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**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For th	ne 2013 calend	dar year, or tax	year begi	nning		, 2013	B, and e	ndlng				,		
В	Check if	f applicable	C Name of organiz	ation AME	RICAN MATHE	MATICAL ASS	OCIATION OF	TWO Y	EAR C	OLLEGES	D Empl	oyer Iden	tification N	umber	
	Ad	idress change	Doing Business	As							11-	-2531	1258		
	Na	ame change	Number and stre	et (or PO bo	ox if mail is not de	elivered to street a	address)	R	loom/su	lte	E Telep	hone nun	nber		
	In	itial return	5983 MACON	N COVE				ĺ			(90	01) 3	333-62	43	
	Те	erminated	City or town, star	te or province	e, country, and ZII	P or foreign posta	ıl code								
	Ar	mended return	MEMPHIS				TN	381	34-7	7642	<b>G</b> Gross	receipts	\$7,21	7,602.	
	Ap	oplication pending	F Name and addre	ess of princips	al officer				F	l(a) is this a	group retu	rn for sub	ordinates?	Yes	XNo
	_		DR CHERYL CLEAVE	S 5983	MACON_CO	VE MEMPH	IS T	'N 38134-	7642	l(b) Are all s If 'No,' a	ubordinate	s include	d? tructions)	Yes	No
ı	Tax-	exempt status	X 501(c)(3)	501(c) (	) 🗖	(insert no )	4947(a)(1) c	or 52	27	, .		. (000			
J	Wel	bsite: ► N/	A						H	l(c) Group e	exemption r	number	<b>-</b>		
K	Form	of organization	X Corporation	Trust	Association	Other >	L	Year of fo	mation	1974	M	State of	legal domici	e TN	
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Ranting	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.

Sign Here	Signature of officer  Executive Di Type or print name and title.	sector Emeric	<u></u>	Date	//
Paid	Print/Type preparer's name VICKI W. DEWEESE, CF	Preparer's signature	ween 08/06/14	Check If self-employed	PTIN P00807523
Preparer Use Only		D ASSOCIATES R AVE STE 415	TN 38157-0415	Firm's EIN ► 62	2-1797886 01) 763-0556
May the IRS	discuss this return with the prepare	er shown above? (see instru			X Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 11/08/13

Form 990 (2013)

	990 (2013) AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES	11-2531258	Page 2
Par	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u>.</u> X
1	Briefly describe the organization's mission:		
	TO PROMOTE AND INCREASE AWARENESS OF THE ROLE OF TWO-YEAR COLLEG	GES IN MATHEMA	TICS
	EDUCATION, AND TO 1) ENSURE THE PREPARATION OF SCIENTIFICALLY AND T	ECHNOLOGICALLY	LITERATE
	See Form 990, Page 2, Part III, Line 1 (continued)	. <b></b>	
2	Did the organization undertake any significant program services during the year which were not listed on the	prior	
	Form 990 or 990-EZ?	_	s X No
	If 'Yes,' describe these new services on Schedule O.	لبا	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? Ye	s X No
	If 'Yes,' describe these changes on Schedule O.	ليا	
4	Describe the organization's program service accomplishments for each of its three largest program services	, as measured by expe	nses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported.	nt of grants and allocati	ons to
4 8	(Code:) (Expenses \$441, 980. including grants of \$)	(Revenue \$	451,786.)
	AMERICAN MATHEMATICAL ASSOCIATION OF TWO-YEAR COLLEGES ANNUAL		
	CONFERENCE.		
	<u></u>		
			. <b></b>
4	b (Code:) (Expenses \$30,950. including grants of \$)	(Revenue \$	0.)
	DEVELOPMENTAL MATH REFORM AND PROFESSIONAL DEVELOPMENT		
		<del> </del>	. <b>-</b>
			<del>-</del> <del></del> -
4	c (Code: ) (Expenses \$ 85,721. including grants of \$ 0.)	(Revenue \$	1,650.)
	PUBLICATIONS AND LIAISON WITH OTHER ORGANIZATIONS TO PROMOTE		
	EDUCATION IN MATHEMATICS		- <del></del>
			<del></del> -
		<b></b>	
4	d Other program services. (Describe in Schedule O.)	· · · · · · · · · · · · · · · · · · ·	
		\$ 11,25	1.)
	e Total program service expenses ► 562,673.		

