




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



Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div>2012</div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	<div>Open to Public Inspection</div>

**A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012**




<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization AMERICAN ASSOCIATION OF COMMUNITY COLLEGES		<b>D</b> Employer identification number 53-0196569	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) ONE DUPONT CIRCLE NW NO 400	Room/suite	<b>E</b> Telephone number (202) 728-0200	
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036			
	<b>F</b> Name and address of principal officer RAMSAY R JOHNSON JR ONE DUPONT CIRCLE NW NO 400 WASHINGTON, DC 20036		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ WWW.AACC.NCHE.EDU				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1920	<b>M</b> State of legal domicile DC	

<b>Part I</b>	<b>Summary</b>
---------------	----------------

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO EXERT LEADERSHIP AND PROVIDE SERVICES IN SUPPORT OF COMMUNITY, JUNIOR AND TECHNICAL COLLEGES, AS THESE INSTITUTIONS DELIVER ACCESSIBLE EDUCATIONAL OPPORTUNITIES DESIGNED TO ADDRESS THE NEEDS OF INDIVIDUALS, ORGANIZATIONS AND COMMUNITIES FORMING THEIR CONSTITUENCIES			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	32	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	32	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	67	
6	Total number of volunteers (estimate if necessary)	0		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	469,940		
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	12,805,937	9,870,642
	9	Program service revenue (Part VIII, line 2g)	9,267,811	9,577,788
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	631,188	604,803
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,942	103,539
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,751,878	20,156,772
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,223,459	2,561,578
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,906,990	7,018,400	
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
b	Total fundraising expenses (Part IX, column (D), line 25) <u>293,971</u>			
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,972,804	12,892,366	
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,103,253	22,472,344	
19	Revenue less expenses Subtract line 18 from line 12	648,625	-2,315,572	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	19,529,473	17,345,479
	21	Total liabilities (Part X, line 26)	8,353,820	8,304,023
	22	Net assets or fund balances Subtract line 21 from line 20	11,175,653	9,041,456

## Part II Signature Block

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



















<b>Sign Here</b>	*****		2013-06-18		
	Signature of officer		Date		
<b>Paid Preparer Use Only</b>	RAMSAY R JOHNSON JR. INTERIM SENIOR VP, COO & CFO				
	Type or print name and title				
	Print/Type preparer's name LYNNE MCMENNAMIN	Preparer's signature	Date 2013-06-12	Check <input type="checkbox"/> if self-employed	PTIN P01695320
	Firm's name  SB & COMPANY LLC			Firm's EIN  20-2153727	
Firm's address  200 INTERNATIONAL CIRCLE SUITE 5500 HUNT VALLEY, MD 21030			Phone no (410) 584-0060		
May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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

Form **990** (2012)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
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, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
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 (see instructions)	17	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	115	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c			
2a		67	
2b		Yes	
3a		Yes	
3b		Yes	
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7 Organizations that may receive deductible contributions under section 170(c).			
7a			No
7b			
7c			No
7d			
7e			
7f			
7g			
7h			
8			
9 Sponsoring organizations maintaining donor advised funds.			
9a			
9b			
10 Section 501(c)(7) organizations. Enter			
10a			
10b			
11 Section 501(c)(12) organizations. Enter			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a			No
14b			

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	32	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	32	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	RAMSAY RJOHNSON JR CPA ONE DUPONT CIRCLE NW SUITE 410 WASHINGTON, DC (202) 728-0200

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

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

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

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

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

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

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

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

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

[illegible]



## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	1,656,737	0	277,824

**2** Total number of individuals (including but not limited to those I  
\$100,000 of reportable compensation from the organization. 9

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

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
XPAND CORPORATION 1941 ROLAND CLARKE PLACE RESTON VA 20191	DEVELOPMENT SERVICE OFFERED IN SUPPORT OF	1,385,751
THE MAGAZINE GROUP 1129 20TH STREET NW SUITE 700 WASHINGTON DC 20036	EDITORIAL, DESIGN, AND PRODUCTION SERVICE	353,217
TOWNSEND GROUP INC 2 WISCONSIN CIRCLE SUITE 900 CHEVY CHASE MD 20815	MANAGEMENT SERVICES FOR ANNUAL EVENT	311,237
THE NATIONAL ASSOCIATION OF WORKFORCE BOARD 1133 19TH STREET NW SUITE 400 WASHINGTON DC 20036	PROJECT WORKFORCE STRATEGIES	260,312
MARGARET SPELLINGS & CO 1333 NEW HAMPSHIRE AVENUE NW WASHINGTON DC 20036	PROJECT WORKFORCE STRATEGIES	190,167

