

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047 2009

Department of the Treasury

<u> </u>	For		darvest	or tax year begi		1 2	009, and ending			. 2010
= ====		* If applicable	uai year,	C C	ming 4/0	,	oos, and ending		Employer iden	tification Number
7		Address change	Please use		CAN COLLE	GE OF			22-1736	
<b>-</b>	$\vdash$	Name change	or print			OLOGY, INC.		E	Telephone num	
_	П	Initial return	or type. See specific	545 MAINS	TREAM DRI	VE #110			-	324-2360
AUG	$\vdash$	Termination	Instruc- tions.	NASHVILLE	, TN 3722	8			(020)	
⋖.	$\vdash$	Amended return	uons.					<sub>G</sub>	Gross receipts	<b>s</b> 4,156,782.
KONE			F Name	and address of princip	pal officer. RO	NNIE WILKINS,	ED. D. H		oup return for a	
3	ப	Application pending		AS C ABOVE	2.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ates included?	Yes No
	T:	ax-exempt statu			(insert no.)	4947(a)(1) o	or 527	If 'No,' atta	ch a list (see ir	nstructions)
			W. ACNI			10 11 (2)(1)		l(c) Group exer	nption number	<b>&gt;</b>
k		orm of organization	X Corpor		Association	Other ►	L Year of Formatio		·	legal domicile MD
	ફોર્વો [									
	1		be the or	ganızatıon's mıs	sion or most s	ignificant activities:	THE PRINC	IPAL FU	NCTION_	OF THE COLLEGE
ø	1	IS_TO_EU	IRTHER	RESEARCH_A	AND EDUCA	TION IN NEURO	OPSYCHOPHAI	RMACQLO	Y AND F	RELATED
Activities & Governance		FIELDS.				. <b></b>	<b></b>	- <b>-</b>		
E e	1 _			<del>-</del> .			. <b></b> - <i>-</i>			
ő	3			if the organizati obers of the gove		ed its operations or	disposed of mor	e than 25%	of its asser	ts   12
<b>જ</b>	4					rning body (Part VI	. line 1b) .		4	11
ě	5		-	oyees (Part V, III	-				. 5	10
彦	6			teers (estimate i					6	250
⋖	7					III, column (C), line	12		7 a	
_	╂	b Net unrelated	d busines	s taxable income	e from Form 9	90-1, line 34 .	<u> </u>		7t	<del>                                     </del>
	_				41.5				r Year	Current Year
9	8			nts (Part VIII, lin					372,758. 32,520.	
Revenue	10			nue (Part VIII, Iır art VIII, column		and 7d)	•		·28,954.	
æ	11					, 9c, 10c, and 11e)			58,725.	
	12					Part VIII, column (/		3,2	235,049.	
	13			ounts paid (Parl					25,000.	24,749.
	14	Benefits paid	d to or for	members (Part	IX, column (A	), line 4).				
ø	15	Salaries, oth	er compe	nsation, employ	ee benefits (P	art IX, column (A),	lınes 5-10)		578,876.	676,799.
980		a Professional	fundraisi	ng fees (Part IX,	, column (A),	ine 11e)				
ב ביינו	-	<b>b</b> Total fundra	sing expe	enses (Part IX, c	olumn (D), lin	e 25) 🕨				
n D	'   17	Other expens	ses (Part	IX, column (A),	lines 11a-11d	, 11f-24f)		2,0	)51,371.	1,936,602.
>	18	3 Total expens	ses Add I	ines 13-17 (mus	t e <del>qual Pa<b>n</b> D</del>	Cantago, (A), time-2	25),	2,	555,247.	2,638,150.
2° 2'	19	Revenue les	s expense	es. Subtract line	18 from line	<b>PFIAFD</b>		!	579,802.	696,822.
) \$					1 1		<u>ار</u>		ng of Year	End of Year
<i>)</i>	20	Total assets	(Part X, I	line 16)	MA MA	1 6 2010 C	5		175,325.	7,336,390.
Ω ¥	E 21	Total liabilitie	es (Part X	(, line 26)	19	U	2		30,932.	· · · · · · · · · · · · · · · · · · ·
ت <b>_</b> ت	22			lances. Subtract	line 21 from	me 20 <u> </u>		4,	944,393.	6,735,060.
⇒E	विति	Signat	ure Blo	ck		BEM HT	_			
~		Under penalti true, correct,	es of perjury and complet	, I declare that I have e Declaration of prep	examined this retu arer (other than of	irn, including accompanyir licer) is based on all inform	ng schedules and state nation of which prepar	ments, and to er has any kno	the best of my k wledge	nowledge and belief, it is
⊇ ≝ Si		► (k	2	in alie	ela: -			1	8-2-10	0
∃ 3! H	ere	Signature	of officer	ue book				Date	5 6 70	
•••		"	IE WII	KINS, ED.D	)			EXECUT	IVE DIR	FC
			orint name ai		<u></u>			DALLOT	TAD DIL	<u> </u>
_	_					v	Date	Chec	k if	Preparer's identifying number (see instructions)
	aid	Bassarda		01				self- empl	. [57]	(see manuchons)
	re-	Preparer's signature	<b>&gt;</b> /	M M	CON		7-27-1	ے ا		N/A
	arer	Firm's name	(or FR	ASIER, DEAN	& HOWAR	D, PLLC				
	se nly	yours if self- employed),	▶ 331	LO WEST END	AVENUE,	STE. 550		EIN	► N/A	
_	<i>,</i>	address, and ZIP + 4	NAS	SHVILLE, Th	N 37203			Phon	e no ► (6	
M	ay th	e IRS discuss t	his return	with the prepare	er shown abov	/e? (see instructions	s) .			X Yes No
0	A A E	or Brivon Act	and Dane	anuark Baductia	n Act Notice	see the senarate in	ctructions	-	FΔ0113I 12/	29/09 Form <b>990</b> (2009

	1 990 (2009) THE AMERICAN COLLEGE OF	22-1/30043	,	rage z
_	Statement of Program Service Accomplishments			
1	Briefly describe the organization's mission:			
	SEE SCHEDULE O			
2	Did the organization undertake any significant program services during the year which were not listed on			
	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	rices?	Yes X	No
	If 'Yes,' describe these changes on Schedule O.			
4		hy expenses So	ection 501	(~)(3)
~	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	allocations to o	thers, the	total
	expenses, and revenue, if any, for each program service reported.			
4	a (Code:) (Expenses \$ 1,124,025. including grants of \$) (Re	venue \$	921,7	<u>(00.</u> )
	ANNUAL MEETING - THE ANNUAL MEETING PROVIDES A VENUE FOR MEMBERS AT	ND INVITED	<b>GUESTS</b>	
	TO PRESENT THE BEST BRAIN AND BEHAVIOR RESEARCH IN THE WORLD. IT	S DESIGNED	TO	
		009 MEETING		HE
	HIGHEST SCIENTIFIC ATTENDANCE ON RECORD AT 1,650. EIGHTY-EIGHT PERC			
	ATTENDEES COMPLETING THE MEETING EVALUATION RATED THE ACNP MEETING	W2 BEITER	THAM -	- <b></b> -
	MOST" OR "CLEARLY SUPERIOR" TO OTHER MEETINGS THEY ATTEND.			
				- <b>-</b> -
		<b></b>		
4	b (Code.	evenue \$		١
-	PUBLIC EDUCATION (COMMITTEE PROGRAMS) - THE ACNP COMMITTEES WORK TO	· <del></del>	ΔND	
				<del>-</del>
	PROMOTE PUBLIC KNOWLEDGE OF THE HISTORY AND FUTURE OF NEUROPSYCHOP			
	RELATED FIELDS. ACNP CO-SPONSORED FIVE COMMUNITY EDUCATION PROGRA			
	ACNP MEMBERS AND THEIR HOME INSTITUTIONS ACROSS THE COUNTRY THROUGH			<u></u>
	OUTREACH PROGRAM DEVELOPED BY THE EDUCATION & TRAINING COMMITTEE.	THESE PROG	RAMS_	
	WERE DESIGNED TO PROMOTE A GREATER COMMUNITY AWARENESS OF ADVANCES	IN BRAIN F	ESEARC	:H
	AND HOW THOSE ADVANCES IMPACT PEOPLE'S LIVES.	<b>-</b>		
		<b></b> -		<b></b>
_	202.251		E72 *	162 \
4		evenue \$		
	PUBLICATIONS - THIS PROGRAM PUBLISHES A MONTHLY JOURNAL, NEUROPSYC			72
	WELL AS AN ANNUAL SUPPLEMENT, NEUROPSYCHOPHARMACOLOGY REVIEWS. BO			_ <b></b> _
	PUBLICATIONS CONTINUE TO EXTEND THE MISSION OF THE COLLEGE TO DISS	<u>EMINATE_SCI</u>	ENTIF	[C
	ADVANCES IN THE FIELD. THE JOURNAL PUBLISHED 220 ORIGINAL RESEARC			
	ITS IMPACT FACTOR HAS REACHED 6.835, RANKING 5 OUT OF 101 PSYCHIA			
	IN PHARMACOLOGY, AND 17 OUT OF 221 IN NEUROSCIENCE. THE JOURNAL I	S ONE OF TE	IF MOST	<u></u>
		2 ONE OF 11	TE 11021	
	WIDELY READ SCIENTIFIC JOURNALS IN THIS FIELD IN THE WORLD.			
			. <b></b> -	
		· <del>-</del>	<del>-</del>	
_	LION CER COURDINE O			
4	d Other program services. (Describe in Schedule O.)  SEE SCHEDULE O		_	
	(Expenses \$ 297,744 including grants of \$ ) (Revenue \$			<del></del>
4	le Total program service expenses ► 2,295,531.			

