

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning JUN 1, 2012 and ending MAY 31, 2013

Form header section containing organization name (RINGLING COLLEGE OF ART AND DESIGN, INC.), address (2700 NORTH TAMiami TRAIL, SARASOTA, FL 34234), and identification numbers.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

Part II Signature Block

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.

Signature line for Larry R Thompson, President, dated 2/26/14.

Preparer information for Janice A. Ratica, Chery Bekaert LLP, Charlotte, NC.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: RINGLING COLLEGE OF ART AND DESIGN IS A PRIVATE, NOT-FOR-PROFIT, FULLY ACCREDITED COLLEGE OFFERING THE BACHELOR'S DEGREE IN 14 DISCIPLINES: ADVERTISING DESIGN, BUSINESS OF ART & DESIGN, COMPUTER ANIMATION, DIGITAL FILMMAKING, FINE ARTS, GAME ART & DESIGN, GRAPHIC &

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 45,159,693. including grants of \$ 6,920,453.) (Revenue \$ 48,671,911.) RINGLING COLLEGE OF ART AND DESIGN PROVIDES INSTRUCTION IN VISUAL ARTS EDUCATION TO APPROXIMATELY 1,300 STUDENTS IN FULLY ACCREDITED FOUR-YEAR DEGREE PROGRAMS LEADING TO BFA AND BA DEGREES.

4b (Code:) (Expenses \$ 8,034,488. including grants of \$ 252,190.) (Revenue \$ 8,792,814.) RINGLING COLLEGE OF ART AND DESIGN OPERATES VARIOUS AUXILIARY ENTERPRISES INCLUDING DINING SERVICES, HOUSING, AND BOOKSTORE SERVICES IN SUPPORT OF A RESIDENTIAL COMMUNITY WHICH SUPPORTS STUDENT DEVELOPMENT AND FOR THE CONVENIENCE OF ITS STUDENTS, FACULTY AND STAFF.

4c (Code:) (Expenses \$ 1,762,400. including grants of \$ 51,135.) (Revenue \$ 950,309.) RINGLING COLLEGE OF ART AND DESIGN PROVIDES VISUAL ARTS INSTRUCTION FOR THE COMMUNITY THROUGH VARIOUS PROGRAMS ON A NON-CREDIT BASIS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 54,956,581.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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 X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
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	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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 X	
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30 X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 34		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 33		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MONICA WAID - 941-359-7514**
2700 N. TAMiami TRAIL, SARASOTA, FL 34234

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES R. SMITH CHAIR	1.00	X		X				0.	0.	0.
(2) LOIS STULBERG VICE CHAIR	1.00	X		X				0.	0.	0.
(3) WENDY SURKIS SECRETARY	1.00	X		X				0.	0.	0.
(4) DR. ALFRED GOLDSTEIN TREASURER	1.00	X		X				0.	0.	0.
(5) ROBERT A. KIMBROUGH ASST SECRETARY	1.00	X		X				0.	0.	0.
(6) WILLIAM T. KIRTLEY ASST SECRETARY	1.00	X		X				0.	0.	0.
(7) DR. VALLIERE RICHARD AUZENNE TRUSTEE	1.00	X						0.	0.	0.
(8) ROBERT O. BARKLEY, JR. TRUSTEE	1.00	X						0.	0.	0.
(9) DR. RICHARD BASCH TRUSTEE	1.00	X						0.	0.	0.
(10) PAULINE BECKER TRUSTEE	1.00	X						0.	0.	0.
(11) DIANNE BELK TRUSTEE	1.00	X						0.	0.	0.
(12) LOUIS CABOT TRUSTEE	1.00	X						0.	0.	0.
(13) CAROL CAMIENER TRUSTEE	1.00	X						0.	0.	0.
(14) LINDA DICKINSON TRUSTEE	1.00	X						0.	0.	0.
(15) ANN DONELLY TRUSTEE	1.00	X						0.	0.	0.
(16) DEAN EISNER TRUSTEE	1.00	X						0.	0.	0.
(17) JAMES ERICSON TRUSTEE	1.00	X						0.	0.	0.

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 for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ARTHUR FERGUSON TRUSTEE	1.00	X					0.	0.	0.	
(19) JACK HARRISON TRUSTEE	1.00	X					0.	0.	0.	
(20) WILLIAM ISAAC TRUSTEE	1.00	X					0.	0.	0.	
(21) DR. EDWARD JENNINGS TRUSTEE	1.00	X					0.	0.	0.	
(22) ROBERT JOHNSON TRUSTEE	1.00	X					0.	0.	0.	
(23) ELAINE KEATING TRUSTEE	1.00	X					0.	0.	0.	
(24) CHERYL LOEFFLER TRUSTEE	1.00	X					0.	0.	0.	
(25) LAWRENCE A. MACIARIELLO TRUSTEE	1.00	X					0.	0.	0.	
(26) JEAN MARTIN TRUSTEE	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,738,707.	0.	230,855.	
d Total (add lines 1b and 1c)							1,738,707.	0.	230,855.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CUSTODIAL MAINTENANCE, INC. 4550 NORTH LAKE DRIVE, SARASOTA, FL 34232	CUSTODIAL SERVICES	558,408.
SARASOTA MEMORIAL HOSPITAL 1700 S TAMIAMI TRAIL, SARASOTA, FL 34239	STUDENT HEALTH SERVICES	435,200.
SHEPLY BULFINCH RICHARDSON & ABBOTT, INCORP 2 SEAPORT LANE, BOSTON, MA 02210	ARCHITECTURAL SERVICES	252,500.
WILLIS A. SMITH CONSTRUCTION, 5001 LAKEWOOD RANCH BLVD N., SARASOTA, FL 34240	CONSTRUCTION MANAGEMENT	212,018.
DOYLE ELECTRIC SERVICES, INC. 3415 QUEEN PALM DRIVE, TAMPA, FL 33619	ELECTRICAL SERVICES	143,015.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 for related organizations below line)	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ISABLE NORTON TRUSTEE	1.00	X						0.	0.	0.
(28) BRANDON OLDENBURG TRUSTEE	1.00	X						0.	0.	0.
(29) SUSAN PALMER TRUSTEE	1.00	X						0.	0.	0.
(30) DIANE ROSKAMP TRUSTEE	1.00	X						0.	0.	0.
(31) STEVEN B. STEIN TRUSTEE	1.00	X						0.	0.	0.
(32) ROBERT STUFFINGS TRUSTEE	1.00	X						0.	0.	0.
(33) PETER WEILL TRUSTEE	1.00	X						0.	0.	0.
(34) BONNIE WRIGHT TRUSTEE	1.00	X						0.	0.	0.
(35) LARRY R. THOMPSON PRESIDENT	40.00			X				454,942.	0.	98,574.
(36) TRACY A. WAGNER VP FOR FINANCE & ADMINISTRATION	40.00			X				188,697.	0.	20,491.
(37) MELODY M. WEILER VP FOR ACADEMIC AFFAIRS	40.00				X			184,119.	0.	7,832.
(38) CHRISTINE C. DEGEORGE VP FOR HUMAN & ORGANIZATIONAL DEVELO	40.00				X			177,415.	0.	25,185.
(39) DAVID H. JACKSON ASSOCIATE VP FOR ACADEMIC AFFAIRS	40.00					X		128,162.	0.	20,623.
(40) MAHMOUD PEGAH DIR OF INSTITUTIONAL TECHNOLOGY	40.00					X		185,099.	0.	20,628.
(41) TAMMY WALSH VP FOR STUDENT LIFE / DEAN OF STUDEN	40.00					X		149,721.	0.	8,828.
(42) JAMES H. DEAN DEAN OF ADMISSIONS, MARKETING AND CO	40.00					X		137,048.	0.	14,690.
(43) KRIS T. PEGAH DIRECTOR OF ADMIN COMPUTING	40.00					X		133,504.	0.	14,004.
Total to Part VII, Section A, line 1c								1,738,707.		230,855.