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e	3,945,006				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,925,636				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .			9,870,642			
Program Service Revenue	2a	MEMBERSHIP DUES	Business Code					
			900099	5,616,410	5,616,410			
	b	ANNUAL CONVENTION	900099	1,728,502	1,728,502			
	c	PROF DEV WORKSHOPS	900099	1,024,088	1,024,088			
	d	PUBLICATIONS	541800	695,080	225,140	469,940		
	e	INTERNATIONAL SERVICES	900099	513,708	513,708			
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			9,577,788			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		241,518			241,518	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
		39,000						
		41,288						
		-2,288						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .		-2,288			-2,288	
	7a	(i) Securities		(ii) Other				
		11,661,911						
		11,298,626						
		363,285						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) . . . . .		363,285			363,285	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . .						
	a							
	b	Less direct expenses . . . . .						
c	Net income or (loss) from fundraising events . .							
9a	Gross income from gaming activities See Part IV, line 19 . . . .							
a								
b	Less direct expenses . . . . .							
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances . . . . .							
a								
b	Less cost of goods sold . . . . .							
c	Net income or (loss) from sales of inventory . .							
	Miscellaneous Revenue		Business Code					
11a	OTHER INCOME		900099	94,135	94,135			
b	RENT		900099	11,692	11,692			
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			105,827				
12	Total revenue. See Instructions . . . . .			20,156,772	9,213,675	469,940	602,515	

Part IX

Statement of Functional Expenses

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

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	2,561,578	2,561,578		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	1,191,797	756,854	434,943	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	3,621,596	3,059,007	403,952	158,637
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	422,947		422,947	
9	Other employee benefits.	491,274	471,486		19,788
10	Payroll taxes.	1,290,786	1,233,353		57,433
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	120,151	412	119,739	
c	Accounting.	40,130		40,130	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	72,273		72,273	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	5,244,356	5,181,242	59,239	3,875
12	Advertising and promotion.				
13	Office expenses.	278,926	260,230	13,754	4,942
14	Information technology.	1,028,173	752,862	270,364	4,947
15	Royalties.				
16	Occupancy.	425,158		425,158	
17	Travel.	1,134,912	1,114,460	10,848	9,604
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	1,891,981	1,881,772	46	10,163
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	328,294	100,916	227,378	
23	Insurance.	38,159	7,023	31,136	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	MISCELLANEOUS	811,678	694,986	93,969	22,723
b	PUBLISHING	632,732	632,732		
c	STAFF DEVELOPMENT	44,386	11,271	31,705	1,410
d					
e	All other expenses	801,057	788,939	11,669	449
25	Total functional expenses. Add lines 1 through 24e.	22,472,344	19,509,123	2,669,250	293,971
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,377,936	1	4,025,626
	2	Savings and temporary cash investments		234,440	2	4,325,809
	3	Pledges and grants receivable, net		1,505,707	3	1,771,814
	4	Accounts receivable, net		2,324,059	4	803,190
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		71,337	8	51,246
	9	Prepaid expenses and deferred charges		221,310	9	360,806
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a3,071,006			
	b	Less accumulated depreciation	10b1,994,064	1,333,085	10c	1,076,942
	11	Investments—publicly traded securities		11,445,099	11	4,896,544
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		16,500	15	33,502
	16	Total assets. Add lines 1 through 15 (must equal line 34)		19,529,473	16	17,345,479
Liabilities	17	Accounts payable and accrued expenses		2,579,051	17	1,585,852
	18	Grants payable			18	
	19	Deferred revenue		5,758,269	19	6,666,669
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		16,500	25	51,502
	26	Total liabilities. Add lines 17 through 25		8,353,820	26	8,304,023
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		4,696,063	27	4,390,864
	28	Temporarily restricted net assets		6,374,725	28	4,545,727
	29	Permanently restricted net assets		104,865	29	104,865
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		11,175,653	33	9,041,456
	34	Total liabilities and net assets/fund balances		19,529,473	34	17,345,479

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,156,772
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,472,344
3	Revenue less expenses Subtract line 2 from line 1	3	-2,315,572
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,175,653
5	Net unrealized gains (losses) on investments	5	181,375
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,041,456