Form 990 (2009) THE AMERICAN COLLEGE OF Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	_6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	.7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		<u>x</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10	_	x
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable.	11	X	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
•	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	E.		1
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		Ã	
•	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? If 'Yes,' complete Schedule D, Part X.			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12		_X_
12/	AWas the organization included in consolidated, independent audited financial statement for the tax  Yes No			
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<del> </del>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	X
	DIDID DIDID THE ORGANIZATION HAVE AGGIEGATE REVENUES OF EXPENSES OF MORE THAN \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b	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? If 'Yes,' complete Schedule F, Part II .	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		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? If 'Yes,' complete Schedule G, Part I	17		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? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u>L</u>	Х

BAA

Form 990 (2009) THE AMERICAN COLLEGE OF

Checklist of Required Schedules (continued)

<b>21</b> [	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	<u> </u>
<b>22</b> [	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and IIL	22		X
a	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X	
á	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		X
<b>b</b> (	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
<b>d</b> [	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a \$	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part 1	25a		<u>X</u>
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
<b>26</b> \	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
(	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
ı	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	30.0		v
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a		<u>X</u>
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
١١	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		X
30 l	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
<b>32</b> [	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
<b>33</b> [	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	Х	
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36		_X_
37 I	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		_ X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

1a Enfer the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.  Information Returns. Enter -0 - if not applicable.  Define the number of Forms W-26 included in line 1a. Enter -0 - if not applicable.  Define the number of Forms W-26 included in line 1a. Enter -0 - if not applicable.  Define the number of Forms W-26 included in line 1a. Enter -0 - if not applicable.  Define the number of Forms W-26 included in line 1a. Enter -0 - if not applicable.  Define the number of Forms W-26 included in line 1a. Enter -0 - if not applicable.  Define the number of engines reported or form W-3, Transmittal of Ways and Tax Statements, filed for the calcular year editing which within the year covered by the seturn.  2a Enter the number of enginese reported or Form W-3, Transmittal of Ways and Tax Statements, filed for the calcular year editing which will be year or expected on the seturn of the seturn	•	Statements Regarding Other IRS Filings and Tax Compliance				
Information Returns. Enter -0- if not applicable. 1b 0  Enter the number of Forms W-Z3 included in line 1a. Enter -0- if not applicable. 1b 0  C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners?  2a Either the number of employees apported in Form W-3. Trainmital of Wage and Tax Statements, fried for the celested river within the year covered by this return.  2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b If Yes has it filed a Form 990-T for this year? If No. provide an explanation in Schedule 0					Yes	No
C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 a Enter the number of employes reported on Form W.3, Transmital of Wage and Tax Statements, filed for the calerator year enting with or within the par covered by this return  2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  1 b If Yesh sair filed a Form 990-T for this year? If No. 'provide an explanation in Schedule 0	1:	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a 43	!		
(gambling) winnings to prize winners?  2 a first be mained or dengloyes reports on Farm W3. Transmittal of Wage and Tax Statements, filed for the callendar year ending with or within the year covered by this return.  2 b If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 b If Yes' has it filed a Form 990-T for this year? If No. 'provide an explanation in Schedule O.  3 b If Yes' has it filed a Form 990-T for this year? If No. 'provide an explanation in Schedule O.  3 b If Yes' has it filed a Form 990-T for this year? If No. 'provide an explanation in Schedule O.  3 b If Yes' has it filed a Form 990-T for this year? If No. 'provide an explanation in Schedule O.  4 b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, in a foreign country (such as a bank account, securities account, or other financial account)?  5 b If Yes' and Excounts.  5 a Was the organization a party to a prohibited tax shelter transaction or the financial Accounts.  5 a Was the organization aparty to a prohibited tax shelter transaction?  5 a Was the organization and protein organization that it was or is a party to a prohibited tax shelter transaction?  5 b Did any taxable party notify the organization file form 8865-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5 c If Yes, it be file to organization that were not tax deductible?  6 a Does the organization real was explained file form 100,000, and did the organization of the Xes of the Xes of the Xes of the Xes of Xes	ı	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	3		
calendar year ending with or within the year covered by this return.  2 bit at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return.  3b If Yes' has it filed a Form 990-T for this year? If No, provide an explanation in Schedule O.  3a X  3b X  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to by a prohibited tax shelter transaction?  6a Does the organization aparty to prohibited tax shelter transaction?  6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  7b If Yes, did the organization notify the donor of the value of the goods or services provided?  7c Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  8b If Yes, did the organization notify the donor of the value of the goods or services provided?  9c If Yes, indicate the number of Forms 8282 filed during the year  9c Did the organization or an advised funds, and section 500(a)3 supporting organizations. Did the form 8202?  1c Did the organization or an advised funds and sect	•	Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	rs and reportable gaming	1c	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  bit Yes' has it filed a Form 990-T for this year? If *No,* provide an explanation in Schedule 0.  bit Yes' has it filed a Form 990-T for this year? If *No,* provide an explanation in Schedule 0.  bit Yes' has it filed a Form 990-T for this year? If *No,* provide an explanation in Schedule 0.  bit Yes' has the during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; *Yes the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty notify the organization that it was or is a party to a prohibited tax shelter transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  7b If Yes,' did the organization notify the donor of the value of the goods or services provided?  7c Did the organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and partity for goods and services provided to the payor?  7b If Yes,' did the organization notify the donor of the value of the goods or services provided?  7c Did the organization or an express and the reverse of langible personal property for which it was required to file Form 8822?	2	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 10			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If 'Yes,' enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction?  5b Ives, to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization deductible?  6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If 'Yes,' indicate the number of Forms 8282 filed during the year	21	f at least one is reported on line 2a, did the organization file all required federal employment	nt tax returns?	2b	Х	
this return?  bit Yes' has it filed a Form 990.T for this year? If No, 'provide an explanation in Schedule 0		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this re	turn (see instructions)		1	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5 bit Yes, either the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 bit Yes, did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6 b Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 p For all contributions of qualified intellectual property, did the organization file a Form 1098. C as required?  7 p For all contributions maintaining donor advised funds and section 509(x)3 supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(x)3 supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(x)3 supporting organizations. Did the supporting organizations maintaining donor a	3	a Did the organization have unrelated business gross income of \$1,000 or more during the ye this return?	ar covered by	3a	х	
financial account in a foreign country (such as a bank account, securities account, or other financial account)?.  4a X b bif Yes, enter the name of the foreign country:   See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b D di any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6f I Yes, to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6a Does the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  7a Organizations that may receive deductible contributions under section 170(c).  a Did the organization notify the donor of the value of the goods or services provided?  c Did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6b Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7b Did the organization, during the year, pay premiums, directly or indirectly, to appreniums on a personal benefit contract?  7c X  7d Gross incomentation or advaled funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring or	1	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule C	·	3 b	Х	
See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 a Does the organization and organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions industry that the enductible contributions under section 170(c).  6 a Does the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9 If Yes, if did the organization notify the donor of the value of the goods or services provided?  10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  11 In did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  12 In did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  13 In did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  14 If Yes, indicate the number of Forms 8282 filed during the year (and if year) and the organization file a Form 1098-C as required?  15 In the organization of qualified intellectual property, d	4:	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other	e or other authority over, a financial account)?.	4a		Х
Financial Accounts.  5 a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?  5 b X  5 c If 'Yes,' to line 5 a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.  5 b If Yes,' did the organization notify the donor of the value of the goods or services provided?  6 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?  6 c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 In Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 In Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  8 Sponsoring organization of qualified intellectual property, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization maintaining donor advised funds, a Did the organization make any distribution to a donor, donor advised funds, a Did the organization make any distribution to a donor, donor advised funds, a Did the organi	- 1	b If 'Yes,' enter the name of the foreign country: ►			ı.	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if Yes, to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  b if Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if Yes, did the organization on toily the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7b If Yes, indicate the number of Forms 8282 filed during the year  P Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization in the form 8399 as required?  The Sponsoring organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  a Did the organization make any distribution to a donor, donor advisor, or related person?  Section 501(cX)7 organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross Receipts, included on Form 990, Part VIII, line 12  b Gross income from other members or shareholders  b Gross income from other members or shareholders  b Gross income from other sources Q0 not net amounts due or paid to other sources against amounts due or received from them)  11a  b Gross income from other sour		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts.	Foreign Bank and	1		
c If Yes, to line 5a or 5b, did the organization file Form 8896-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelfer Transaction?  6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If Yes, did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If Yes, did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  9 For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  1 For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  2 Th For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  3 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Coross Receipts, included on Form 990, Part VIII, line 12  b Gross income from other members or sh	5	$oldsymbol{a}$ Was the organization a party to a prohibited tax shelter transaction at any time during the $oldsymbol{ta}$	ax year? .	5a		
Tax Shelter Transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6a X  b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If 'Yes,' indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file Form 1098-C as required?  7 The Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  9 Did the organization make any taxable distributions under section 4966?  10 Did the organization make any taxable distributions under section 4966?  10 Did th	- 1	b Did any taxable party notify the organization that it was or is a party to a prohibited tax she	ter transaction?	5b		X
b If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.  b If Yes, did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?  d If Yes, did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?  7 Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 For all contributions of qualified intellectual property, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  a Did the organization make any distribution to a donor, donor advisor, or related person?  9 Sponsoring organization make any distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 b	•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt E Tax Shelter Transaction?.	ntity Regarding Prohibited	5 c		
deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.  b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?.  d If 'Yes,' indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a  11a  10a  11b  11a  11a  11b  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	6	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	and did the organization	6a		х
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If Yes,' did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If Yes,' indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  7	ı	b If 'Yes,' did the organization include with every solicitation an express statement that such deductible?	contributions or gifts were not	6 b		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? S Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from other members or shareholders  10a  10a  9 Constitution of the sources of the organization filing form 990 in lieu of form 1041?  11a  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing form 990 in lieu of form 1041?	7	Organizations that may receive deductible contributions under section 170(c).				
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?	partly for goods and services	7a		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  b Did the organization make any distribution to a donor, donor advisor, or related person?  9 Section 501(c)(X7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a  10b  11a  b Gross income from other members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	ı		?	7 b		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  a Gross income from other members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	(	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for v Form 8282?	vhich it was required to file	7c		х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 July 12  b Gross income from other members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			<u></u>			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  S Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  a Gross income from other members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	ms on a personal	76		x
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a  10a  10a  11a  6 Gross income from other members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11a  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1		nefit contract?			
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  11 a  11 a  12 a  12 a  12 a			<b>!</b>			
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:  a Gross income from other members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11a  11b  11a  11b  12a			· ·			
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support supporting organization, or a donor advised fund maintained by a sponsoring organization,	ing organizations. Did the			
a Did the organization make any taxable distributions under section 4966?  b Did the organization make any distribution to a donor, donor advisor, or related person?  9 b  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  a Gross income from other members or shareholders.  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	_				er in	
b Did the organization make any distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  11 Section 501(c)(12) organizations. Enter:  a Gross income from other members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?						
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				_		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b 11 Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  11a 11b 11a 11b 11a 11a 11b 11a 11a 11		•		9 b	2572439	/ENEX
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter: a Gross income from other members or shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  11a  11b  11a  11b  12a		· · · · · · ·	الما			
a Gross income from other members or shareholders .  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) .  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		·				
a Gross income from other members or shareholders		•	וטטן			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) .  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			1			
amounts due or received from them).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a						9-1
7 101 3 1 6 1016 10 10 10 10		amounts due or received from them ) .	11b			
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu		12 a	8 152 2	
		b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b			

BAA

Form 990 (2009)

Est VII

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.