Par	tilV® 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
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		х
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7_		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
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		Х
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		Х
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.			<b>A</b>
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule  D, Part VI	11 a	х	
	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	11 b		х
	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	11 c		х
	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	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
	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	12 b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<u> </u>	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16	_	х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	complete Schedule G, Part III ,	19		х
20	a Did the organization operate one or more hospital facilities? If Yes,' complete Schedule H	20		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 t	<u> </u>	

Form 990 (2013) AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES

[Part: IV - 2] Checklist of Required Schedules (continued)

_			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
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		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	24a	_	x
t	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		
c	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
t	o Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If so, complete Schedule L, Part II	26	- •	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
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)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
!	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
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? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ļ	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

BAA

Form 990 (2013)

# Part V. Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					. П
•					Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	11			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and (gambling) winnings to prize winners?	l reporta	ble gaming	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	0		7	4
b	If at least one is reported on line 2a, did the organization file all required federal employment tax re	eturns?		2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)				শে <b>র</b> কিল
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3 a		Х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O			3 b	1	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financial	er autho al accou	nity over, a nt)?	4 a		х
b	If 'Yes,' enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance	cial Acco	unts.		34 Dog	P. Carlo
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tran			5 b		X
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and dissolicit any contributions that were not tax deductible as charitable contributions?	d the org	ganization	6 a		х
t	If 'Yes,' did the organization include with every solicitation an express statement that such contribution tax deductible?			6 b		
7	Organizations that may receive deductible contributions under section 170(c).					era e Arri Kalandar
8	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly f services provided to the payor?	for good	s and	7 a		Х
t	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7 b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which if	t was re	quired to file			,
	Form 8282?	 I – .l		7 c		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year					3.7
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benef			7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file as required?			7 g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ Form 1098-C?	• • • •		7 h	- + 5°°	*****
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, have enabled as any time during the year?	ng orga excess b	nizations. Did the usiness	8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9 b		
	Section 501(c)(7) organizations. Enter:			-		7 7
	Initiation fees and capital contributions included on Part VIII, line 12	10 a				
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			7	
11	Section 501(c)(12) organizations. Enter:			3,1		
	a Gross income from members or shareholders	11 a				
١	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	116				
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F	1 1	117	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b				i
	Section 501(c)(29) qualified nonprofit health Insurance Issuers.			42 -		`
;	a is the organization licensed to issue qualified health plans in more than one state?			13 a		
	Note. See the instructions for additional information the organization must report on Schedule O.					li .
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b				
	c Enter the amount of reserves on hand	13 c		44		v
	a Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sched	ui⊎ U .	<u> </u>	14 b		

Form 990 (2013) AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES 11-2531258 Page 6 Partivist Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 **b** Enter the number of voting members included in line 1a, above, who are independent . . . . . 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х 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 Did the organization make any significant changes to its governing documents 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . . Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х 8 b Х 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 . . . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Х b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . . . Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х 12 c Х 14 Х 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? Х 15 a 15 b Х 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 X 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? . . . . . . . . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ See Form 990, Page 6, Line 17 (continued) Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Other (explain in Schedule O) Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

5983 MACON ROAD MEMPHIS

TEEA0106 07/02/13

TN 38134-7642 (901) 333-6243

Form 990 (2013)

Form <b>990</b> (2013)	AMERICAN MATHEMATICA	ASSOCIATION OF TWO YEAR COLLEGES	11-2531258 Page
Part VII Com	pensation of Officers pendent Contractors	Directors, Trustees, Key Employees, Highe	est Compensated Employees, and

•	Check if Schedule O contains a response or note to any line in this Part VII
Section A	. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organization	nor any rela	ated or	rgani	zati	on c	omper	ısat	ed any current officer,	director, or trustee.	
				(C	;)					
(A) Name and Title	(B) Average hours per week (list any hours	offic	er an	d a di	heck erson recto	more that is both r/trustee	)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable  compensation from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted fine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JAMES ROZNOWSKI	1.00									
PRESIDENT		Х		Х		<u> </u>				
(2) ROBERT FARINELLI	1.00					ļ	1			
PAST PRESIDENT		Х		Х			ļ			
(3) NANCY SATTLER	1.00									
PRESIDENT-ELECT		Х		Х		<u> </u>	ļ			
_(4)_MARGIE_HOBBS	1.00	l		İ	1					
TREASURER		X	lacksquare	X	<u> </u>	ļ	<u> </u>			
(5) MARY ORRANGE	1.00	1	1	1		ł				
SECRETARY	<u> </u>	Х	<u> </u>	Х						
(6) JANE TANNER	1.00	1				}				
VP	١.	X		Х	L	<u> </u>	<u> </u>			
_(7)_CHRIS_ALLGYER	1.00	į				ł	1			
VP		Х	<u> </u>	X		<u> </u>	_			
_(8)_JAMES_HAM	1.00	1		ļ	İ					
VP		X	<u> </u>	X	lacksquare					
(9) BRUCE YOSHIWARA	1.00	1			ĺ					
VP	<u> </u>	X	┺	Х	╙		<u> </u>		ļ	
(10) STEFAN BARATTO	1_00				1		1			•
VP		X.	ļ.,	X	Ļ		┡			
(11) KATHRYN KOZAK	1.00	1				}	1			
VP		X	ļ	X	$\vdash$	<u> </u>	$\vdash$			
(12) ANNETTE COOK	1.00	1	1				1			
VP	<b>↓</b>	X	<del> </del>	X	╄-	<b>↓</b>	┡			
(13) NICOLE LANG	1.00	1								
VP	<del>                                     </del>	X	-	X	1	1-	┼	ļ	<del> </del>	
(14)	4	1								
			1_	1			上	1	<u> </u>	1