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2012

Open to Public Inspection

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

Name of the organization AMERICAN ASSOCIATION OF COMMUNITY COLLEGES	Employer identification number 53-0196569
--	--

Part I

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

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input checked="" type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in <b>(ii)</b> and <b>(iii)</b> below, the governing body of the supported organization? <b>(ii)</b> A family member of a person described in <b>(i)</b> above? <b>(iii)</b> A 35% controlled entity of a person described in <b>(i)</b> or <b>(ii)</b> above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶						

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

Part IIIPart III

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,514,638	5,946,155	5,124,375	12,805,937	9,870,642	41,261,747
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8,715,301	8,821,944	9,538,071	9,267,811	9,577,788	45,920,915
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	16,229,939	14,768,099	14,662,446	22,073,748	19,448,430	87,182,662
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6.)						87,182,662

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	16,229,939	14,768,099	14,662,446	22,073,748	19,448,430	87,182,662
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	378,925	212,175	310,252	301,781	280,518	1,483,651
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	378,925	212,175	310,252	301,781	280,518	1,483,651
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	43,400	45,568	47,834	59,029	105,827	301,658
13 Total support. (Add lines 9, 10c, 11, and 12.)	16,652,264	15,025,842	15,020,532	22,434,558	19,834,775	88,967,971
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	97.990 %	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	97.690 %	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f))	17	1 670 %
18	Investment income percentage from <b>2011</b> Schedule A, Part III, line 17	18	1 970 %
19a	<b>33 1/3% support tests—2012.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b	<b>33 1/3% support tests—2011.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

<b>Explanation</b>

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

Name of the organization AMERICAN ASSOCIATION OF COMMUNITY COLLEGES	Employer identification number  53-0196569
--	--

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

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

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

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

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

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

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

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

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

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

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

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

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		120,000
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			120,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
AMERICAN ASSOCIATION OF COMMUNITY COLLEGES

Employer identification number  
53-0196569

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	104,865	104,865	104,865	354,365	
b Contributions . . . . .				500	
c Net investment earnings, gains, and losses					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .				250,000	
f Administrative expenses . . . . .					
g End of year balance . . . . .	104,865	104,865	104,865	104,865	

2

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

a

Board designated or quasi-endowment

b

Permanent endowment 100 000 %

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

b

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

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		453,815	244,444	209,371
c Leasehold improvements . . . . .		537,456	257,196	280,260
d Equipment . . . . .		2,079,735	1,492,424	587,311
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,076,942



<b>Part XI    Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>						
<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	20,268,162			
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<b>2e</b>	181,375			
<b>a</b>	Net unrealized gains on investments . . . . .				<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .				<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .				<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .				<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	181,375			
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	20,086,787			
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>	<b>4c</b>	69,985			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .				<b>4a</b>	72,273
<b>b</b>	Other (Describe in Part XIII ) . . . . .				<b>4b</b>	-2,288
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .					
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	20,156,772			
<b>Part XII    Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>						
<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	22,402,359			
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25	<b>2e</b>	0			
<b>a</b>	Donated services and use of facilities . . . . .				<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .				<b>2b</b>	
<b>c</b>	Other losses . . . . .				<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .				<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0			
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	22,402,359			
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :	<b>4c</b>	69,985			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .				<b>4a</b>	72,273
<b>b</b>	Other (Describe in Part XIII ) . . . . .				<b>4b</b>	-2,288
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .					
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	22,472,344			

**Part XIII    Supplemental Information**

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	AACC IS EXEMPT FROM THE PAYMENT OF TAXES ON INCOME OTHER THAN NET UNRELATED BUSINESS INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AACC RECEIVES UNRELATED BUSINESS INCOME FROM ADVERTISING THAT IS SUBJECT TO THE UNRELATED BUSINESS INCOME TAX. FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011, AACC DID NOT INCUR ANY TAX LIABILITIES RELATED TO UNRELATED BUSINESS INCOME TAXES. THE PROVISIONS INCLUDED IN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. AACC PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2012, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2012, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2008 THROUGH 2012 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE FOUNDATION FILES TAX RETURNS.
PART XI, LINE 4B - OTHER ADJUSTMENTS		NET RENTAL LOSS - CONDO -2,288
PART XII, LINE 4B - OTHER ADJUSTMENTS		NET RENTAL LOSS - CONDO -2,288



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

# 2012

**Open to Public Inspection**

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

Employer identification number	53-0196569
--------------------------------	------------

## Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
--	---------	------------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

See Additional Data Table

[illegible]

- |          |   |   |           |
|----------|---|---|-----------|
| <b>2</b> | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . |  | <u>60</u> |
| <b>3</b> | Enter total number of other organizations listed in the line 1 table . . . . .                            |  |           |

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information.