Seci	ction A. Governing Body and Management					
		ı	1	4.0	Yes	No
	a Enter the number of voting members of the governing body.	.   .   .   .   .   .   .   .		12		
	<b>b</b> Enter the number of voting members that are independent .	[		11		
2	Did any officer, director, trustee, or key employee have a family rela officer, director, trustee or key employee?	tionship or a business re	lationship with any other	2		X
3	Did the organization delegate control over management duties custo of officers, directors or trustees, or key employees to a management	marily performed by or ut tompany or other person	inder the direct supervision?	on <b>3</b>		<u>X</u>
4	Did the organization make any significant changes to its organization since the prior Form 990 was filed?	nat documents		4		<u>X</u>
5		ersion of the organization	n's assets?	. 5		Х
				6	Х	
	a Does the organization have members, stockholders, or other person governing body? SEE . SCHEDULE O			7a	х	
b	<b>b</b> Are any decisions of the governing body subject to approval by men	nbers, stockholders, or of	ther persons? SEE SCH	O <u>7b</u>	Х	
8	Did the organization contemporaneously document the meetings hel the following:	d or written actions unde	ertaken during the year by	, <u> </u>		
а	a The governing body?			. 8a	<u>X</u>	
b	<b>b</b> Each committee with authority to act on behalf of the governing bod	y <sup>ə</sup>		8b	X	
9	Is there any officer, director or trustee, or key employee listed in Pa organization's mailing address? If 'Yes,' provide the names and add	rt VII, Section A, who ca Iresses in Schedule O	nnot be reached at the	9		<u>X</u>
Sec	ction B. Policies (This Section B requests information	about policies not i	required by the Inter	nal		
Reve	venue Code )					
					Yes	No
10 a	a Does the organization have local chapters, branches, or affiliates?			. 10a		Χ_
b	b If 'Yes,' does the organization have written policies and procedures and branches to ensure their operations are consistent with those of	governing the activities of the organization?	of such chapters, affiliates	э, 10 b		
11	Has the organization provided a copy of this Form 990 to all member	rs of its governing body	before filing the form? .	11	X	
11 /	ADescribe in Schedule O the process, if any, used by the organization	n to review this Form 990	D. SEE SCHEDULE	0		
	a Does the organization have a written conflict of interest policy? If 'N	_		12a	X	
b	<b>b</b> Are officers, directors or trustees, and key employees required to di to conflicts?	sclose annually interests	that could give rise	. <u>12b</u>	х	
c	c Does the organization regularly and consistently monitor and enforce Schedule O how this is done . SEE SCHEDULE 0 .	e compliance with the po	olicy? If 'Yes,' describe in	12c		
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destru	iction policy?		14	Х	
15	5 Did the process for determining compensation of the following persons, comparability data, and contemporaneous substantiation of	ons include a review and f the deliberation and de	approval by independent cision?			
	a The organization's CEO, Executive Director, or top management off			15a	-	
b	<b>b</b> Other officers of key employees of the organization SEE SCHE	DULE O		15 b	X	Name of the last
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See	e instructions )		學是		
16 a	a Did the organization invest in, contribute assets to, or participate in entity during the year?	a joint venture or similar	r arrangement with a taxa	bie 16 a		X
t	<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure in joint venture arrangements under applicable federal tax law, and status with respect to such arrangements?	requiring the organization taken steps to safeguard	n to evaluate its participa d the organization's exem	tion pt 16b		
Sec	ction C. Disclosures					
17	List the states with which a copy of this Form 990 is required to be	filed - NONE			_ <b></b>	
18	Section 6104 requires an organization to make its Forms 1023 (or 1 inspection. Indicate how you make these available. Check all that a	024 if applicable), 990, a pply.	and 990-T (501(c)(3)s only	/) avaılab	le for	public
		n request				
19	Describe in Schedule O whether (and if so, how) the organization m statements available to the public SEE SCHEDULE O	nakes its governing docu	ments, conflict of interest	policy, a	nd fina	ancıal
	O State the name, physical address, and telephone number of the per  ▶ JULIE MAGILL 545 MAINSTREAM DR., SUITE 110				tion <sup>.</sup>	- <b></b>

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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 the organization did no	Check this box if the organization did not compensate any current officer, director, or trustee.									
(A)	(B)			((	:)			(D)	(E)	(F)
Name and Title	Average hours		_	_	_	hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the
		ecto	nou	8	ldme	est co	er	, ,	, ,	organization and related
		ੇ <b>ਨੂ</b>	al tr		oyee	ompo				organizations
		tee	ustee			ensat				
	<u> </u>					ē				
JUDITH RAPOPORT, MD		٠,						ا ا	.	0
COUNCIL MEMBER	1	X					-	0.	0.	0.
MARK GEYER					i			2 000	0.	0.
COUNCIL MEMBER	1 1	X	┝					2,000.	0.	<u> </u>
DAVID BRAFF	1	l v	ļ					0.	0.	0.
COUNCIL MEMBER DAVID LEWIS	<u> </u>	X	-				-	0.	- 0.	
COUNCIL MEMBER	1	X	1					0.	0.	0.
HUSSEINI MANJI	<del>                                     </del>	^-	-					0.	0.	
COUNCIL MEMBER	1	X						0.	0.	0.
ANTHONY GRACE	-	<u>├</u> ^-	-	-		-		0.	0.1	
COUNCIL MEMBER	1	x					ŀ	0.	0.	0.
HERBERT KLEBER	<u> </u>	A					┢	<u> </u>		<del>.</del>
COUNCIL MEMBER	1	x						0.	0.	0.
CINDY EHLERS	<del>-</del>	1	┢	$\vdash$	-		-			<u></u>
COUNCIL MEMBER	1	X	l			1		0.	0.	0.
ERIC NESTLER					$\vdash$	<del> </del>	1			
PRESIDENT-ELECT	1	X		x	İ			1,500.	0.	0.
DAVID RUBINOW										
PRESIDENT	1	X		X				0.	0.	0.
ALAN FRAZER			Π							
SECRETARY	1	Х		X				15,000.	0.	0.
DAVID KUPFER		Ì								
TREASURER	1	X	<u> </u>	Х				0.	0.	0.
RONNIE WILKINS, ED., D.										
EXECUTIVE DIREC	40				X			178,733.	_0.	11,250.
							L			
	1					ŀ				
	<u> </u>	<del>                                     </del>		<u> </u>	ļ	-	<del> </del> -			
	4									
	<del> </del>	-	<del> </del> -	-	<u> </u>	<del>                                     </del>	├—			
	-									
	1	I	1_	<u> </u>		L		L		

(A)	(B)			(	•			(D)	<b>(E)</b>	(F)
		Individual trustee		Officer		Mighest compensated		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
									-	
1 b Total							<b>&gt;</b>	197,233.	0	. 11,250
<ul> <li>Total number of individuals (including but not limite from the organization ► 1</li> <li>Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in the su</li></ul>	or trus	tee,	key	em	ploy	ee,	or h	ighest compensat	ed employee	Yes N
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual.	portable than \$15	e co 50,00	mpe 00?	ensa If '\	tıon ∕es'	and con	d oth nplet	ner compensation te Schedule J for	from such 	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc	compens hedule .	satio J for	n fr	om ch p	any erso	unr n	elate	ed organization fo	r services	. 5
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization	ted inde	pen	den	t co	ntra	ctor	s tha	at received more (	han \$100,000 of	
(A) Name and business addres	ss							Description	) of Services	(C) Compensation
2 Total number of independent contractors (including \$100,000 in compensation from the organization >		lımı	ited	to t	hos	e lıs	ted a	 above) who receiv	red more than	