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	399,380.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	292,306.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,738,224.				
	g Noncash contributions included in lines 1a-1f: \$		2,425,259.				
	h Total. Add lines 1a-1f		9,429,910.				
Program Service Revenue	2 a TUITION & FEES	Business Code 900099	48,671,911.	48,671,911.			
	b AUXILIARY SERVICES	900099	8,792,814.	8,792,814.			
	c CONTINUING EDUCATION	900099	950,309.	950,309.			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		58,415,034.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,246,923.			1,246,923.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	5,967.				
		(ii) Personal					
		b Less: rental expenses	2,997.				
		c Rental income or (loss)	2,970.				
	d Net rental income or (loss)		2,970.			2,970.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,080,417.				
		(ii) Other	22,050.				
		b Less: cost or other basis and sales expenses	823,712.	0.			
		c Gain or (loss)	256,705.	22,050.			
	d Net gain or (loss)		278,755.			278,755.	
	8 a Gross income from fundraising events (not including \$ 399,380. of contributions reported on line 1c). See Part IV, line 18	a	231,301.				
		b Less: direct expenses	412,612.				
c Net income or (loss) from fundraising events			-181,311.		-42,767.	-138,544.	
9 a Gross income from gaming activities. See Part IV, line 19	a	4,385.					
	b Less: direct expenses	4,956.					
	c Net income or (loss) from gaming activities		-571.			-571.	
10 a Gross sales of inventory, less returns and allowances	a	48,648.					
	b Less: cost of goods sold	25,345.					
	c Net income or (loss) from sales of inventory		23,303.			23,303.	
Miscellaneous Revenue		Business Code					
11 a PARTNERSHIP INCOME		525990	-1,906.		-1,906.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			-1,906.			
12 Total revenue. See instructions.			69,213,107.	58,415,034.	-44,673.	1,412,836.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	200,365.	200,365.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	7,008,346.	7,008,346.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	15,067.	15,067.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,126,315.		1,126,315.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	19,297,972.	16,606,629.	1,784,856.	906,487.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	540,192.	502,930.	10,390.	26,872.
9 Other employee benefits	4,515,061.	3,412,378.	971,229.	131,454.
10 Payroll taxes	1,477,803.	1,284,594.	126,665.	66,544.
11 Fees for services (non-employees):				
a Management	16,667.	16,667.		
b Legal	135,081.		135,081.	
c Accounting	97,223.	28.	97,195.	
d Lobbying	8,288.		8,288.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	139,571.		139,571.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,322,837.	3,089,944.	195,933.	36,960.
12 Advertising and promotion	894,013.	470,912.	292,560.	130,541.
13 Office expenses	2,409,165.	1,877,819.	477,337.	54,009.
14 Information technology	1,065,197.	1,038,363.	423.	26,411.
15 Royalties				
16 Occupancy	2,856,032.	2,721,210.	125,896.	8,926.
17 Travel	648,447.	555,908.	60,886.	31,653.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	448,781.	338,819.	41,902.	68,060.
20 Interest	2,203,684.	1,949,122.	254,562.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,022,309.	9,798,781.	150,739.	72,789.
23 Insurance	414,642.	407,137.	4,976.	2,529.
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 CONTRACTED FOOD SERVICE	2,269,253.	2,123,967.	67,248.	78,038.
b OTHER CONTRACTED SERVICE	1,276,094.	1,109,480.	122,995.	43,619.
c STUDENT RELATED EXPENSE	353,773.	353,773.		
d OTHER EXPENSES	155,742.	44,187.	110,438.	1,117.
e All other expenses	136,196.	30,155.	104,037.	2,004.
25 Total functional expenses. Add lines 1 through 24e	63,054,116.	54,956,581.	6,409,522.	1,688,013.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	21,711,505.	2	17,736,580.
	3 Pledges and grants receivable, net	12,746,310.	3	8,509,848.
	4 Accounts receivable, net	214,986.	4	160,356.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	954,827.	9	1,534,514.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 167,298,171.		
	b Less: accumulated depreciation	10b 59,505,324.	109,160,948.	10c 107,792,847.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	30,867,575.	12	49,113,087.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	601,681.	15	3,745,103.
16 Total assets. Add lines 1 through 15 (must equal line 34)	176,257,832.	16	188,592,335.	
Liabilities	17 Accounts payable and accrued expenses	4,984,939.	17	6,557,553.
	18 Grants payable		18	
	19 Deferred revenue	839,874.	19	837,517.
	20 Tax-exempt bond liabilities	67,590,000.	20	66,000,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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	6,039,847.	25	5,132,098.
	26 Total liabilities. Add lines 17 through 25	79,454,660.	26	78,527,168.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	42,381,240.	27	51,230,777.
	28 Temporarily restricted net assets	37,437,852.	28	40,615,882.
	29 Permanently restricted net assets	16,984,080.	29	18,218,508.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	96,803,172.	33	110,065,167.	
34 Total liabilities and net assets/fund balances	176,257,832.	34	188,592,335.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	69,213,107.
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,054,116.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,158,991.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,803,172.
5	Net unrealized gains (losses) on investments	5	4,868,926.
6	Donated services and use of facilities	6	
7	Investment expenses	7	93,236.
8	Prior period adjustments	8	2,517,760.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-376,918.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	110,065,167.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
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 _____	X	

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **RINGLING COLLEGE OF ART AND DESIGN, INC.** Employer identification number **59-0637903**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 exempt 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 organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts 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, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

RINGLING COLLEGE OF ART AND DESIGN, INC.