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

Identifier	Return Reference	Explanation
		ALL EXPENDITURES, WITH THE EXCEPTION OF PAYROLL, ARE REVIEWED BY THE GRANTS ACCOUNTANT TO DETERMINE THE COSTS MEET THE CRITERIA ESTABLISHED UNDER CIRCULAR A-122 FOR REASONABLENESS, ALLOCABILITY AND ALLOWABILITLY, AS WELL AS AACC INTERNAL POLICIES AND PROCEDURES THIS IS AFTER THE PAYMENT DOCUMENT IS SUBMITTED BY THE GRANTS OFFICER OR HIS OR HER DESIGNEE APPROVED BY AN APPROPRIATE AACC MANAGEMENT PERSONNEL IF THE GRANTS ACCOUNTANT BELIEVES ANY OF THE SPECIAL CONDITIONS OF THE GRANT AWARD ARE NOT BEING ADHERED TO, OR SOME VIOLATIONS OF THE COST PRINCIPLES IS DISCOVERED, HE DISCUSSES THE ISSUES WITH THE CONTROLLER IF THE CONTROLLER SUSTAINS THE PARTICULAR ISSUE, THE CONTROLLER CONTACTS THE APPROPRIATE GRANTS OFFICER AND EXPLAINS WHY APPROPRIATE ACTION IS NECESSARY AND WHAT THE APPROPRIATE CORRECTIVE ACTION WOULD BE PAYROLL COSTS AND TIME ALLOCATIONS ARE REVIEWED BY THE CONTROLLER AS WELL AS THE APPROPRIATE AACC VICE PRESIDENT IN CHARGE OF THE AACC SECTION RECEIVING THE FEDERAL AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ALAMO CCD201 W SHERIDAN SAN ANTONIO,TX 78204	74-6002173	501(C)(3)	9,058				PREGNANCY PREVENTION
ANNE ARUNDEL CC101 COLLEGE PARKWAY ARNOLD,MD 210121895	52-0905706	501(C)(3)	14,975				WORKFORCE DEVELOPMENT
ARAPAHOE5900 SOUTH SANTA FE DRIVE LITTLETON,CO 80160	90-0501944	501(C)(3)	6,000				PLUS 50
BLACK RIVER CC1410 HWY 304 E POCAHONTAS,AR 72455	71-0416918	501(C)(3)	6,000				PLUS 50
BROOKHAVEN CC3939 VALLEY VIEW LANE DALLAS,TX 75244	75-1213149	501(C)(3)	12,706				CLG-LEARN & SERVE
BROOME CC904 UPPER FRONT STREET BINGHAMTON,NY 13905	16-1393336	501(C)(3)	6,000				PLUS 50
BURLINGTON601 PEMBERTON BROWN MILLS RD PEMBERTON,NJ 08068	22-1825538	501(C)(3)	30,000				WORKFORCE DEVELOPMENT
BUTTE CC3536 BUTTE CAMPUS DRIVE OROVILLE,CA 95965	94-1637174	501(C)(3)	8,000				GREEN WORKFORCE
CAPE COD CC2240 IYANNOUGH ROAD WEST BARNSTABLE,MA 02668	04-6002284	501(C)(3)	8,993				LEARN & SERVE, ADULT DEGREE COMPLETION
CC VERMONTPO BOX 120 WATERBURY,VT 05676	03-0213787	501(C)(3)	8,567				CLG-LEARN & SERVE
CCCC FDN1105 KELLY DRIVE SANFORD,NC 27330	56-1644218	501(C)(3)	8,000				GREEN WORKFORCE
CHATTAHOOCHEE CC980 SOUTH COBB DRIVE MARIETTA,GA 30060	58-1788754	501(C)(3)	8,133				PREGNANCY PREVENTION
CLARK COLLEGE1933 FT VANCOUVER WAY VANCOUVER,WA 98663	91-0824167	501(C)(3)	6,200				CIVIC VENTURES, PLUS 50
CLOVERP4500 STILACOOM BLVD SW LAKEWOOD,WA 98499	91-1523641	501(C)(3)	11,600				PLUS 50, ADULT DEGREE COMPLETION
COLCENTRALFLA3001 SW COLLEGE ROAD OCALA,FL 34474	59-1213999	501(C)(3)	9,200				PLUS 50, ADULT DEGREE COMPLETION
CUYAHOGA CC700 CARNEGIE AVENUE CLEVELAND,OH 44115	34-0896630	501(C)(3)	350,000				CLASP
DELTA COLLEGE1961 DELTA ROAD UNIVERSITY CENTER,MI 48710	38-6034011	501(C)(3)	8,000				GREEN WORKFORCE
DISTTRUSTE3209 VIRGINIA AVENUE FORT PIERCE,FL 34981	59-1206516	501(C)(3)	30,000				WORKFORCE DEVELOPMENT
GATEWAY CT790 THOMAS MORE PARKWAY EDGEWOOD,KY 41017	61-1320380	501(C)(3)	250,000				CLASP
GPA DECATU3251 PANTHERSVILLE ROAD DECATUR,GA 30034	58-1660133	501(C)(3)	8,670				PREGNANCY PREVENTION
HAZARD CTCONE COMMUNITY COLLEGE DRIVE HAZARD,KY 41701	61-1320380	501(C)(3)	3,000				PLUS 50, ADULT DEGREE COMPLETION
HILLSBOROUGH CCPO BOX 31127 TAMPA,FL 33631	59-1219841	501(C)(3)	8,000				GREEN WORKFORCE
JOHN WOOD CC1301 SOUTH 48TH STREET QUINCY,IL 62305	42-1027794	501(C)(3)	6,000				PLUS 50
JOHNSON CC12345 COLLEGE BLVD OVERLOOK PARK,KS 66210	48-0735009	501(C)(3)	14,233				PLUS 50