5.45	Statement of Revenue					
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22	1a Federated campaigns 1a					
Z E	<b>b</b> Membership dues . 1b	1,226,137.				
25	c Fundraising events 1c					
FR	d Related organizations 1d					
S,G	e Government grants (contributions) . 1e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f	490,985.				
E O	g Noncash contribns included in Ins 1a-1f: . \$	' "				
용	h Total. Add lines 1a-1f	►	1,717,122.			
핗		Business Code				4,0
EN	2a MEETING REGISTRATION FEES	541700	921,700.	921,700.		
Ä	b ROYALTY INCOME	511120	572,162.			572,162.
PROGRAM SERVICE REVENUE	c					
<u> </u>	d					
¥	e					
S.	f All other program service revenue			·		
윤	g Total. Add lines 2a-2f	. •	1,493,862.	7		
	Investment income (including dividend other similar amounts)     Income from investment of tax-exempt	•	145,784.			145,784.
	5 Royalties					
	(i) Real	(ii) Personal				
	<b>6a</b> Gross Rents 28, 510					
	b Less: rental expenses					
i	c Rental income or (loss) 28,510			10.00		
	d Net rental income or (loss)		28,510.			28,510.
	7a Gross amount from sales of (i) Securities	(ii) Other				
ľ	assets other than inventory. 660, 202	•				
	b Less: cost or other basis and sales expenses 821, 810					
	c Gain or (loss) -161,608					32.71
	d Net gain or (loss)	· · ·	-161,608.			-161,608.
J.	8a Gross income from fundraising events (not including \$					
E C	of contributions reported on line 1c).					
OTHER REVENU	See Part IV, line 18	a				100
불	b Less direct expenses	b	348	3.0 × 3.0		
2	c Net income or (loss) from fundraising	events >				
	9a Gross income from gaming activities. See Part IV, line 19	a				
	<b>b</b> Less: direct expenses	b				
	c Net income or (loss) from gaming activ	vities				
					2 5 486	
	10a Gross sales of inventory, less returns and allowances	a		A CARETON		
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inve	entory	NAME OF TAXABLE PARTY O	A TAIL OF STREET, STRE		
	Miscellaneous Revenue	Business Code				
	11 a MANAGEMENT FEE INCOME		96,000.	THE THE REAL PROPERTY AND ADDRESS OF THE ADDRESS OF	96,000.	
	b MISCELLANEOUS INCOME		15,302.	15,302.		
	c			1		
	d All other revenue		<u> </u>			
	e Total. Add lines 11a-11d	<b></b>	111 302			
	12 Total revenue. See instructions	<b>•</b>	3,334,972.	937,002.	96,000.	
	12 I Julia 16 4611 Mer. OCC 1113(1 UC(10113		1 3,332,314.	1 201,002.		

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp		<del>ii</del>	, , , , ,	
Do 1 6b, 2	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	24,749.	24,749.	; 	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16			6	
4	Benefits paid to or for members .			; 	
5	Compensation of current officers, directors, trustees, and key employees	198,445.	144,546.	53,899.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	374,047.	272,454.	101,593.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer	16,182.	11,787.	4,395.	
_	contributions)			12,213.	<del></del>
9	Other employee benefits	44,965.	32,752.		
10	Payroll taxes .	43,160.	31,438.	11,722.	·
	Fees for services (non-employees)				· · · · · · · · · · · · · · · · · · ·
	Management .			2 100	
	Legal	37,645.	28,543.	9,102.	
	: Accounting .	18,155.	13,765.	4,390.	
	Lobbying				
€	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees				<del> </del>
Ć	) Other	77,645.	58,87 <u>0</u> .	18,775.	<u>-</u>
12	Advertising and promotion	1,872.	1,872.		
13	Office expenses .	240,876.	187,494.	53,382.	
14	Information technology	34,999.	<u>26,863.</u>	8,136.	
15	Royalties				
16	Occupancy	46,301.	31,736.	14,565.	
	Travel	401,499.	395,212.	6,287.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings	511,126.	509,111.	2,015.	
20	Interest .				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,284.	33,241.	14,043.	
23	Insurance .	17,762.	14,547.	3,215.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	JOURNAL SUBSCRIPTIONS	132,204.	132,204.		
	AUDIO & VISUAL	131,641.	131,641.		
	HONORARIA	125,400.	124,400.	1,000.	<del></del>
	DUES & SUBSCRIPTIONS	39,654.	25,770.	13,884.	
	ABSTRACT BOOKS & DISKS	34,151.	34,151.	15,004.	
	All other expenses.	38,388.	28,385.	10,003.	
	Total functional expenses. Add lines 1 through 24f	2,638,150.	2,295,531.	342,619.	0.
	Joint costs. Check here ► If following	2,000,100.	2,230,331.		<u></u>
40	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation				Form <b>990</b> (2009)

২লু	ત્યું 💢	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	168,193.	1	230,354.
	2	Savings and temporary cash investments	1,987,932.	2	1,462,637.
ļ	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net	. 32,253.	4	6,604.
	5	Receivables from current and former officers, directors, trustees, key employee and highest compensated employees. Complete Part II of Schedule L $\dots$ .	s, .	5	
- 1	6	Receivables from other disqualified persons (as defined under section 4958(f)(1	)))		
١		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	-	6	
ASSETS	7	Notes and loans receivable, net		7	
Ē	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges	105,460.	9	94,729.
	10 a	Land, buildings, and equipment: cost or other basis. 10a 1,545,67	<u>2.</u>		
		Complete Part VI of Schedule D			
]	b	Less <sup>-</sup> accumulated depreciation 10b 211,04		10 c	1,334,630.
	11	Investments — publicly-traded securities	3,112,317.	11	4,207,436.
	12	Investments – other securities. See Part IV, line 11	_	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
- 1	15	Other assets See Part IV, line 11	<u> </u>	15	
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,475,325.	16	7,336,390.
	17	Accounts payable and accrued expenses	39,089.	17	89,769.
	18	Grants payable	101 010	18	
	19	Deferred revenue	491,843.	19	511,561.
֝֝֞֞֝֝֞֝֝֝֡֝֝֡֝	20	Tax-exempt bond liabilities		20	
B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
4B-L-F-	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II		22	
Ē		of Schedule L	••	22	
5	23	Secured mortgages and notes payable to unrelated third parties		24	
	24 25	Unsecured notes and loans payable to unrelated third parties.  Other liabilities Complete Part X of Schedule D	•	25	
	26	Total liabilities. Add lines 17 through 25	530,932.	26	601,330.
_	20	Organizations that follow SFAS 117, check here X and complete lines	350, 552		001/330.
F		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets	4,745,004.	27	6,484,199.
Š	28	Temporarily restricted net assets	199,389.	28	250,861.
Š	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117, check here ► and complete		33	
		lines 30 through 34.			
F 320	30	Capital stock or trust principal, or current funds .		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ě	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances.	4,944,393.	33	6,735,060.
Š	34	Total liabilities and net assets/fund balances.	5,475,325.	34	7,336,390.
BA	A				Form <b>990</b> (2009)

orn	n 990 (2009) THE AMERICAN COLLEGE OF	22-1736045		Pa	Page 12	
انجر	Financial Statements and Reporting					•
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual 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?						
1	b Were the organization's financial statements audited by an independent accountant?	[	2b	Х		
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs review, or compilation of its financial statements and selection of an independent accountant?	sight of the audit,	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explin Schedule O.	aın				

BAA Form 990 (2009)

Both consolidated and separate basis

Х

За

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?....

**b** 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 Consolidated basis

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

**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.

INC

OMB No 1545-0047 2009

Spar o Pople memasiter.

Department of the Treasury Internal Revenue Service Name of the organization

THE AMERICAN COLLEGE OF NEUROPSYCHOPHARMACOLOGY, **Employer identification number** 22-1736045

Partil 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.) 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 cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(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) X 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 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 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. Type III- Other d l Type II c Type III – Functionally integrated 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). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . .. . . . . . . . . Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes No 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? (i) 11 g (i) a family member of a person described in (i) above? 11 g (ii) 11 g (iii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? . Provide the following information about the supported organizations h (vi) Is the organization in col (i) organized in the US? (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 (v) Did you notify the organization in col (i) of your support? (i) Name of Supported Organization (ii) EIN (vii) Amount of Support governing document? No No Yes No Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2009

17011	Support Schedule for	_			b)(I)(A)(IV) an	α 1/υ(Β)(1)(Α)	(VI)
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, 01 8 01 Pan	(1.)			
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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						
6	shown on line 11, column (f) . Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		i	!! <del></del>	<u>!</u>	L	· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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						7
12	Gross receipts from related activ	vities, etc. (see in	structions)			12	<u> </u>
	First five years. If the Form 990 organization, check this box and	l stop here	·	nd, third, fourth,	or fifth tax year a	s a section 501(c	)(3) ▶ □
	tion C. Computation of Pu			11 (6)		14	
15	Public support percentage for 20 Public support percentage from	•	• • •	ne 11, column (t)		. 14	%
	33-1/3 support test — 2009. If the and stop here. The organization	e organization did	not check the bo	ox on line 13, an	d the line 14 is 33		<del></del>
ŀ	33-1/3 support test – 2008. If the and stop here. The organization	e organization did	I not check a box	on line 13, or 16	a, and line 15 is 3	3-1/3% or more,	check this box
17 8	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	s' test, check this	box and stop he	re. Explain in Pai	rt IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts- id-circumstances'	and-circumstance test. The organ	is' test, check this ization qualifies a	s box and <b>stop he</b> s a publicly suppo	<b>re.</b> Explain in Pai orted organization	rt IV how the ►
_	Private foundation. If the organ	ization did not ch	eck a box on line	, 13, 16a, 16b, 17			
BAA	ı				Sc	nedule A (Form !	990 or 990-EZ) 2009