59-0637903

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (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

[X] For an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<hr/> <hr/> <hr/>	\$ 32,789.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<hr/> <hr/> <hr/>	\$ 87,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	<hr/> <hr/> <hr/>	\$ 13,507.	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 RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/>	\$ 10,930.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	<hr/> <hr/> <hr/>	\$ 230,315.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	<hr/> <hr/> <hr/>	\$ 18,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	<hr/> <hr/> <hr/>	\$ 26,803.	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 RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>5,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ <u>5,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ <u>7,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ <u>360,422.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ <u>365,068.</u>	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 RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	<hr/> <hr/> <hr/>	\$ 5,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	<hr/> <hr/> <hr/>	\$ 78,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	<hr/> <hr/> <hr/>	\$ 177,971.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	<hr/> <hr/> <hr/>	\$ 61,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	<hr/> <hr/> <hr/>	\$ 13,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 82,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	<hr/> <hr/> <hr/>	\$ 360,422.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	<hr/> <hr/> <hr/>	\$ 635,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	<hr/> <hr/> <hr/>	\$ 30,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	<hr/> <hr/> <hr/>	\$ 316,369.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	<hr/> <hr/> <hr/>	\$ 15,000.	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 RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	<hr/> <hr/> <hr/>	\$ 13,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	<hr/> <hr/> <hr/>	\$ 5,000.	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 RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	<hr/> <hr/> <hr/>	\$ 5,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	<hr/> <hr/> <hr/>	\$ 20,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	<hr/> <hr/> <hr/>	\$ 97,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	<hr/> <hr/> <hr/>	\$ 602,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	<hr/> <hr/> <hr/>	\$ 5,110.	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 RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 5,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 10,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 10,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 5,000.	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 RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 25,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	<hr/> <hr/> <hr/>	\$ 49,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	<hr/> <hr/> <hr/>	\$ 5,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	<hr/> <hr/> <hr/>	\$ 12,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	<hr/> <hr/> <hr/>	\$ 10,000.	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 RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	_____ _____ _____	\$ <u>6,792.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	_____ _____ _____	\$ <u>22,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	_____ _____ _____	\$ <u>66,000.</u>	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 RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	<hr/> <hr/> <hr/>	\$ 25,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	<hr/> <hr/> <hr/>	\$ 19,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	<hr/> <hr/> <hr/>	\$ 101,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	<hr/> <hr/> <hr/>	\$ 10,200.	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 RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 500,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	<hr/> <hr/> <hr/>	\$ 5,455.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	<hr/> <hr/> <hr/>	\$ 10,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	<hr/> <hr/> <hr/>	\$ 5,000.	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 RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 152,310.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	<hr/> <hr/> <hr/>	\$ 21,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	<hr/> <hr/> <hr/>	\$ 40,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	<hr/> <hr/> <hr/>	\$ 60,192.	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 RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ 20,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	<hr/> <hr/> <hr/>	\$ 8,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	<hr/> <hr/> <hr/>	\$ 7,825.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	<hr/> <hr/> <hr/>	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	<hr/> <hr/> <hr/>	\$ 10,110.	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 RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	<hr/> <hr/> <hr/>	\$ 316,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	<hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	<hr/> <hr/> <hr/>	\$ 101,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	<hr/> <hr/> <hr/>	\$ 104,345.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	<hr/> <hr/> <hr/>	\$ 21,360.	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 RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	<hr/> <hr/> <hr/>	\$ 5,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	<hr/> <hr/> <hr/>	\$ 5,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	<hr/> <hr/> <hr/>	\$ 1,746,450.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	<hr/> <hr/> <hr/>	\$ <u>386,635.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	<hr/> <hr/> <hr/>	\$ <u>27,999.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	<hr/> <hr/> <hr/>	\$ <u>22,300.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	<hr/> <hr/> <hr/>	\$ <u>626,750.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	<hr/> <hr/> <hr/>	\$ <u>371,614.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	_____ _____ _____	\$ <u>365,398.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104	_____ _____ _____	\$ <u>363,783.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	_____ _____ _____	\$ <u>204,872.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	_____ _____ _____	\$ <u>175,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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.)

Name of organization	Employer identification number
RINGLING COLLEGE OF ART AND DESIGN, INC.	59-0637903

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	UTENSILS	\$ 350.	05/08/13
24	320 16OZ TUMBLERS	\$ 7,800.	04/29/13
26	COMPUTER HARDWARE AND SUPPLIES	\$ 360,422.	05/29/13
40	WINE	\$ 39,500.	04/25/13
62	60 SHARES OF XOM STOCK	\$ 5,023.	05/23/13
73	56 PIECES OF ART WORK	\$ 152,310.	12/31/12

Name of organization RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
96	170 PIECES OF DAVID BUDD ARTWORK	\$ 1,746,450.	12/08/11
97	COMPUTER EQUIPMENT AND HARDWARE	\$ 386,635.	06/27/12
98	TOM HANNAN ARTWORK IN GOOD CONDITION	\$ 7,500.	03/27/13
99	TEN CANON PIXMA PRO1 PRINTERS AND INK	\$ 27,999.	04/23/13
100	DONATION OF A HOUSE LOCATED AT 1301 31ST STREET SARASOTA FLORIDA	\$ 22,300.	07/31/12
101	RUSSIAN PHOTOGRAPHY COLLECTION FROM WWII ERA AND 30 PHOTOS	\$ 626,750.	12/18/12