LAGUARDIA CC31-10 THOMSON AVENUE LONG ISLAND CITY,NY 11101	11-3623769	501(C)(3)	185,000				PLUS 50, CLASP
LANSING CCMAIL CODE 8100 LANSING,MI 48901	38-1787641	501(C)(3)	6,000				PLUS 50
PHI THETA KAPPA FDN 1625 EASOVER DRIVE JACKSON,MS 39211	20-5469890	501(C)(3)	175,000				LANZA MEMORIAL SCHOLARSHIP
LONGBEACH CD4901 E CARSON STREET LONG BEACH,CA 90808	95-2654140	501(C)(3)	30,000				WORKFORCE DEVELOPMENT
LORAIN CC1005 NORTH ABBE ROAD ELYRIA,OH 440351691	34-0930187	501(C)(3)	40,518				WORKFORCE DEVELOPMENT
MONTCOLFOU900 HUNGERFORD DRIVE ROCKVILLE,MD 20850	52-1267008	501(C)(3)	10,000				PREGNANCY PREVENTION
MOTT CC1401 EAST COURT STREET FLINT,MI 48503	38-1914697	501(C)(3)	30,000				WORKFORCE DEVELOPMENT
NACCE1 FEDERAL STREET SPRINGFIELD,MA 01105	26-0704711	501(C)(3)	55,000				WORKFORCE DEVELOPMENT
NE JR COLLEGE100 COLLEGE DRIVE STERLING,CO 80751	84-0644739	501(C)(3)	8,000				PLUS 50, ADULT DEGREE COMPLETION
NE WISC TECH2740 WEST MASON STREET GREEN BAY,WI 54307	39-1087141	501(C)(3)	37,552				WORKFORCE DEVELOPMENT
NO IOWA CC500 COLLEGE DRIVE MASON CITY,IA 50401	42-0930155	501(C)(3)	30,000				WORKFORCE DEVELOPMENT
NORTH HAMPTON3835 GREEN POND ROAD BETHELEM,PA 18020	23-6417444	501(C)(3)	290,000				CLASP
OWENS SCC30335 OREGON ROAD PERRYSBURG,OH 43551	34-1059164	501(C)(3)	6,000				PLUS 50
OWENSBORO CC4800 NEW HARTFORD RD OWENSBORO,KY 42383	61-1320380	501(C)(3)	50,000				CLASP
PHILLIPS CCPO BOX 785 HELENA,AR 72342	71-0388796	501(C)(3)	10,000				AUSTIN LEADERSHIP AWARD
PITT CC1986 PITT TECH ROAD WINTERVILLE,NC 28590	56-0793335	501(C)(3)	6,000				PLUS 50
PORTLAND CCPO BOX 19000 PORTLAND,OR 97280	93-0811291	501(C)(3)	5,000				PLUS 50
PRINCE GEORGES CC301 LARGO ROAD LARGO,MD 20774	23-7011243	501(C)(3)	7,400				PLUS 50
RES FDN CU230 W 41ST STREET NEWYORK,NY 10036	11-3623769	501(C)(3)	130,000				CLASP
RIO SALADO CC2323 WEST 14TH STREET TEMPE,AZ 852816950	86-0185552	501(C)(3)	30,000				WORKFORCE DEVELOPMENT
SAINT LOUIS CC300 S BROADWAY ST LOUIS,MO 63102	43-0786590	501(C)(3)	9,200				PLUS 50, ADULT DEGREE COMPLETION
SALT LAKE CC4600 SOUTH REDWOOD ROAD SALT LAKE CITY,UT 84130	87-6000448	501(C)(3)	7,685				CLG-LEARN & SERVE
SAN JACINTO4624 FAIRMONT PARKWAY PASADENA,TX 77504	74-6028285	501(C)(3)	6,000				PLUS 50
SANTA FE CC6401 RICHARDS AVENUE SANTA FE,NM 87508	85-0311615	501(C)(3)	33,000				WORKFORCE DEVELOPMENT
SECOMCOLL285 SOUTH 68TH STREET PLACE LINCOLN,NE 68510	47-0549567	501(C)(3)	30,000				WORKFORCE DEVELOPMENT
SKYLINE COLLEGE3300 COLLEGE DRIVE SAN BRUNO,CA 94066	94-3084147	501(C)(3)	220,000				CLASP
SMCCCDSKYLINE COLLEGE SAN MATEO,CA 94402	94-3084147	501(C)(3)	50,000				CLASP
SOUTH SIDE VA109 CAMPUS DRIVE ALBERTA,VA 23821	54-1268539	501(C)(3)	6,000				PLUS 50
SPOON RICC DC23235 NORTH COUNTY 22 HIGHWAY CANTON,IL 61520	37-0895488	501(C)(3)	8,000				PLUS 50, ADULT DEGREE COMPLETION
UC CLERMONTUNI CINCINNATIPO BOX 691031 CINCINNATI,OH 45269	31-6000989	501(C)(3)	9,371				CLG-LEARN & SERVE
WAUBONS CCRT 47 AT WAUBONSEE DRIVE SUGAR GROVE,IL 60554	36-6153030	501(C)(3)	6,000				PLUS 50
WEST VA UNIV300 CAMPUS DRIVE PARKERSBURG,WV 26104	55-0523820	501(C)(3)	14,000				PLUS 50
WESTCHESTER75 GRASSLANDS ROAD VALHALLA,NY 10595	13-6608356	501(C)(3)	5,000				PLUS 50
WESTERN PEIDMONT CC 1001 BURKEMONT AVENUE MORGANTON,NC 28655	56-0816544	501(C)(3)	12,989				CLG-LEARN & SERVE
WHITEMOUNT2020 RIVERSIDE DRIVE BERLIN,NH 03570	02-6000618	501(C)(3)	30,000				WORKFORCE DEVELOPMENT
ZANE STATE COLLEGE1500 NEWARK ROAD ZANESVILLE,OH 43701	31-0796550	501(C)(3)	25,000				LEADERSHIP TRAINING