Perá				n Section 509	(a)(2)		
	(Complete only if you ched	ked the box on li	ne 9 of Part I.)				
<u>Sect</u>	ion A. Public Support						
	dar year (or fiscal yr beginning in)►	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	1,683,545.	1,848,265.	1,750,599.	1,872,758.	1,717,122.	8,872,289.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose		1,395,543.				6,275,119.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	730,033.	1,333,343.	1,302,301.	1,332,320.	1, 190,002.	0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					:	0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	2,434,178.	3,243,808.	3,053,160.	3,205,278.	3,210,984.	15,147,408.
7a	Amounts included on lines 1, 2, 3 received from disqualified persons	15,000.	156,000.	162,892.	181,720.	154,165.	669,777.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the						_
	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	15,000.	156,000.	162,892.	181,720.	154,165.	669,777.
8	Public support (Subtract line						
	7c from line 6.)					<u> </u>	14,477,631.
Sec	tion B. Total Support						·
	tion B. Total Support ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
Cale		(a) 2005 2, 434, 178.					(f) Total 15,147,408.
Cale:	ndar year (or fiscal yr beginning in)	2,434,178.	3,243,808.	3,053,160.	3,205,278.	3,210,984.	15,147,408.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	90,147.	3,243,808. 144,721.	3,053,160. 257,621.	3,205,278. 215,310.	3,210,984. 174,294.	882,093. 0.
Caler 9 10 a	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b	2,434,178.	3,243,808.	3,053,160.	3,205,278.	3,210,984.	882,093.
Caler 9 10 a	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	90,147.	3,243,808. 144,721.	3,053,160. 257,621.	3,205,278. 215,310.	3,210,984. 174,294.	882,093. 0.
Caler 9 10 a b	Amounts from line 6	90,147.	144,721. 144,721.	257,621. 257,621.	215,310. 215,310.	174,294. 174,294.	882,093. 0. 882,093.
Caler 9 10 a b c 11 12 13	Amounts from line 6	90,147. 90,147.	3,243,808. 144,721. 144,721.	257,621. 257,621.	3,205,278. 215,310. 215,310. 58,725.	174,294. 174,294. 174,294.	15,147,408. 882,093. 0. 882,093. 0. 203,914. 16,233,415.
Calei 9 10 a b c 11 12 13 14	Amounts from line 6	90,147. 90,147. 1,081. s for the organization here.	3,243,808.  144,721.  144,721.	257,621. 257,621.	3,205,278. 215,310. 215,310. 58,725.	174,294. 174,294. 174,294.	15,147,408.  882,093.  0.  882,093.  0.  203,914.  16,233,415.
Calei 9 10 a b c 11 12 13 14 Sec	Amounts from line 6	90,147.  90,147.  90,147.  1,081.  s for the organizatop here. blic Support F	144,721.  144,721.  14,760.  ation's first, seco	257, 621. 257, 621. 257, 621.	3, 205, 278.  215, 310.  215, 310.  58, 725.  or fifth tax year a	174,294. 174,294. 174,294. 111,302. s a section 501(c)	0. 882,093. 0. 882,093. 0. 203,914. 16,233,415.
Calei 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6	90,147.  90,147.  90,147.  1,081.  1,081.  s for the organized stop here. blic Support F	144,721.  144,721.  144,721.  14,760.  ation's first, secon cercentage in (f) divided by lin, Part III, line 15	257, 621. 257, 621. 257, 621. 18, 046. nd, third, fourth,	3, 205, 278.  215, 310.  215, 310.  58, 725.  or fifth tax year a	174,294. 174,294. 174,294.	15,147,408.  882,093.  0.  882,093.  0.  203,914.  16,233,415.
Calei 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6	90,147.  90,147.  90,147.  1,081.  1,081.  stop here. blic Support Foog (line 8, column 2008 Schedule A vestment Inco	144,721.  144,721.  144,721.  144,721.  2410n's first, second for the second first, se	257, 621.  257, 621.  257, 621.  18, 046.  nd, third, fourth,  ne 13, column (f)	3, 205, 278.  215, 310.  215, 310.  58, 725.  or fifth tax year a	174, 294.  174, 294.  174, 294.  111, 302.  s a section 501(c)  15 16	15,147,408.  882,093.  0.  882,093.  0.  203,914.  16,233,415.  (3)  89.2%  90.4%
Calei 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6	90,147.  90,147.  90,147.  1,081.  1,081.  stop here. blic Support Foog (line 8, column 2008 Schedule A vestment Inco	144,721.  144,721.  144,721.  144,721.  2410n's first, second for the second first, se	257, 621.  257, 621.  257, 621.  18, 046.  nd, third, fourth,  ne 13, column (f)	3, 205, 278.  215, 310.  215, 310.  58, 725.  or fifth tax year a	174,294.  174,294.  174,294.  111,302.  s a section 501(c)  15  16	15,147,408.  882,093.  0.  882,093.  0.  203,914.  16,233,415.  (3)  89.2%  90.4%
Calety 9 10 a b c c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	90,147.  90,147.  90,147.  1,081.  1,081.  is for the organized stop here.  blic Support Foog (line 8, column 2008 Schedule Avestment Incomposed for 2009 (line 10cm)	144,721.  144,721.  144,721.  144,721.  24tion's first, secon contage in (f) divided by ling. Part III, line 15 in Percentage, column (f) divided in (f) div	257, 621.  257, 621.  257, 621.  18, 046.  nd, third, fourth,  ne 13, column (f)  e ed by line 13, column	3, 205, 278.  215, 310.  215, 310.  58, 725.  or fifth tax year a	174, 294.  174, 294.  174, 294.  111, 302.  s a section 501(c)  15 16	15,147,408.  882,093.  0.  882,093.  0.  203,914.  16,233,415.  (3)  89.2%  90.4%
Calei 9 10 a b c c 11 12 13 14 Sec 17 18 19 a	Amounts from line 6	90,147.  90,147.  90,147.  1,081.  1,081.  stop here.  blic Support Foog (line 8, colum 2008 Schedule Avestment Incolor 2009 (line 10c from 2008 Schedule Avestment s	144,721.  144,721.  144,721.  144,721.  144,721.  24tion's first, secon recentage in (f) divided by line and the process of the column (f) divided in the check the box on the organization.	257, 621.  257, 621.  257, 621.  18, 046.  18, 046.  18, 046.  19, 10	3, 205, 278.  215, 310.  215, 310.  215, 310.  58, 725.  or fifth tax year a  umn (f))  is more than 33-1/ ublicly supported	174, 294.  174, 294.  174, 294.  111, 302.  s a section 501(c)  15  16  17  18  3%, and line 17 is norganization.	15,147,408.  882,093.  0.  882,093.  0.  203,914.  16,233,415.  0(3)  89.2%  90.4%  5.4%  5.1%  ot  X

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

Schedule A	(Form 990 or	990-EZ) 2009	THE	AMERICAN	COLLEGE	OF		22-1736045	Page 4
PRINT	Supplemen	tal Informa	tion. C	omplete thi	s part to p	rovide	the explanations re	equired by Part II, line ormation. See instruc	e 10;
	T dit ii, iiile	178 01 170	, and i	art III, IIIIC	12.1 10010	C arry	outer additional in	ormation. See instruc	itions.
								<b></b>	
								· <b></b>	
	- <b>-</b>	<del>-</del> -						·	
									<b>_</b>
	<del>-</del>								<del>-</del>
								· <b></b>	
						<b>_</b>			
						<del>_</del>			
	<del>-</del>	<del>-</del>							
									<b></b>
									·
								· <b></b>	· - <del></del>
									- <b></b>
			. <b></b>	<b></b> -			. <b></b>	- <b></b>	
							·		
								<b></b>	
BAA		<del></del>		<del></del>	TE 4040 ** **	20105112		Schedule A (Form 990 or 9	200 E71 2000
PAA					TEEA0404L 0	JZ1U311U	•	2011 DEC 11110 1) 🗚 SINDON	,,u-LLJ 2007

BAA

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047 2009 প্রায়ার কু থিয়াক ক্রিড়েন্ডাকের

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

	AMERICAN COLLEGE OF			
	JROPSYCHOPHARMACOLOGY, INC.			22-1736045
1-61	Organizations Maintaining Donor the organization answered 'Yes' to	r Advised Funds or Oth	er Similar Funds or Ac	counts Complete if
	the organization answered fes to		<del></del>	<del></del>
_	<b>T</b>	(a) Donor advised	funds (b)	Funds and other accounts
1	Total number at end of year	<b>_</b>		
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 dor funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusiv	assets held in donor advise e legal control?.	d No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or do	ing that grant funds may be nor advisor or for any other	☐Yes ☐ No
15			- · · · · · · · · · · · · · · ·	
	Conservation Easements Comple			990, Part IV, line 7.
'	Purpose(s) of conservation easements held by		_ `` ``	
	Preservation of land for public use (e.g., r	recreation or pleasure)	Preservation of an histori	
	Protection of natural habitat		Preservation of certified I	nistoric structure
2	Preservation of open space	المراجع والمراجع والمراجع والمراجع والمراجع		£
2	Complete lines 2a through 2d if the organizations day of the tax year.	on neid a qualified conservati	on contribution in the form of	
	Total number of conservation easements		20	Held at the End of the Year
	Total number of conservation easements			
	Number of conservation easements on a certi		<del></del>	
	Number of conservation easements included in		· · · · · · · · · · · · · · · · · · ·	<del></del>
3		` '		arganization during the toy
3	Number of conservation easements modified, year ►	transferred, released, extingu	ished, or terminated by the t	organization during the tax
4	Number of states where property subject to co	onservation easement is local	ed <b>&gt;</b>	
5	Does the organization have a written policy re and enforcement of the conservation easement	nt it holds?		olations, Yes No
6	Staff and volunteer hours devoted to monitoring the year			
7	during the year ►		\$	<del></del>
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the r	equirements of section	Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements.	s conservation easements in its to the organization's financial	revenue and expense statement statements that describes the	nt, and balance sheet, and ne organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historica wered 'Yes' to Form 990	l <b>Treasures, or Other Si</b> ), Part IV, line 8.	imilar Assets
1 8	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statemo	ilic exhibition, education, or re	esearch in furtherance of pub	
l	of the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	er SFAS 116, to report in its re plic exhibition, education, or re	evenue statement and balance search in furtherance of pub	e sheet works of art, historical dic service, provide the following
	(i) Revenues included in Form 990, Part VIII,	, line 1		<b>-</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or oth 116 relating to these items.	er similar assets for financial	I gain, provide the following
	a Revenues included in Form 990, Part VIII, line	e 1		▶\$
1	Assets included in Form 990, Part X			<b>►</b> \$