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
102	COMPUTER EQUIPMENT _____ _____ _____	\$ <u>371,614.</u>	<u>06/28/12</u>
103	COMPUTER EQUIPMENT _____ _____ _____	\$ <u>365,398.</u>	<u>06/28/12</u>
104	285 MACBOOK PROS _____ _____ _____	\$ <u>363,783.</u>	<u>06/26/12</u>
105	VARIOUS COMPUTER SUPPLIES AND EQUIPMENT _____ _____ _____	\$ <u>204,872.</u>	<u>06/28/12</u>
106	ARTWORK _____ _____ _____	\$ <u>175,000.</u>	<u>12/31/12</u>
_____	_____ _____ _____	\$ _____	_____

Name of organization RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		8,280.
j Total. Add lines 1c through 1i			8,280.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE COLLEGE EMPLOYS A LOBBYIST FOR THE PURPOSES OF SURVEYING ACTIVITY

CONCERNING THE FLORIDA RESIDENT ACCESS GRANT AND THE COMMUNITY

CONTRIBUTION TAX CREDIT PROGRAM. THE FLORIDA RESIDENT ACCESS GRANT

BENEFITS FLORIDA COLLEGE STUDENTS. THE COMMUNITY CONTRIBUTION TAX

CREDIT PROGRAM SUPPORTS DONATIONS FROM ELIGIBLE DONORS TO THE COLLEGE'S

Part IV Supplemental Information (continued)

CAPITAL CONSTRUCTION AND IMPROVEMENT PROGRAM.

Multiple horizontal lines provided for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization RINGLING COLLEGE OF ART AND DESIGN, INC. **Employer identification number** 59-0637903

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	26,641,817.	27,393,977.	21,577,226.	17,998,684.	21,572,835.
b Contributions	5,604,557.	1,382,348.	2,879,729.	1,901,933.	1,073,027.
c Net investment earnings, gains, and losses	4,844,679.	-1,228,567.	3,473,038.	1,764,143.	-3,864,911.
d Grants or scholarships	758,000.	318,425.	149,125.	37,003.	232,125.
e Other expenditures for facilities and programs	88,950.	530,850.	335,550.		498,500.
f Administrative expenses	137,615.	56,666.	51,341.	50,530.	51,642.
g End of year balance	36,106,488.	26,641,817.	27,393,977.	21,577,227.	17,998,684.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 40.57 %
- b Permanent endowment 50.46 %
- c Temporarily restricted endowment 8.97 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,997,328.		18,997,328.
b Buildings		94,558,718.	32,489,241.	62,069,477.
c Leasehold improvements		92,416.	68,439.	23,977.
d Equipment		40,009,571.	21,404,156.	18,605,415.
e Other		13,640,138.	5,543,488.	8,096,650.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				107,792,847.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMON STOCK	9,324,094.	END-OF-YEAR MARKET VALUE
(B) CORPORATE BONDS	13,058,735.	END-OF-YEAR MARKET VALUE
(C) DEBT RELATED SECURITIES	4,893,781.	END-OF-YEAR MARKET VALUE
(D) MUTUAL FUNDS	12,650,609.	END-OF-YEAR MARKET VALUE
(E) LONG-BIASED II, LP	1,717,843.	END-OF-YEAR MARKET VALUE
(F) INVESTMENT IN PROPERTY	1,965,000.	END-OF-YEAR MARKET VALUE
(G) US GOVERNMENT OBLIGATIONS	3,202,089.	END-OF-YEAR MARKET VALUE
(H) ABSOLUTE RETURN	1,132,128.	END-OF-YEAR MARKET VALUE
(I) DISTRESSED OP. FUND, LP	213,534.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	49,113,087.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTEREST RATE SWAP LIABILITY	3,788,499.
(3) ANNUITY PAYABLE	711,639.
(4) STUDENT DEPOSITS	463,943.
(5) FUNDS HELD IN CUSTODY FOR OTHERS	164,623.
(6) OTHER LONG TERM LIABILITIES	3,394.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,132,098.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	67,468,123.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	4,868,926.		
b	Donated services and use of facilities	2b	117,180.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-7,132,621.		
e	Add lines 2a through 2d			2e	-2,146,515.
3	Subtract line 2e from line 1			3	69,614,638.
4	Amounts 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	44,379.		
b	Other (Describe in Part XIII.)	4b	-445,910.		
c	Add lines 4a and 4b			4c	-401,531.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	69,213,107.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	56,723,888.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	117,180.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	445,710.		
e	Add lines 2a through 2d			2e	562,890.
3	Subtract line 2e from line 1			3	56,160,998.
4	Amounts 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	137,615.		
b	Other (Describe in Part XIII.)	4b	6,755,503.		
c	Add lines 4a and 4b			4c	6,893,118.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	63,054,116.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A: THE COLLEGE'S COLLECTIONS INCLUDE WORKS OF ART THAT
ARE MAINTAINED IN THE COLLEGE'S GALLERIES AND LIBRARY AND LOANED TO
ON-CAMPUS DEPARTMENTS AND LOCAL ENTITIES. THESE COLLECTIONS ARE PROTECTED
AND PRESERVED FOR PUBLIC EXHIBITION, EDUCATION AND RESEARCH. EACH OF THE
ITEMS IS CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING
THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED PERIODICALLY.
THE COLLECTIONS, WHICH WERE ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS
SINCE THE COLLEGE'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS IN THE

Part XIII Supplemental Information *(continued)*

STATEMENT OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED OR IN TEMPORARILY RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY DONORS.

THE COLLEGE'S POLICY IS TO CAPITALIZE DONATED WORKS OF ART AT FAIR VALUE AND PURCHASED WORKS OF ART AT COST IF NOT PRESERVED AND HELD FOR PUBLIC EXHIBITION OR IF INTENDED TO BE SOLD WITHOUT PROCEEDS USED FOR PURCHASES OF WORKS OF ART. OF THE \$3,449,498 AND \$2,739,404 PRESENTED IN OTHER NONCURRENT ASSETS ON THE STATEMENTS OF FINANCIAL POSITION, \$2,743,760 AND \$2,517,760 AS OF MAY 31, 2013 AND 2012, RESPECTIVELY, ARE DONATED WORKS OF ART WHICH ARE BEING HELD WITH THE INTENT OF RESALE AND DO NOT MEET THE DEFINITION OF A COLLECTION.