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
AMERICAN ASSOCIATION OF COMMUNITY COLLEGES

Employer identification number  
53-0196569

Part I

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, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a Yes	
		4b Yes	
		4c	No
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III.	5a	No
		5b	No
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III.	6a	No
		6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  
**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)WALTER BUMPHUS PRESIDENT	(i) (ii)	494,450 0	0 0	0 0	57,160 0	17,368 0	568,978 0	55,550 0
(2)DONALD BROWN FORMER VP & CHIEF FINANCIAL OFFICER	(i) (ii)	152,597 0	0 0	0 0	15,260 0	17,467 0	185,324 0	15,216 0
(3)DAVID BAIME VP GOVERNMENT RELATIONS	(i) (ii)	206,086 0	0 0	0 0	20,609 0	22,924 0	249,619 0	19,439 0
(4)NORMA KENT VP COMMUNICATIONS	(i) (ii)	155,063 0	0 0	0 0	15,506 0	17,306 0	187,875 0	15,288 0
(5)JAMES MCKENNEY VP WORKFORCE & ECONOMIC DEVELOPMENT	(i) (ii)	135,868 0	0 0	0 0	13,587 0	1,355 0	150,810 0	13,776 0
(6)GAIL SCHWARTZ SVP INNOVATIVE LEARNING AND STUDENT	(i) (ii)	148,243 0	0 0	0 0	14,824 0	1,624 0	164,691 0	0 0