Scriedule D (Form 990) 2009 THE A					22-1/30		Page 2
Partill Organizations Maintai	ning Collect	ions of A	Art, Histo	rical Treasures, or	Other Similar Ass	ets (contin	nued)
3 Using the organization's acquisition items (check all that apply):	on accession ar	nd other re	cords, chec	k any of the following th	hat are a significant use	e of its collec	tion
a Public exhibition		d	Loan o	r exchange programs			
<b>b</b> Scholarly research		е	U Other				
c Preservation for future genera	ations						
4 Provide a description of the organ Part XIV.	nization's collec	tions and e	explain how	they further the organi	zation's exempt purpos	e in	
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be	e maintaine	ed as part o	f the organization's coll	ection?	Yes	No
Part V Escrow and Custodial 9, or reported an amou	Arrangeme unt on Form	nts Com 990, Par	plete if or t X, line 2	rganization answere	ed 'Yes' to Form 99	30, Part IV 	, line 
1a Is the organization an agent, trus included on Form 990, Part X?.	tee, custodian,				er assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV and	d complete	the following	ng table:			
					<u> </u>	Amount	
c Beginning balance					1c		
<b>d</b> Additions during the year	•				1 d		
e Distributions during the year				•• •	1e		
f Ending balance.	•				1f		
2a Did the organization include an ai	mount on Form	990, Part	X, line 21?			Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV.						
Part V Endowment Funds Cor	nplete if org	anizatıon	answere	ed 'Yes' to Form 99	0, Part IV, line 10.		
	(a) Current ye	ar	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ears back
1 a Beginning of year balance.					1		
<b>b</b> Contributions							
c Net Investment earnings, gains, and losses					,	,	
d Grants or scholarships				and the second of the second	engler i mermun releviris	4	a amana
e Other expenditures for facilities and programs.							
f Administrative expenses							
g End of year balance				:			
2 Provide the estimated percentage	of the year en	d balance	held as:				
a Board designated or quasi-endow			<b>&amp;</b>				
b Permanent endowment ►			-				
c Term endowment ►	{						
3a Are there endowment funds not in organization by:	n the possessio	on of the or	ganızatıon	that are held and admii	nistered for the	Yes	s No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	
b If 'Yes' to 3a(II), are the related o	rganizations lis	ted as requ	uired on Sc	hedule R?		3b	_
4 Describe in Part XIV the intended	duses of the or	ganızatıon'	s endowme	ent funds.			
Part VI Investments—Land, B		<del></del>			line 10.		
Description of investment	(a	Cost or o (Investr	ther basis nent)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book	Value
1a Land .				300,000.		30	0,000.
<b>b</b> Buildings.	[			1,004,833.	8,374.	99	6,459.
c Leasehold improvements							
d Equipment				95,047.	86,828.		8,219.
e Other .	<u> </u>			145,792.	115,840.		9,952.
Total. Add lines 1a through 1e (Column	n (d) must eauz	al Form 990	0, Part X. c		<b>&gt;</b>		4,630.

BAA

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 THE AMERICAN COLLE		22-1736045	Page 3
Pari VIII Investments—Other Securities See Fo	rm 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	. <u></u> .
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)		10	
Pent VIII Investments—Program Related (See F			
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
		Obst of cita of your market value	
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)			
Part IX. Other Assets (See Form 990, Part X,			
(a) De	scription	(b) Book v	alue
			•
Total. (Column (b) must equal Form 990, Part X, col.(B), I	ne 15)	<b>•</b>	
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(b) / iiiiouiii		
Tederal meetine Taxes			
			教育
			B 34.
	<u> </u>	- 新州縣 (1975年) 1975年 -	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
Total Continue (a) man day and and (b) min day			

2. FIN 48 Footnote In Part XIV, 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

3 3 3,334,972.  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 4c	Schedule D (Form 990) 2009 THE AMERICAN COLLEGE OF	22-1736045	Page 4
2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (ne), Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments. 2 Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part II, line 12). 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part II, line 12). 5 Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue and lines 3 and 4c. (This must equal Form 990, Part II, line 12). 5 Donated services and use of facilities. 5 Defined part Add lines 3 and 4c. (This must equal Form 990, Part II, line 12). 5 Donated services and use of facilities. 5 Defined part Add lines 3 and 4c. (This must equal Form 990, Part II, line 18). 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II,	Part 🎎 Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (ne), Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments. 2 Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part II, line 12). 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part II, line 12). 5 Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue and lines 3 and 4c. (This must equal Form 990, Part II, line 12). 5 Donated services and use of facilities. 5 Defined part Add lines 3 and 4c. (This must equal Form 990, Part II, line 12). 5 Donated services and use of facilities. 5 Defined part Add lines 3 and 4c. (This must equal Form 990, Part II, line 18). 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II,			334,972.
3 Excess or (deficit) for the year Subtract line 2 from line 1  4 Net unrealized gains (losses) on investments.  5 Donaled services and use of facilities  7 Prior period adjustments  8 Other (Describe in Part XIV)  9 Total adjustments (net). Add lines 4 through 8.  1 Ly 093, 845.  2 Ly 093, 845.  2 Ly 093, 845.  3 Ly 093, 845.  4 Ly			
4 Net unrealized gains (losses) on investments. 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments (net). Add lines 4 through 8. 8 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4 through 8. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments. b Donated services and use of facilities. c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 5 and 10 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 5 a through 2d 3 Subtract line 2e from line 1 3 3 2, 638, 150.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 8a and 4b 5 Total expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIV) c Add lines 8a and 4b 5 Total expenses and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) c Add lines 8a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part III, line 7b b Other (Describe in Part XIV) c Add lines 8a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 8) 5 Total expenses. Add lines			
5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4 through 8 1 1,093,845. 1 2 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 1,790,667. 2 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments. b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3,334,972. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 3,334,972.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2 befrom line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other (Describe in Part XIV) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 7b b Other (Describe in Part XIV) c Add lines 3 and 4c. (This must equal Form 990, Part III, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III, line 8b.) 5 2,638,150.	· · · · · · · · · · · · · · · · · · ·		
6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4 through 8 11,093,845. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 1790,667.  10 Excess or (deficit) for the year per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 3 Not included on line 1 but not on Form 990, Part VIII, line 12: 4 Amounts included on Form 990, Part VIII, line 12: 5 Location included on Form 990, Part VIII, line 7b 6 Other (Describe in Part XIV) 7 Each of the Sease per audited financial Statements With Expenses per Return 1 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 2 Amounts included on Ine 1 but not on Form 990, Part IX, line 25: 3 Donated services and use of facilities. 2 Amounts included on Ine 1 but not on Form 990, Part IX, line 25: 3 Donated services and use of facilities. 4 Amounts included on Form 990, Part IX, line 25: 4 Donated services and use of facilities. 5 Donated services and use of facilities. 5 Donated services and use of facilities. 5 Deproy year adjustments 6 Other (Describe in Part XIV) 7 Each of the Sease per audited financial statements. 7 Each of the Sease per audited financial statements. 8 Donated services and use of facilities. 8 Deproy year adjustments 9 Deproy year adjustments 1 Deproy year adjustments 2 Deproy year adjustments 3 Deproy year adjustments 4 Deproy year adjustments 5 Deproy yea			
7 Prior period adjustments 8 3 Other (Describe in Part XIV) 5 Total adjustments (chip to rithe year per audited financial statements. Combine lines 3 and 9. 1, 790, 667.  2 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 1, 790, 667.  2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments. b Donated services and use of facilities. c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12; but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12:) 5 3,334,972.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part IVII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)  5 2, 638, 150.  2 2a  3 Subtract line 2e from line 1 5 3 2, 638, 150.  5 2, 638, 150.  5 2, 638, 150.  5 2, 638, 150.  5 2, 638, 150.			
8 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4 through 8 1	·		
9 Total adjustments (net). Add lines 4 through 8 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 1, 790, 667. 1990, 671. 1990, 845.	·	• • • • • • • • • • • • • • • • • • • •	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 1,790, 667.    In the property of		1	093 845
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return  1 Total revenue, gams, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments. b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses and losses per audited financial statements. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part II, line 18) 5 2, 638, 150.  Taxivity 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 8; Part XII, line 8; Part X, line 8; Part XII, lines 8; Part X, line 8; Part XII, line 8; Part X, line 8; Pa			
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments. b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 2a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part II, line 18) 5 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 2, Part XII, line 8; Part XIII, lines 2d and 4b, Also complete this part to provide any additional			130,001.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments. b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,334,972.  2a			428 817
a Net unrealized gains on investments.  b Donated services and use of facilities  c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 1,093,845. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,334,972.    Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.) 5 2, 638, 150.    Amounts included on Form 990, Part IX, line 25, but not on line 1: a linvestments expenses not included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part II, line 18.) 5 2, 638, 150.    Amounts included on Form 990, Part IVIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part II, line 18.) 5 2, 638, 150.    Amounts included the descriptions required for Part II, lines 2d and 4b Also complete this part to provide the spart V, line 2, Part XI, line 8, Part XII, lines 2d and 4b Also complete this part to provide any additional		·	420,017.
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3,334,972.  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part IVI, line 12)  5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  7 Total expenses and losses per audited financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.) 5 2,638,150.  Part XIVS Supplemental Information  Complete this part to provide the descriptions required for Part III, 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, line 8; Part XII, lines 2d and 4b Also complete this part to provide any additional	1 1	0.45	
c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 3,334,972.  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,334,972.  Part VIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 1 Total expenses and use of facilities. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.) 5 2,638,150.  Complete this part to provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 2, Part XI, line 8; Part XII, lines 2d and 4b Also complete this part to provide any additional	· ·	043.	
d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,334,972.  Pai VIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.) 5 2,638,150.  Paix VIII lines 3 and 4, Part IV, lines 1 b and 4, Part IV, lines 1 b and 2b; Part V, lines 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional		· · · · · ·	
e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,334,972.  Pai XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 1 Total expenses and use of facilities. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part II, line 18.) 5 2,638,150.  Pai XIVS 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional		<del></del>	
3 3,334,972.  4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,334,972.  Part VIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.) 5 2, 638, 150.  Part XIV 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional	· · · · · · · · · · · · · · · · · · ·		000 045
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  5 Total expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  5 Total expenses. Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  5 Total expenses. Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  6 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  7 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  8 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  9 Total expenses and to provide the descriptions required for Part II, lines 2d and 4b Also complete this part to provide any additional	-		
a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3, 334, 972.    Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.) 5 2, 638, 150.    Reconciliation of Expenses and Information   Form 990, 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional	1 1	3 3,	334,912.
b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3, 334, 972.  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements. 1 2, 638, 150. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses c Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  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, line 8, Part XII, lines 2d and 4b Also complete this part to provide any additional			
c Add lines 4a and 4b  5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  5 3, 334, 972.  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  5 2, 638, 150.  Part XIV 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, line 8; Part XII, lines 2d and 4b Also complete this part to provide any additional			
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  1 Total expenses and losses per audited financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments  c Other losses  d Other (Describe in Part XIV)  e Add lines 2a through 2d  3 Subtract line 2e from line 1  a Investments expenses not included on Form 990, Part IX, line 25, but not on line 1:  a Investments expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  5 2, 638, 150.			
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return  1 Total expenses and losses per audited financial statements.			
1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional			<u>334,972.</u>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 2,638,150. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.) 5 2,638,150.  Part XIV 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional	Reconciliation of Expenses per Audited Financial Statements With Expenses		
a Donated services and use of facilities.  b Prior year adjustments  c Other losses  d Other (Describe in Part XIV).  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investments expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV).  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional	·	<u>1</u> 2,	<u>638,150.</u>
b Prior year adjustments c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  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, line 8; Part XIII, lines 2d and 4b Also complete this part to provide any additional	2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
c Other losses d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  Part XIV 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional	a Donated services and use of facilities		
d Other (Describe in Part XIV).  e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investments expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV).  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  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 XII, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional	,		
e Add lines 2a through 2d  3 Subtract line 2e from line 1  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investments expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV)  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  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 XII, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional	c Other losses		
3 2,638,150.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investments expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV).  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  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 XII, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional	d Other (Describe in Part XIV).		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investments expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV).  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  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 XII, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional	e Add lines 2a through 2d	2e	
a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV). c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  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 XII, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional	3 Subtract line 2e from line 1	. 3 2,	<u>638,150.</u>
b Other (Describe in Part XIV).  c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  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 XII, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional	4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b  5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)  5 Z, 638, 150.  Part XIV 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional	a Investments expenses not included on Form 990, Part VIII, line 7b		
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	b Other (Describe in Part XIV) 4b		
Example 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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional	c Add lines 4a and 4b	. 4c	
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, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional	5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5 2,	638,150.
line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional	Part XIV Supplemental Information		
	line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete	Part IV, lines 1b and 2l this part to provide an	b; Part V, y additional