PART III, LINE 4: PAINTINGS, PRINTS AND SCULPTURE REFLECTING A MYRIAD OF ARTISTIC STYLES DONATED BY INDIVIDUALS TO THE COLLEGE FOR SELECTIVE PUBLIC DISPLAY. THE COLLECTION SERVES AS AN IMPORTANT CULTURAL RESOURCE FOR OUR STUDENTS, FACULTY, STAFF AND COMMUNITY SERVING TO EDUCATE AND INSPIRE. THE COLLEGE'S COLLECTIONS INCLUDE WORKS OF ART THAT ARE MAINTAINED IN THE COLLEGE'S GALLERIES AND LIBRARY AND LOANED TO ON-CAMPUS DEPARTMENTS AND LOCAL ENTITIES. THESE COLLECTIONS ARE PROTECTED, PRESERVED, INSURED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED PERIODICALLY.

PART V, LINE 4: ENDOWMENT FUNDS ARE USED TO SUPPORT STUDENT SCHOLARSHIPS, ACADEMIC PROGRAMS AND INSTITUTIONAL SUPPORT.

PART X, LINE 2: A RULING FROM THE U.S. TREASURY DEPARTMENT, DATED MAY

Part XIII Supplemental Information (continued)

19, 1938, STATES THAT RINGLING SCHOOL OF ART AND DESIGN IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF 101(6) OF THE REVENUE ACT OF 1936, WHICH IS NOW 501(C)(3) OF THE 1986 CODE. HOWEVER, THE COLLEGE'S UNRELATED BUSINESS INCOME IS SUBJECT TO INCOME TAX AT CORPORATE RATES. THE COLLEGE'S POLICY IS TO RECORD A LIABILITY FOR ANY BENEFICIAL TAX POSITION, EXCLUDING ANY RELATED INTEREST AND PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY MANAGEMENT WITH RESPECT TO A TRANSACTION OR CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF MAY 31, 2013 AND MAY 31, 2012 AND ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED. THE COLLEGE'S REMAINING OPEN TAX YEARS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE INCLUDE THE YEARS ENDED MAY 31, 2010 THROUGH 2012.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SCHOLARSHIP ALLOWANCE SHOWN NET OF REVENUE ON FINANCIALS	-6,452,178.
AUXILIARY ALLOWANCE (SCHOLARSHIPS)	-252,190.
CSSP & ART CENTER (SCHOLARSHIPS)	-51,135.
WRITE-DOWN OF CAPITALIZED ASSETS	-328,568.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-48,550.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-7,132,621.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-2,997.
FUNDRAISING EVENT EXPENSES	-412,612.
GAMING ACTIVITIES EXPENSES	-4,956.
COST OF GOODS SOLD	-25,345.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-445,910.

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD	25,345.
RENTAL EXPENSES	2,997.
FUNDRAISING EVENT EXPENSES	417,368.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	445,710.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIP ALLOWANCE SHOWN NET OF REVENUE ON FINANCIALS	6,452,178.
AUXILIARY ALLOWANCE (SCHOLARSHIPS)	252,190.
CSSP & ART CENTER (SCHOLARSHIPS)	51,135.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	6,755,503.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

Name of the organization

RINGLING COLLEGE OF ART AND DESIGN, INC.

Employer identification number

59-0637903

Part I

	YES	NO
1 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?	X	
2 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?	X	
3 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	X	
THE POLICY IS PUBLISHED ON THE COLLEGE'S WEBSITE FOR PROSPECTIVE STUDENT APPLICANTS.		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
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?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
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?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
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	X	

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

Schedule E (Form 990 or 990-EZ) (2012)

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

SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

FINANCIAL AID OR ASSISTANCE FROM A GOVERNMENTAL AGENCY IS DISTRIBUTED TO STUDENTS USING FEDERALLY APPROVED FINANCIAL NEED ANALYSIS CRITERIA.

**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.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

Employer identification number

RINGLING COLLEGE OF ART AND DESIGN, INC.

59-0637903

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space 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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	RECRUITING	PROGRAM SERVICES	4,321.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	CURRICULUM DEVELOPMENT	GRANTS TO RECIPIENTS	2,000.
EAST ASIA AND THE PACIFIC	0	0	RECRUITING	PROGRAM SERVICES	11,355.
EAST ASIA AND THE PACIFIC	0	0	CURRICULUM DEVELOPMENT	GRANTS TO RECIPIENTS	3,515.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	RECRUITING	PROGRAM SERVICES	13,343.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	CONFERENCES	PROGRAM SERVICES	20,784.
MIDDLE EAST AND NORTH AFRICA	0	0	CONFERENCES	GRANTS TO RECIPIENTS	3,663.
NORTH AMERICA	0	0	CONFERENCES	PROGRAM SERVICES	9,342.
3 a Sub-total	0	0			68,323.
b Total from continuation sheets to Part I	0	0			21,684.
c Totals (add lines 3a and 3b)	0	0			90,007.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2012

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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
NORTH AMERICA	0	0	RESEARCH	GRANTS TO RECIPIENTS	1,500.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	CONFERENCES	GRANTS TO RECIPIENTS	2,489.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	STUDY ABROAD	PROGRAM SERVICES	8,947.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	CURRICULUM DEVELOPMENT	PROGRAM SERVICES	2,520.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	CO-PRODUCTION	GRANTS TO RECIPIENTS	1,900.
SOUTH AMERICA	0	0	RECRUITING	PROGRAM SERVICES	4,328.
Totals					21,684.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
CURRICULUM DEVELOPMENT	CENTRAL AMERICA AND THE CARIBBEAN	1	2,000.	CHECK	0.		
CURRICULUM DEVELOPMENT	EAST ASIA AND THE PACIFIC	2	3,515.	CHECK	0.		
CO-PRODUCTION	EUROPE (INCLUDING ICELAND & GREENLAND)	1	1,900.	CHECK	0.		
CONFERENCE	MIDDLE EAST AND NORTH AFRICA	2	3,663.	PCARD & REIMBURSEMENT	0.		
RESEARCH	NORTH AMERICA	1	1,500.	CHECK	0.		
CONFERENCE	RUSSIA & THE NEWLY INDEPENDENT STATES	1	2,489.	CHECK	0.		

