- UNDERGRADUATE: 410-225-2222
- GRADUATE: 410-225-2255
- CONTINUING STUDIES: 410-225-2219

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

=====

PRESENT OR PROSPECTIVE EMPLOYEES SHOULD CONTACT THE DIRECTOR OF ADMINISTRATIVE SERVICES: 410-225-2406.

PRESENT OR PROSPECTIVE STUDENTS DESIRING FURTHER INFORMATION SHOULD CONTACT THE OFFICE OF THE DEAN OF THE PROGRAM IN WHICH THEY ARE INTERESTED:

- UNDERGRADUATE: 410-225-2222
- GRADUATE: 410-225-2255
- CONTINUING STUDIES: 410-225-2219

PRESENT OR PROSPECTIVE EMPLOYEES SHOULD CONTACT THE DIRECTOR OF ADMINISTRATIVE SERVICES: 410-225-2406.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

FIXED ASSETS DETAIL  
PART IV, LINE 57 - LAND, BUILDINGS, AND EQUIPMENT

	2007
BUILDINGS AND IMPROVEMENTS	\$ 87,669,524
EQUIPMENT AND VEHICLES	12,207,624
LAND	2,837,723
LIBRARY BOOKS AND ART WORK	651,934
CONSTRUCTION IN PROGRESS	16,339,098
	-----
SUB-TOTAL	\$119,705,903
ACCUMULATED DEPRECIATION	( 27,643,245)
	-----
TOTAL FIXED ASSETS	\$ 92,062,658
	-----
	-----

DEPRECIATION EXPENSE FOR THE YEAR ENDED 5/31/2007 WAS \$3,308,864.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAIN ON INVESTMENTS	6,681,658.
TOTAL	----- 6,681,658. =====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	54,911.
	-----
TOTAL	54,911.
	=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
GRANTS PAID ===== SCHOLARSHIPS FOR VARIOUS STUDENTS 1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217	NONE	FINANCIAL ASSISTANCE	15,225,924.
		TOTAL CONTRIBUTIONS PAID	----- 15,225,924. =====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
BAD DEBT	12,718.	12,718.		
INSURANCE	733,559.	271,197.	462,362.	
STUDENT SERVICES	172,771.	172,771.		
MISCELLANEOUS	295,516.		295,516.	
OTHER/AUXILIARY	796,774.	796,774.		
TUITION & FEES	342,439.	342,439.		
BANK SERVICE FEES	284,271.		284,271.	
PROFESSIONAL FEES	661,502.	59,337.	395,313.	206,852.
	-----	-----	-----	-----
TOTALS	3,299,550.	1,655,236.	1,437,462.	206,852.
	=====	=====	=====	=====

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
MONEY MARKET FUNDS	8,108,694.	FMV
U.S. GOV'T SECURITIES	12,534,208.	FMV
EQUITY SECURITIES	12,174,187.	FMV
BONDS AND OTHER FIXED INCOME	947,532.	FMV
EQUITY MUTUAL FUNDS	24,897,424.	FMV
PRIVATE EQUITY AND LIMITED PARTNERSHIP INTERESTS	8,256,205.	FMV
	-----	
TOTALS	66,918,250.	
	=====	

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
INTERESTS HELD BY OTHERS	3,632,315.
DEPOSITS	26,252,017.
TOTALS	----- 29,884,332. =====

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
MHHEFA BONDS	75,119,432.
TOTALS	----- 75,119,432. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
REFUNDABLE ADVANCES FROM GOV'T	2,107,421.
LIABILITY TRUST AGREEMENTS	492,389.
TOTALS	----- 2,599,810. =====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
-----	-----
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-54,911.
	-----
TOTAL	-54,911.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION -----	AMOUNT -----
FINANCIAL AID	15,225,924.
	-----
TOTAL	15,225,924.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION	AMOUNT
-----	-----
FINANCIAL AID	15,225,924.
	-----
TOTAL	15,225,924.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
FRED LAZARUS IV 1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217	PRESIDENT 40.00	310,000.	105,530.	NONE
RAYMOND V ALLEN 1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217	VP ACADEMIC AFFAIRS 40.00	196,539.	19,814.	NONE
J DAVIDSON PORTER 1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217	VP STUDENT AFFAIRS 40.00	105,000.	13,650.	NONE
THERESA LYNCH BEDOYA 1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217	VP ADMIN AND FINANCIAL AID 40.00	133,269.	15,494.	NONE
MICHAEL MOLLA 1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217	VP OPERATIONS 40.00	127,692.	15,509.	NONE
DOUGLAS R MANN 1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217	VP FINANCE 40.00	158,096.	17,407.	NONE
THOMAS G HYATT 1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217	VP TECHNOLOGY SYSTEMS 40.00	128,154.	18,268.	NONE
MICHAEL FRANCO 1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217	VP DEVELOPMENT 40.00	155,385.	19,032.	NONE



FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DOUGLAS L FROST 1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217	NONE	105,019.	12,898.	NONE
GRAND TOTALS	NONE	105,019.	12,898.	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
---	-----
93A	TUITION AND FEES ARE COLLECTED TO PROVIDE A COLLEGE EDUCATION. CHARGES ARE REASONABLE AND CUSTOMARY FOR A PRIVATE COLLEGE.
93B	HOUSING IS MADE AVAILABLE TO STUDENTS FOR THEIR CONVENIENCE AND TO MAKE ATTENDANCE POSSIBLE FOR THOSE WHO LIVE OUT OF THE AREA.
93C	A BOOK AND ART SUPPLY STORE IS OPERATED AS A CONVENIENCE TO STUDENTS AND TO MAKE SPECIALTY SUPPLIES AVAILABLE TO STUDENTS AT A DISCOUNT.
93D	THE UNIVERSITY MADE AVAILABLE PARKING, DINING, MEETING, AND OTHER FACILITIES FOR ITS STUDENTS, STAFF AND FACULTY.
93E	ARTISTIC MEDIA AND RELATED MATERIALS FOR COURSE INSTRUCTION.
103D	PRINTING SERVICES WERE PROVIDED FOR THE USE OF STAFF, FACULTY AND STUDENTS, EXCLUSIVELY.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
JAN PIERCE STINCHCOMB 1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217	ASSOC DEAN AA 40.00	126,264.	17,024.	NONE
VICTORIA BOONE 1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217	ASSOC VP 40.00	112,974.	15,422.	NONE
PETER CHOMOWICZ 1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217	INSTRUCTOR 40.00	103,933.	16,137.	NONE
MARY ANN LAMBROS 1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217	ASSOCIATE VP 40.00	99,247.	12,648.	NONE
TIMOTHY APP 1300 MOUNT ROYAL AVENUE BALTIMORE, MD 21217	INSTRUCTOR 40.00	94,277.	11,538.	NONE
	TOTAL COMPENSATION	----- 536,695. =====	----- 72,769. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

KPMG LLP	ACCOUNTING	85,000.
PO BOX 12001		
DALLAS, TX 75312		

DLA PIPER US LLP	LEGAL	57,924.
6225 SMITH AVENUE		
BALTIMORE, MD 21209		

TOTAL COMPENSATION		----- 142,924. =====
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SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

CAREFIRST PO BOX 79051 BALTIMORE, MD 21279	INSURANCE PROVIDER	1,720,972.
THE WHITING TURNER CONTRACTING COMPANY PO BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	7,519,238.
PARKHURST DINING SERVICES PO BOX 644091 PITTSBURGH, PA 15264	FOOD SERVICES	1,134,574.
BGE PO BOX 13070 PHILADELPHIA, PA 19101	UTILITY PROVIDER	1,098,354.
WILHELM COMMERCIAL BUILDERS INC 10979B GUILFORD ROAD ANNAPOLIS JUNCTION, MD 20701	CONSTRUCTION	1,202,940.
	TOTAL COMPENSATION	----- 12,676,078. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

=====

DURING THE YEAR, THE WHITING-TURNER CONTRACTING COMPANY PROVIDED CONSTRUCTION SERVICES TO THE ORGANIZATION IN THE AMOUNT OF \$7,519,238. WHITING-TURNER WAS A SUBSTANTIAL CONTRIBUTOR DURING THE YEAR.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

=====

SCHOLARSHIPS AND LOANS ARE PROVIDED TO STUDENTS ON THE BASIS OF NEED OR MERIT. FOR NEED BASED ASSISTANCE, GUIDELINES ARE ESTABLISHED BY THE COLLEGE'S OFFICE OF FINANCIAL AID THAT REQUIRE THE APPLICANT TO DOCUMENT HIS OR HER FINANCIAL CONDITION. FOR MERIT-BASED SCHOLARSHIPS AND AWARDS, STUDENTS ARE JUDGED BY THE APPROPRIATE OFFICE WITH THE ACADEMIC AFFAIRS DIVISION OF THE COLLEGE. AWARDS, SCHOLARSHIPS AND LOANS MUST BE USED BY THE STUDENT TO PAY FOR THE COST OF HIS/HER EDUCATION AT THE COLLEGE.