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE CEO'S SPOUSE IS PRESENT IN THE MEETINGS FROM TIME TO TIME WHEN THE ORGANIZATION'S BUSINESS REQUIRES THE ORGANIZATION REIMBURSES THE REASONABLE COST OF TRAVEL, MEALS AND LODGINGS RELATED TO ATTENDANCE AT SUCH MEETINGS THE ORGANIZATION PAYS ALL THE INCOME AND PAYROLL TAXES ON THE HOUSING ALLOWANCES THAT THE CEO RECEIVES THE ORGANIZATION PAYS THE INITIATION FEE AND ANNUAL DUES FOR THE CEO AND HIS SPOUSE TO JOIN A SOCIAL CLUB TO ASSIST THE CEO IN PERFORMING HIS DUTIES AS REQUIRED BY THE ORGANIZATION
	PART I, LINES 4A-B	CONTRIBUTED TO 457B PLAN FOR THE PRESIDENT OF THE ORGANIZATION

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization AMERICAN ASSOCIATION OF COMMUNITY COLLEGES	Employer identification number 53-0196569
--	--

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS 1,100 MEMBER COLLEGES
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS (1,100 COMMUNITY COLLEGE PRESIDENTS) ELECT THE BOARD OF DIRECTORS (32) BY MAIL BALLOT THE BOARD OF DIRECTORS ELECTS OR APPOINTS OFFICERS OF THE ASSOCIATION
	FORM 990, PART VI, SECTION B, LINE 11	THE BOARD OF DIRECTORS DELEGATES ITS RESPONSIBILITY FOR REVIEW OF THE FORM 990 TO THE AUDIT AND FINANCE COMMITTEE OF THE BOARD, DUE TO THE CONFLICTING NEEDS FOR TIMELINESS OF REPORT SUBMISSION AND THE FACT THAT THE BOARD MEETS ONLY THREE TIMES PER YEAR THE AUDIT AND FINANCE COMMITTEE REVIEWS THE 990 WITH A MINIMUM OF ONE WEEK NOTICE TO FORWARD COMMENTS, QUESTIONS AND SUGGESTIONS TO OTHER COMMITTEE MEMBERS A COMMITTEE TELECONFERENCE MAY BE CALLED AT THE DISCRETION OF THE COMMITTEE CHAIR TO REVIEW THE 990 ALL MEMBERS OF THE BOARD OF DIRECTORS RECEIVE A COPY OF THE 990 SUBSEQUENT TO ACCEPTANCE OF THE REPORT BY THE AUDIT AND FINANCE COMMITTEE AND PRIOR TO FILING THE FORM
	FORM 990, PART VI, SECTION B, LINE 12C	COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED BY BOTH THE PRESIDENT/CEO AND CFO THE CFO REVIEWS ALL FINANCIAL TRANSACTIONS AND IS THE KEY POINT OF IDENTIFICATION OF POTENTIAL CONFLICTS IF A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED, THE PARTICULAR SITUATION IS DISCUSSED WITH OUTSIDE LEGAL COUNSEL TO DETERMINE IF FURTHER REVIEW AND ACTIONS ARE WARRANTED IF SO, THE MATTER IS THEN TAKEN TO THE CHAIRPERSON OF THE EXECUTIVE COMMITTEE (CHAIRPERSON OF THE BOARD) FOR SUBSEQUENT RESOLUTION
	FORM 990, PART VI, SECTION B, LINE 15	CEO COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS IN CONSULTATION WITH OUTSIDE LEGAL COUNSEL, FOLLOWING BEST PRACTICES INCLUDING FORMAL PERFORMANCE EVALUATION AND REVIEW OF COMPARATIVE DATA FOR CEO POSITIONS IN SIMILAR ORGANIZATIONS ALL OTHER OFFICERS, SENIOR MANAGEMENT AND KEY EMPLOYEES RECEIVE PERFORMANCE EVALUATIONS AND ARE SUBJECT TO THE SAME COMPENSATION POLICIES AND PROCEDURES AS ALL NON-CEO POSITIONS IN THE ASSOCIATION
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST
OTHER FEES	FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES AND CONSULTANTS PROGRAM SERVICE EXPENSES 2,077,127 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 3,875 TOTAL EXPENSES 2,081,002 SUBCONTRACTED SERVICES PROGRAM SERVICE EXPENSES 2,897,565 MANAGEMENT AND GENERAL EXPENSES 59,239 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,956,804 SALES COMMISSIONS PROGRAM SERVICE EXPENSES 206,550 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 206,550
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH SEABROOKS JR BOARD MEMBER	2 00	X						0	0	0
JAMES SELBE BOARD MEMBER	2 00	X						0	0	0
LYNDA STANLEY BOARD MEMBER	2 00	X						0	0	0
KAREN STOUT BOARD MEMBER	2 00	X						0	0	0
RICARDO TORRES BOARD MEMBER	2 00	X						0	0	0
JENNIFER WIMBISH BOARD MEMBER	2 00	X						0	0	0
BETTY YOUNG BOARD MEMBER	2 00	X						0	0	0
WALTER BUMPHUS PRESIDENT	35 00			X				494,450	0	74,528
DONALD BROWN FORMER VP & CHIEF FINANCIAL OFFICER	35 00			X				152,597	0	32,727
DAVID BAIME VP GOVERNMENT RELATIONS	35 00				X			206,086	0	43,533
NORMA KENT VP COMMUNICATIONS	35 00				X			155,063	0	32,812
JAMES MCKENNEY VP WORKFORCE & ECONOMIC DEVELOPMENT	35 00					X		135,868	0	14,942
RAMSAY JOHNSON INTERIM SENIOR VP, COO & CFO	35 00					X		118,784	0	27,182
GAIL SCHWARTZ SVP INNOVATIVE LEARNING AND STUDENT SUCCESS	35 00					X		148,243	0	16,448
JEFF MILLS DIRECTOR INTERNET SERVICES	35 00					X		122,548	0	13,508
ANGEL ROYAL CHIEF OF STAFF	35 00					X		123,098	0	22,144