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)* Yes No
- 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)* Yes 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)* Yes No
- 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)* Yes 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)* Yes No
- 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)* Yes No

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2: THE ORGANIZATION FACILITATES FUNDING OF STUDENT PROJECTS RELATED TO THE INSTITUTIONAL MISSION, WHICH MAY OCCUR IN A FOREIGN COUNTRY. ALL EXPENSES ARE SUBSTANTIATED UNDER AN ACCOUNTABLE PLAN TO ENSURE APPROPRIATE USE OF FUNDS.

SCHEDULE F, PART I, LINE 3: EXPENDITURES ARE RECORDED ON AN ACCRUAL BASIS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Name of the organization

RINGLING COLLEGE OF ART AND DESIGN, INC.

Employer identification number

59-0637903

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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2 a** 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? **Yes** **No**
- b** 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 individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

- 3** 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.
-
-
-
-
-
-
-
-
-
-
-
-
-
-

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AVANTE GARDE	SMOA ART MUSE BASH	2	(add col. (a) through col. (c))
	Revenue	(event type)	(event type)	(total number)	
1	Gross receipts	232,092.	217,906.	180,683.	630,681.
2	Less: Contributions	144,480.	173,095.	81,805.	399,380.
3	Gross income (line 1 minus line 2)	87,612.	44,811.	98,878.	231,301.
Direct Expenses					
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	7,415.	22,024.	1,162.	30,601.
7	Food and beverages	37,563.	74,234.	26,246.	138,043.
8	Entertainment	2,551.	3,225.	118,434.	124,210.
9	Other direct expenses	56,137.	28,431.	35,190.	119,758.
10	Direct expense summary. Add lines 4 through 9 in column (d)				(412,612.)
11	Net income summary. Combine line 3, column (d), and line 10				-181,311.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses					
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				(_____)
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **RINGLING COLLEGE OF ART AND DESIGN, INC.** Employer identification number **59-0637903**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HEALTH SUPPORT NETWORK, INC., DBA CENTER FOR BUILDING HOPE - 5481 COMMUNICAITONS PARKWAY - SARASOTA, FL 34240	65-0495067	501(C)(3)	8,443.	0.			FURTHERING THE ORGANIZATIONS TAX EXEMPT PURPOSE
AMERICAN JEWISH COMMITTEE 1605 MAIN STREET SUITE 612 SARASOTA, FL 34236	13-5563393	501(C)(3)	6,600.	0.			FURTHERING THE ORGANIZATIONS TAX EXEMPT PURPOSE
COMMUNITY FOUNDATION OF SARASOTA COUNTY - 2635 FRUITVILLE ROAD - SARASOTA, FL 34237	59-1956886	501(C)(3)	150,000.	0.			FURTHERING THE ORGANIZATIONS TAX EXEMPT PURPOSE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **3.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS & GRANTS	796	6,919,982.	0.		
CSSP & ART CENTER SCHOLARSHIPS	130	52,295.	0.		
STUDENT AWARDS	88	36,069.	0.		

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

SCHEDULE I, PART I, LINE 2: DISBURSEMENTS TO STUDENTS RECEIVING FINANCIAL AID ARE MADE IN ACCORDANCE WITH INSTITUTIONAL PROCEDURES TO ENSURE THAT THOSE RECEIVING AID ARE QUALIFYING RECIPIENTS. FEDERAL FINANCIAL AID AND/OR ASSISTANCE FROM GOVERNMENTAL AGENCIES IS DISTRIBUTED AND MONITORED IN ACCORDANCE WITH FEDERALLY APPROVED NEED ANALYSIS CRITERIA OR OTHER AGENCY PROVIDED CRITERIA.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

RINGLING COLLEGE OF ART AND DESIGN, INC.

Employer identification number

59-0637903

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LARRY R. THOMPSON PRESIDENT	(i)	273,868.	50,000.	131,074.	62,500.	86,929.	604,371.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TRACY A. WAGNER VP FOR FINANCE & ADMINISTRATION	(i)	172,783.	0.	15,914.	9,200.	15,036.	212,933.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MELODY M. WEILER VP FOR ACADEMIC AFFAIRS	(i)	183,890.	0.	229.	0.	11,576.	195,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHRISTINE C. DEGEORGE VP FOR HUMAN & ORGANIZATIONAL DEVELO	(i)	167,911.	0.	9,504.	9,108.	19,822.	206,345.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID H. JACKSON ASSOCIATE VP FOR ACADEMIC AFFAIRS	(i)	121,221.	0.	6,941.	6,545.	17,822.	152,529.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MAHMOUD PEGAH DIR OF INSTITUTIONAL TECHNOLOGY	(i)	164,243.	0.	20,856.	9,336.	15,036.	209,471.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TAMMY WALSH VP FOR STUDENT LIFE / DEAN OF STUDEN	(i)	148,087.	0.	1,634.	1,496.	11,076.	162,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAMES H. DEAN DEAN OF ADMISSIONS, MARKETING AND CO	(i)	128,423.	0.	8,625.	6,858.	11,576.	155,482.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: DR. LARRY R. THOMPSON, PRESIDENT RECEIVES A TAXABLE HOUSING ALLOWANCE AND GROSS-UP PAYMENT WHICH IS REPORTED AS REPORTABLE COMPENSATION ON FORM 990, PAGE 7, PART VII, SECTION A, COLUMN D AND SCHEDULE J, PAGE 2, PART II, COLUMN B(III). THE ORGANIZATION PAYS COUNTRY CLUB AND SOCIAL CLUB DUES ON BEHALF OF DR. LARRY R. THOMPSON, PRESIDENT. PERSONAL USE IS NOT REIMBURSED, BUT THE PORTION OF THE PAYMENT FOR COUNTRY CLUB AND SOCIAL CLUB DUES THAT IS DEEMED TO BE FOR PERSONAL USE IS TAXABLE TO THE EMPLOYEE AND IS REPORTED AS REPORTABLE COMPENSATION ON FORM 990, PAGE 7, PART VII, SECTION A, COLUMN D AND SCHEDULE J, PAGE 2, PART II, COLUMN B(III). THE ORGANIZATION PROVIDES OTHER BENEFITS.