Schedule D (Form 990) 2009 THE AMERICAN COLLEGE OF Supplemental Information (continued)	22-1736045	Page 5
Pagt শ্রমি Supplemental Information (continued)	<del></del>	
		. <del></del>
	·	

# Schedule F (Form 990)

### **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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Desirio Ruble inspector

	MERICAN COLLEGE				22-17360	
2 317 11	General Informati to Form 990, Part	i <b>on on Activiti</b> ∶IV, line 14b.	es Outside th	e United States. Complet	e if the organization	n answered 'Yes'
1 For	r grantmakers. Does the	e organization mai grants or assistan	ntain records to s ce, and the selec	substantiate the amount of the ction criteria used to award the	grants or assistance, th grants or assistance?.	e . Yes No
2 Fo	r grantmakers. Describe	ın Part IV the orç	ganization's proce	edures for monitoring the use o	f grant funds outside the	e United States.
3 Act	tivities per Region. (Use	Schedule F-1 (Fo	rm 990) if addition	onal space is needed)		
	(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 in region
EUROPE		0	0	CONTRIBUTION RECEIVED		0.
				FROM FOREIGN		
				CORPORATION.		
Totals .		0	0			0.

THE AMERICAN COLLEGE OF

**⊠** • Schedule F (Form 990) 2009 THE AMERICAN COLLEGE OF

Schedule F (Form 990) 2009 THE AMERICAN COLLEGE OF

Ranklin 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. Check this box if no one recipient received more than \$5,000
Use Schedule F-1 (Form 990) if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)								
(h) Description of non-cash assistance								ch the
(g) Amount of non-cash assistance								y the IRS, or for whi
(f) Manner of cash disbursement								red as tax-exempt b
(e) Amount of cash grant								gn country, recogniz
(d) Purpose of grant								arrties by the foreig
(c) Region								e recognized as ch
(b) IRS code section and EIN (if applicable)								ons listed above that ar
1 (a) Name of organization		(大学) かんしゅう						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

Schedule F (Form 990) 2009 grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities BAA

Page 3

22-1736045

THE AMERICAN COLLEGE OF Schedule F (Form 990) 2009

**Read States.** Complete It the organization answered 'Yes' to Form 990, If additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance BAA

Schedule I	F (Form 990) 2009	THE AMERICAN	COLLEGE OF			22-1736045	Page 4
টেল্ডার্ম	Supplemental	Information					
		t to provide the inforr	nation required in Pa	art I, line 2, and an	y additional informa	ation	
				- <b></b>			
	<b></b> -						
							<del>-</del>
	- <del>-</del>						
	<b></b>						
							<del></del>
				<b></b>	<b>_</b>		<b>_</b> _
					<b>_</b>		
				<b></b>			
		<b></b>		<b></b>	<b></b>		
				<b></b>			
				<b></b>			
			<b></b>	<b>_</b>			<del>-</del>
			. <b></b>		<b>_</b>		

# SCHEDULE I (Form 990)

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

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

Attatch to Form 990.

١	
l	
ı	0
ı	ö
	<b>6</b>
	~
ı	` `

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service			► Attatch to Form 990.	0.	j 5		haspitedilon
Name of the organization THE AMERICAN COLLEGE OF						Employer Identification number 22-1736045	ation number 5
General	irants and Assist	ance					
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?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	rds to substantiate the grants or assistar s procedures for mor	te amount of the grance?	ints or assistance, the great funds in the United	rantees' eligibility for the grant	ne grants or assistanc	e, and	X Yes No
<u> </u>	ince to Governm ny recipient that i (Form 990) if add	ents and Organ received more the	Organizations in the United States. Complete if the organization answered 'Yes' to Form nore than \$5,000. Check this box if no one recipient received more than \$5,000. Use ace is needed.	ed States. Comple this box if no one r	te if the organizat ecipient received	ion answered 'Ye more than \$5,00	ss' to Form 0. Use
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
		-					
2 Enter total number of section 501(c)(3) and government organizations	(3) and government of	organizations	-			:	0
3 Enter total number of other organizations	tions					<b>^</b> .	0
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice, se	e the Instructions 1	or Form 990.	TEEA3901L 02/10/10	02/10/10	Schedi	Schedule I (Form 990) 2009

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Partive Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) \_\_ORGANIZATION REQUIRES GRANTEES TO PROVIDE FINAL PROJECT REPORT AND BUDGET OF HOW (d) Amount of non-cash assistance \_\_\_\_<u>PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED</u> (c) Amount of cash grant (b) Number of recipients THE AMERICAN COLLEGE OF (a) Type of grant or assistance FUNDS WERE SPENT. Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

BAA

### SCHEDULE J (Form 990)

## **Compensation Information**

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

OMB No 1545-0047

Openio, Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.

Employer identification number

THE AMERICAN COLLEGE OF

22-1736045

Questions Regarding Compensation			
		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Par VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items	rt		
First-class or charter travel Housing allowance or residence for personal	use	i.	
Travel for companions Payments for business use of personal reside	ence		
Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
Discretionary spending account Personal services (e.g., maid, chauffeur, chef	D)		
<b>b</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	11		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, did trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	rectors,		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.	s		
Compensation committee X Written employment contract			
Independent compensation consultant  X Compensation survey or study	į		
Form 990 of other organizations X Approval by the board or compensation comm	nittee		
		1	
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization.	zation		
a Receive a severance payment or change-of-control payment?	. 4a	1	<u>X</u>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	. 41	)	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	40	;	X
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 compensati contingent on the revenues of:	ion		
a The organization?	. 5a	3	Х
<b>b</b> Any related organization?.	. 51	ו	Х
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 compensati contingent on the net earnings of.	ion		
a The organization?	6;	3	X
<b>b</b> Any related organization?	. 61		X
If 'Yes' to line 6a or 6b, describe in Part III			
7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment described in lines 5 and 6? If 'Yes,' describe in Part III			X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the contract exception described in Regs. section 53 4958-4(a)(3)? If 'Yes,' describe in Part III .	he initial		х
If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulation section 53.4958-6(c)?	ıs <b>9</b>		Х

Page 2

Schedule J (Form 990) 2009 THE AMERICAN COLLEGE OF 22-1736045 [Part of the contract of the contract of the specific of the contract of the con

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown	(B) Breakdown of W.2 and/or 1099-MISC compensation	Compensation	(C) Bettrement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name	<u> </u>	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(I)(B)	reported in prior Form 990 or Form 990-EZ
RONNIE WILKINS, ED.,	Θ	177,533.	0   0	1,200.	6, 680.	4,570.	189,983.	
	(ii)	0	0				0 0	0.
	]ω	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	€							
	Θ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1
	€							
	Ξ	 	           		             	           	             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(jj)							
	Θ		1				             	             
	(ii)							
	Θ						1	
	(E)			-				
	Ξ							
	<u> </u>	           	   					
	]ω						1 1 1	             
	(ii)							
	]ω			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		           		1 1 1 1 1 1 1 1 1 1 1
	13							
	Ξ	           	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	           	1 1 1 1 1
	(ii)							
	Ξ	   1   1   1   1   1	-	             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	⊕							
	Ξ	1 1 1 1 1 1 1	1 1 1 1 1	1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	           	
	€							
	<u></u>		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				i i i i	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	<b>(E)</b>							
	€	 	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1
	▣							
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1		! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1
	⊜							
	€ (	1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1
ВАА				TEEA4102L 02/02/10	02/10		Schedt	Schedule J (Form 990) 2009

# SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

जीवातः सम्बद्धाः स्कारक्यस्या

Name of the organization THE AMERICAN COLLEGE OF	Employer identification number
NEUROPSYCHOPHARMACOLOGY, INC.	22-1736045
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	
THE_PRINCIPAL_FUNCTION_OF_THE_COLLEGE_IS_TO_FURTHER_RESEARC	H AND EDUCATION IN
NEUROPSYCHOPHARMACOLOGY_AND_RELATED_FIELDS_BY:_A)_PROMOTING	THE INTERACTION OF A
BROAD RANGE OF SCIENTIFIC DISCIPLINES OF BRAIN AND BEHAVIOR	IN ORDER TO ADVANCE THE
UNDERSTANDING OF PREVENTION AND TREATMENT OF DISEASES OF TH	E NERVOUS SYSTEM
INCLUDING PSYCHIATRIC, NEUROLOGICAL, BEHAVIORAL AND ADDICTI	VE_DISORDERS; B)
ENCOURAGING SCIENTISTS TO ENTER RESEARCH CAREERS IN FIELDS_	RELATED TO THESE
DISORDERS_AND_THEIR_TREATMENT; AND_C)_ENSURING_THE_DISSEMIN	ATION OF RELEVANT
SCIENTIFIC ADVANCES IN THESE DISORDERS.	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION	<u> </u>
COUNCIL - THE COUNCIL TRANSACTS ALL BUSINESS OF THE COLLEGE	, APPROVES OR DISAPPROVES
ALL RECOMMENDATIONS OF ALL BUSINESS OF THE COLLEGE, FIXES A	LL DUES AND ASSESSMENTS
FOR THE COLLEGE, AND ADOPTS RULES AND REGULATIONS FOR THE E	LECTION OF ALL CLASSES OF
MEMBERSHIP. THE COUNCIL CREATES AND DIRECTS ALL STANDING CO	MMITTEES AS IS NECESSARY
TO CONDUCT THE AFFAIRS OF THE COLLEGE, ELECTS EDITORS AND C	COMMITTEES ON PUBLICATIONS
FOR ALL PUBLICATIONS OF THE COLLEGE, CALLS ALL MEETINGS OF	THE COLLEGE, AND APPROVES
ARRANGEMENTS FOR ANNUAL MEETINGS.	
~	· <b>- </b>
TRAVEL AWARDS - THIS PROGRAM SEEKS TO ENCOURAGE AND MENTOR	YOUNG SCIENTISTS IN THE
FIELD, AS WELL AS MINORITY PARTICIPATION. IN 2009, THE PRO	GRAM SUPPORTED 55 TRAVEL
AWARDEES TO THE ANNUAL MEETING. EACH OF THESE TRAVEL AWARD	DEES WAS CONNECTED WITH
SENIOR ACNP MEMBERS TO SERVE AS MENTORS. SINCE 1981, 174 T	RAVEL AWARDEES HAVE
BECOME ACNP MEMBERS, WHICH REPRESENTS 19 PERCENT OF THE TOT	AL MEMBERSHIP.
~	

Name of the organization THE AMERICAN COLLEGE OF **Employer identification number** 22-1736045 NEUROPSYCHOPHARMACOLOGY, INC. FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDE SEE ANSWER FOR 990, PART VI, SECTION A, LINES 7 A & B. FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY FELLOWS, LIFE FELLOWS, MEMBERS, AND LIFE MEMBERS MAY CAST 1 VOTE FOR EACH ELECTED OFFICE; THEY ALSO VOTE FOR MEMBERS ON THE NOMINATING COMMITTEE. FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS FELLOWS, LIFE FELLOWS, MEMBERS, AND LIFE MEMBERS MUST APPROVE AMENDMENTS TO BY-LAWS AND RULES & REGULATIONS FOR CLASSES OF MEMBERSHIP - 2/3 MAJORITY REQUIRED FOR APPROVAL. FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND COUNCIL, INCLUDING THE TREASURER, BEFORE IT IS FILED. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS CONFLICTS OF INTEREST ARE DISCOLOSED TO THE ACNP EXECUTIVE OFFICE EACH YEAR. THE EXECUTIVE DIRECTOR AND PRESIDENT REVIEW THE CONFLICTS OF INTEREST PRIOR TO EACH CALL OR MEETING OF THE BOARD. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE INDIVIDUAL IS ASKED TO ABSTAIN FROM DISCUSSION AND/OR VOTING. FOR OTHER ACNP COMMITTEES, THE COMMITTEE CHAIR AND/OR CO-CHAIR REVIEWS AND MONITORS CONFLICT OF INTEREST COMPLIANCE. FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE THE ORGANIZATION'S PRESIDENT ENGAGES A COMPENSATION CONSULTING FIRM TO COMPARE THE EXECUTIVE DIRECTOR'S SALARY WITH OTHER SIMILAR SIZED SOCIETIES. THE GOVERNING BODY THEN DETERMINED A SALARY IN PARITY WITH OTHER SIMILAR SOCIETIES. THE SAME PROCEDURE WOULD OCCUR IF ANOTHER OFFICER OR KEY EMPLOYEE WERE HIRED. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE THESE ITEMS ARE MADE AVAILABLE TO OUR MEMBERS, BUT ARE NOT MADE AVAILABLE TO THE GENERAL PUBLIC.

Schedule O (Form	990) 2009	Page 2
Name of the organization	THE AMERICAN COLLEGE OF	Employer identification number
	NEUROPSYCHOPHARMACOLOGY, INC.	22-1736045
	Madrat de la constant	·
<b></b>		<b></b>
		<b></b> _
		<b></b>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2009

Employer identification number 22-1736045 ω [Bandist] Identification of Disregarded Entities (Complete If the organization answered 'Yes' to Form 990, Part IV, line 33.) Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. \* See separate instructions. e 9 9 THE AMERICAN COLLEGE OF NEUROPSYCHOPHARMACOLOGY, INC. 3 Department of the Treasury Internal Revenue Service Name of the organization

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
PARTHENON MANAGEMENT GROUP, LLC545 MAINSTREAM DR, STE 110					AMERICAN COLL. OF
Ιωι	ASSOCIATION MGMT SERVICES	TN	96,000.	38, 693.	NEUROPSYCHOPH ARMACOLOG
					·
					: :
<b>原本部间 Identification of Related Tax-Exempt Organizations</b> (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ins (Complete if the organd the tax year.)	ganization answere	d 'Yes' to Form 990	), Part IV, line 34 b	ecause it had
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Insi	structions for Form 990.	<b>正</b>	TEEA5001L 02/05/10	Schedu	Schedule <b>R</b> (Form 990) (2009)

Page 2

22-1736045

Schedule R (Form 990) 2009 THE AMERICAN COLLEGE OF NEUROPSYCHOPHARMACOLOGY, INC.

Daries Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(J) General or managing partner? ŝ Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (H)
Disproportionate
allocations? ŝ Yes Share of total income Share of end-of-year assets (E)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (D) Direct controlling entity (C)
Legal
domicile
(state or
foreign (B) Primary Activity (A)
Name, address, and EIN of related organization

<b>Darking Identification of Related Organizations Taxable as a Corporation or Trust</b> (Complete if the organization answers) line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cord organizations	poration or Trust treated as a corpo	(Complete ration or tr	of the organizations	ation answered 'Ye tax year.)	<b>is a Corporation or Trust</b> (Complete if the organization answered 'Yes' to Form 990, Part IV, zations treated as a corporation or trust during the tax year.)	rt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign contr	(D) Direct olling entity (	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(B) (C) (D) (D) (E) Type of entity (C corp, S corp, state or foreign controlling entity (C corp, S corp, scontry) (C country)	(H) Percentage ownership
							-

Schedule R (Form 990) (2009)

TEEA5002L 02/05/10

22-1736045 P

Park Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  1. During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II.IV:	.N:	Α.	Yes No
		1a	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1 9	×
c Gift, grant, or capital contribution from other organization(s).	•	10	×
d Loans or loan guarantees to or for other organization(s)		19	×
e Loans or loan guarantees by other organization(s)		1e	×
			_:
f Sale of assets to other organization(s)	:		×
g Purchase of assets from other organization(s)		19	×
h Exchange of assets		두	×
i Lease of facilities, equipment, or other assets to other organization(s)		<b>;</b>	×
1 complete and the many of the second		į	<b>;</b>
		=  -  -  -  -  -  -	<b>&lt;</b>  -
	:	¥;	× ÷
refrormance of services of membership of fundraising solicitations by other organization(s)			× :
m Sharing of facilities, equipment, mailing lists, or other assets.		: :	× :
n Sharing of paid employees		<b>1</b> n	×
o Reimbursement paid to other organization for expenses.		,	×
and the state of t	•		; ;
p Reimoursement paid by other organization for expenses		d L	×
q Other transfer of cash or property to other organization(s).	:	19	×
r Other transfer of cash or property from other organization(s).		-	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ips and transaction thre		
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	olved
(1)			
(2)			
(e)			
(4)			
(5)			
(9)			
BAA TEEA5003L 02/05/10	Sched	Schedule R (Form 990) (2009)	(2009)

Schedule R (Form 990) 2009 THE AMERICAN COLLEGE OF NEUROPSYCHOPHARMACOLOGY, INC.

[图本] Unrelated Organizations Taxable as a Partnership (Complete If the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(A)  Name, address, and EIN of entity  Primary activity  Capacitan  Real part   (B) Primary activity	(C) Legal domicile	(D) Are all partners section	(E) Share of end-of-year	(F) Dispropor- tionate	Code V-UBI amount	(H) General or managing	al or	
		(State of Totergin country)	501(c)(3) organizations?	20000	allocations?	Schedule K-1 Form (1065)	partr	er?
			Yes No		Yes No	,	Yes	왿
1 1 1 1 1								
					-			
				-				
							_	
	ı							
					_			
			_					
	-1							
T \$ 1								
ВАА		TEEA5004L 02/05/10				Schedule R (Form 990) (2009)	(066 m.	(5003)

2009

## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

THE AMERICAN COLLEGE OF NEUROPSYCHOPHARMACOLOGY, INC.

22-1736045

**PART III, LINE 12 - OTHER INCOME** 

NATURE AND SOURCE	2009	2008	2007	2006	2005
OTHER INCOME	TAL \$ 111,302.	58,725. \$ 58,725.	18,046. \$ 18,046.	14,760. \$ 14,760.	1,081. \$ 1,081.