Additional Data

Software ID:

Software Version:

EIN: 53-0196569

Name: AMERICAN ASSOCIATION OF COMMUNITY COLLEGES

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARIE FOSTER GNAGE BOARD CHAIR	2 00	X		X				0	0	0
JANE KARAS BOARD CHAIR ELECT	2 00	X		X				0	0	0
MYRTLE DORSEY PAST CHAIR	2 00	X						0	0	0
KENNETH ATWATER BOARD MEMBER	2 00	X						0	0	0
LARRY BAILEY BOARD MEMBER	2 00	X						0	0	0
QUINTIN BULLOCK BOARD MEMBER	2 00	X						0	0	0
MICHAEL RCHIPPS BOARD MEMBER	2 00	X						0	0	0
RICHARD DURAN BOARD MEMBER	2 00	X						0	0	0
CHARLENE DUKES BOARD MEMBER	2 00	X						0	0	0
KAREN ELZEY BOARD MEMBER	2 00	X						0	0	0
KENNETH ENDER BOARD MEMBER	2 00	X						0	0	0
EUGENE GIOVANNINI BOARD MEMBER	2 00	X						0	0	0
PATRICIA GRANADOS BOARD MEMBER	2 00	X						0	0	0
JONATHAN GUEVERRA BOARD MEMBER	2 00	X						0	0	0
ERMA JOHNSON HADLEY BOARD MEMBER	2 00	X						0	0	0
G EDWARD HUGHES BOARD MEMBER	2 00	X						0	0	0
ALEX JOHNSON BOARD MEMBER	2 00	X						0	0	0
CAROLE BEROTTE JOSEPH BOARD MEMBER	2 00	X						0	0	0
LEE LAMBERT BOARD MEMBER	2 00	X						0	0	0
CINDY L MILES BOARD MEMBER	2 00	X						0	0	0
SCOTT MURAKAMI BOARD MEMBER	2 00	X						0	0	0
WILFREDIO NIEVES BOARD MEMBER	2 00	X						0	0	0
SHIRLEY REED BOARD MEMBER	2 00	X						0	0	0
PATRICIA ROWELL BOARD MEMBER	2 00	X						0	0	0
THELMA SCOTT-SKILLMAN BOARD MEMBER	2 00	X						0	0	0