PART I, LINE 1B: THE BOARD OF TRUSTEES DETERMINED THAT THE COLLEGE WOULD PROVIDE THE HOUSING ALLOWANCE, GROSS-UP PAYMENT, ROOM, OTHER BENEFITS, AND SOCIAL CLUB DUES FOR THE PRESIDENT (DESCRIBED ABOVE) AND THOSE BENEFITS ARE INCLUDED IN THE PRESIDENT'S APPOINTMENT LETTER FROM THE BOARD OF TRUSTEES.

PART I, LINE 4B: DR. LARRY R. THOMPSON, PRESIDENT PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DESCRIBED IN SECTION 457(F) OF

Part III Supplemental Information

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

THE IRS CODE WHICH VESTED ON MAY 31, 2011. THE ORGANIZATION MADE A \$53,764 TAXABLE CONTRIBUTION TO THE PLAN IN MAY 2012 WHICH IS REPORTED AS TAXABLE COMPENSATION ON FORM 990, PAGE 7, PART VII, SECTION A, COLUMN D AND SCHEDULE J, PAGE 2, PART II, COLUMN B(III). BECAUSE THE PLAN HAD VESTED AND ALL CONTRIBUTIONS TO THAT PLAN WERE FROZEN FOR PERIODS AFTER MAY 31, 2012, THE BOARD OF TRUSTEES ESTABLISHED ANOTHER SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DESCRIBED IN SECTION 457(F) OF THE IRS CODE FOR DR. LARRY R. THOMPSON, PRESIDENT EFFECTIVE JUNE 1, 2012. THE ORGANIZATION MADE A \$50,000 TAX DEFERRED CONTRIBUTION TO THE 2012 PLAN IN NOVEMBER 2012 WHICH IS REPORTED AS OTHER COMPENSATION ON FORM 990, PAGE 7, PART VII, SECTION A, COLUMN F AND SCHEDULE J, PAGE 2, PART II, COLUMN C.

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.**

Name of the organization **RINGLING COLLEGE OF ART AND DESIGN, INC.** Employer identification number **59-0637903**

Part I Bond Issues											
SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A HIGHER EDUCATIONAL FACILITIES FINANCING AUT	90-0058227	NONE	12/01/10	30000000.	CURRENTLY REFUND PART OF THE SERIE		X		X		X
B HIGHER EDUCATIONAL FACILITIES FINANCING AUT	90-0058227	NONE	12/01/09	19400000.	CURRENTLY REFUND SERIES 2004 ISSUE		X		X		X
C HIGHER EDUCATIONAL FACILITIES FINANCING AUT	90-0058227	34073TAZ0	06/26/08	52500000.	CONSTRUCT ACADEMIC & RESIDE		X		X		X
D											

Part II Proceeds										
	A		B		C		D			
1 Amount of bonds retired			2,150,000.		33,750,000.					
2 Amount of bonds legally defeased										
3 Total proceeds of issue	30,000,000.		19,400,000.		52,500,000.					
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds					1,019,065.					
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds					380,684.					
8 Credit enhancement from proceeds					32,945.					
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds					51,067,306.					
11 Other spent proceeds	30,000,000.		19,400,000.							
12 Other unspent proceeds										
13 Year of substantial completion	2009		2006		2009					
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a current refunding issue?	X		X		X					
15 Were the bonds issued as part of an advance refunding issue?		X		X		X				
16 Has the final allocation of proceeds been made?	X		X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use										
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
		X		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b 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?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
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	1.10	%	1.90	%	1.10	%		%
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 government00	%	.00	%	.00	%		%
6 Total of lines 4 and 5	1.10	%	1.90	%	1.10	%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c 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		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X			X		
b Exception to rebate?		X		X		X		
c No rebate due?		X		X	X			
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		X		X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			
b Name of provider	SUNTRUST BANK		SUNTRUST BANK		SUNTRUST BANK			
c Term of hedge	10.0000000		10.0000000		10.0000000			
d Was the hedge superintegrated?		X	X			X		
e Was the hedge terminated?		X		X		X		

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c 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?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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?	X		X		X			

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: HIGHER EDUCATIONAL FACILITIES FINANCING AUTHORITY

(F) DESCRIPTION OF PURPOSE: CURRENTLY REFUND PART OF THE SERIES 2008 ISSUE

(A) ISSUER NAME: HIGHER EDUCATIONAL FACILITIES FINANCING AUTHORITY

(A) ISSUER NAME: HIGHER EDUCATIONAL FACILITIES FINANCING AUTHORITY

(F) DESCRIPTION OF PURPOSE: CONSTRUCT ACADEMIC & RESIDENTIAL BUILDINGS

PART II, LINE 11

COLUMNS A & B

PROCEEDS WENT TO RETIRE REFUNDED BONDS

PART IV, LINE 2C

COLUMN C

THE REBATE COMPUTATION WAS PERFORMED ON 5/21/2013

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Name of the organization

RINGLING COLLEGE OF ART AND DESIGN, INC.

Employer identification number

59-0637903

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
		17,224.	SEE PART V	SEE PART V

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(C) AMOUNT OF GRANT \$ 17,224.

(D) TYPE OF ASSISTANCE: FINANCIAL ASSISTANCE

(E) PURPOSE OF ASSISTANCE: TUITION, ROOM, AND BOARD ASSISTANCE

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **RINGLING COLLEGE OF ART AND DESIGN, INC.** Employer identification number **59-0637903**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	16	2,926,510.	APPRAISAL/FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		1,389.	FMV
5 Clothing and household goods	X		1,405.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	7,191.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	22,300.	COUNTY APPRAISER
18 Collectibles	X	9	0.	FMV
19 Food inventory	X	19	5,489.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>COMPUTER EQUI</u>)	X	10	2,080,723.	FMV
26 Other ▶ (<u>GIFTS</u>)	X	70	8,675.	FMV
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

RINGLING COLLEGE OF ART AND DESIGN, INC.

Employer identification number

59-0637903

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEGREES THAT PREPARE STUDENTS TO BE DISCERNING VISUAL THINKERS AND

ETHICAL PRACTITIONERS IN THEIR CHOSEN AREA OF ART AND DESIGN.

RINGLING'S CURRICULUM BALANCES THE TEACHING OF TECHNICAL KNOWLEDGE AND

SKILLS WITH THE DEVELOPMENT OF CRITICAL, CONCEPTUAL AND CREATIVE

ABILITIES AND SUPPORTS COURSES THAT PROVIDE HISTORICAL, MULTICULTURAL,

GLOBAL AND FUTURE PERSPECTIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTERACTIVE COMMUNICATION, ILLUSTRATION, INTERIOR DESIGN, MOTION

DESIGN, PAINTING, PHOTOGRAPHY & DIGITAL IMAGING, PRINTMAKING AND

SCULPTURE. THE COLLEGE IS A MEMBER OF THE ASSOCIATION OF INDEPENDENT

COLLEGES OF ART AND DESIGN [AICAD] AND IS ACCREDITED BY THE NATIONAL

ASSOCIATION OF SCHOOLS OF ART AND DESIGN [NASAD], THE COMMISSION ON

COLLEGES OF THE SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS [SACS] TO

AWARD THE BACHELOR OF FINE ARTS DEGREE, AND BY THE FIRST PROFESSIONAL

DEGREE LEVEL BY THE COUNCIL FOR INTERIOR DESIGN ACCREDITATION [CIDA],

FORMERLY [FIDER].

FORM 990, PART VI, SECTION B, LINE 11: THE PUBLIC DISCLOSURE COPY IS

PROVIDED TO THE BOARD OF TRUSTEES SO THAT THE DONORS' REQUESTS TO REMAIN

ANONYMOUS ARE GRANTED.

FORM 990, PART VI, SECTION B, LINE 12C: THE COLLEGE ANNUALLY PROVIDES A

CONFLICT OF INTEREST POLICY AND FORM TO DISCLOSE ALL CONFLICTS OF INTEREST

TO ALL TRUSTEES AND KEY EMPLOYEES. THESE RESPONSES ARE REVIEWED TO

Name of the organization RINGLING COLLEGE OF ART AND DESIGN, INC.	Employer identification number 59-0637903
--	--

DETERMINE IF THERE ARE ANY POTENTIAL ISSUES OR ITEMS FOR DISCLOSURE. IN THE EVENT OF A POTENTIAL CONFLICT, THE TRUSTEE IN QUESTION WILL RECUSE THEMSELVES FROM ANY DISCUSSION OR VOTE.

FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT IS EVALUATED ANNUALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES. THE COMPENSATION COMMITTEE, A SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE, IS RESPONSIBLE FOR THE ANNUAL EVALUATION, COMPENSATION, PERSONNEL ACTIONS AND OTHER EMPLOYMENT ISSUES RELATED TO THE APPOINTMENT OF THE PRESIDENT. THE COMMITTEE CONDUCTS AN ANNUAL PERFORMANCE APPRAISAL, COLLECTS AND EVALUATES COMPARATIVE SALARY DATA FROM ASSOCIATION OF INDEPENDENT COLLEGES OF ART AND DESIGN (AICAD), 990 DATA, AND PROVIDES A RECOMMENDATION FOR THE PRESIDENT'S ANNUAL COMPENSATION TO THE EXECUTIVE COMMITTEE.

THE PROCESS REQUIRES THAT THE PRESIDENT COMPLETES A SELF-ASSESSMENT AND THAT THE BOARD OF TRUSTEES MEMBERS COMPLETE PERFORMANCE ASSESSMENT FORMS. THE COMPENSATION COMMITTEE REVIEWS THE ASSESSMENT AND PREPARES A RECOMMENDATION FOR THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE REVIEWS THE DELIBERATIONS WITH THE BOARD OF TRUSTEES.

THE PRESIDENT EVALUATES AND DETERMINES THE COMPENSATION OF EACH SENIOR OFFICER USING AICAD DATA AND THE RESULTS OF THE PERFORMANCE REVIEW. THE VICE PRESIDENT FOR FINANCE AND ADMINISTRATION, THE VICE PRESIDENT FOR ACADEMIC AFFAIRS, THE VICE PRESIDENT FOR HUMAN AND ORGANIZATIONAL DEVELOPMENT, THE VICE PRESIDENT FOR ADVANCEMENT, AND THE VICE PRESIDENT FOR STUDENT LIFE ARE SENIOR OFFICERS. IT IS THE POLICY OF THE COLLEGE TO EVALUATE THE EFFECTIVENESS OF ALL STAFF THROUGH THE PERFORMANCE EVALUATION PROCESS. EACH SENIOR OFFICER COMPLETES AN ANNUAL REPORT FOR THE PRESIDENT'S REVIEW. THE PRESIDENT REVIEWS THE COMPARATIVE DATA FOR EACH OF THE SENIOR OFFICERS WITH THE COMPENSATION COMMITTEE.

Name of the organization

RINGLING COLLEGE OF ART AND DESIGN, INC.

Employer identification number

59-0637903

DOCUMENTATION INCLUDES NOTES TAKEN AT THE COMPENSATION COMMITTEE MEETINGS OF DATA REVIEW AND DELIBERATIONS. ANNUAL ASSESSMENT DOCUMENTS FOR THE PRESIDENT ARE ALSO MAINTAINED.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

WRITE DOWN CAPITAL ASSETS	-328,568.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-48,550.
OTHER DIFFERENCE	200.
TOTAL TO FORM 990, PART XI, LINE 9	-376,918.

FORM 990, PART XI, LINE 8

PRIOR PERIOD ADJUSTMENT

THE COLLEGE RECEIVED CONTRIBUTIONS OF ARTWORK IN A PRIOR FISCAL YEAR WHICH DID NOT MEET THE CRITERIA FOR INCLUSION IN COLLECTIONS PROTECTED AND PRESERVED FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH AND HAS BEEN CAPITALIZED AS OTHER ASSETS.

THESE CONTRIBUTIONS HAVE BEEN RECOGNIZED IN THE CURRENT YEAR ON SCHEDULES B, D, AND M.

FORM 990, PART XII, LINE 2C

AUDIT COMMITTEE

THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES ASSUMES RESPONSIBILITY FOR

Name of the organization

RINGLING COLLEGE OF ART AND DESIGN, INC.

Employer identification number

59-0637903

THE SELECTION OF THE INDEPENDENT ACCOUNTANTS AND OVERSIGHT OF THE AUDIT
PROCESS.