. (A) Name and title	Average hours per week	box offi	cer ar	Position check more than one ess person is both an and a director/trustee)			ne an	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	Esti amoun		(F) mated t of othe	er
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	omer	(W-2/1099-MISC)	(W-2/1099-MISC)		from organ and	m the nization related nizations	
<u>(15)</u>										+-			
(16)	<del> </del>		H					182					
<u>(17)</u>				$\vdash$									
<u>(18)</u>	<del> </del>	-											
(19)		<u> </u>											
(20)		-	-		-	-					-	_	
(21)	<del> </del>												<u> </u>
(22)		_						,				****	
(23)													
(24)				$\vdash$									
(25)	<del> </del>											-	
1 b Sub-total							>						
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<b>&gt;</b>						
2 Total number of individuals (including but not limited from the organization ►	to those	liste	d ab	ove)	) who	rece	eive	d more than \$100,	000 of reportable o	comp	ensati	on	
									· · · · · · · · · · · · · · · · · · ·		ينطو والتاجه	Yes	No No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such inc											3		X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	nan \$150	,0007	? If "	Yes'	com	plete	Sci	hedule J for			4		X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	ompensa	ition f	rom	any	unre	elated	d org	ganızation or ındivi	dual	ļ	5		
Section B. Independent Contractors  1 Complete this table for your five highest compensate compensation from the organization. Report comper	ed indepe	ender	nt co	ontra	ctor	s that	rec	eived more than \$	100,000 of				
(A) Name and business addre		J			<u> , </u>	<b></b>		(B Description	)		((	C) nsatio	n
		_			_								
2 Total number of independent contractors (including \$100,000 of compensation from the organization	but not lir ►	mited	l to t	ihose	e list	ed at	ove	e) who received mo	ore than				

11-2531258

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues				
중	h Total. Add lines 1a-1f	▶ 216,117.			
	Business Co	de			
SE REVE	b STUDENT MATH LEAGUE 611710	451,786. 4,850.	451,786. 4,850.	0.	0. 0.
M SERV	d				
8	f All other program service revenue			-	
옱	g Total. Add lines 2a-2f	·· <b>&gt;</b> 456,636.			
	Investment income (including dividends, interest and other similar amounts)		0.	0.	97,439.
	5 Royalties	•			
	(i) Real (ii) Person  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)	nal			
	d Net rental income or (loss)	▶			1
	7 a Gross amount from sales of assets other than inventory.  (i) Securities (ii) Other				- ,
	b Less cost or other basis and sales expenses 6, 443, 404.				
	c Gain or (loss)4,045. d Net gain or (loss)	4 045			4 045
OTHER REVENUE	8 a Gross income from fundraising events (not including\$ of contributions reported on line 1c).	-4,045.	0.	0.	-4,045.
亞	See Part IV, line 18 a b Less. direct expenses b	<del> </del>	ĺ		
Ę	c Net income or (loss) from fundraising events		ł		<del> </del>
	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b				1
	c Net income or (loss) from gaming activities	►			
	10 a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b				ļ
	c Net income or (loss) from sales of inventory			···	<del> </del>
	Miscellaneous Revenue Business Co			·····	<del> </del>
	11a ADVERTISING INCOME 900099	7,755.	7,755.	0.	0.
	b MISCELLANEOUS 9000099	296.	296.	0.	0.
	d All other revenue	0.051		· · · · · · · · · · · · · · · · ·	<del> </del>
	12 Total revenue. See instructions		464,687.	0.	93,394.

# 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).

Do n 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
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				an each
<b>4</b> 5	Benefits paid to or for members				
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
- 9 -	- Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management	72,164.	0.	72,164.	0.
	Legal				
C	Accounting	5,245.	0.	5,245.	_0.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		AND AND AND AND AND AND AND AND AND AND		
f	Investment management fees	14,808.	0.	14,808.	0.
9 12	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion	1,000.	1,000.	0.	0.
13	Office expenses	30,548.	0.	30,548.	0.
14	Information technology	307340.		30,340.	<u> </u>
15	Royalties			<del></del>	<del></del>
16	Occupancy	2,090.	0.	2,090.	0.
17	Travel	15,260.	15,175.	85.	, 0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	452,147.	441,980.	10,167.	0.
20	Interest				
21	Payments to affiliates			ļ	
22	Depreciation, depletion, and amortization	2,986.	0.	2,986.	0.
23	Insurance	8,080.	0.	8,080.	0.
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.)			ia.	
a	WEBINARS/TRAINING	4,026.	0.	4,026.	0.
	LIAISON	39,709.	39,709.	0.	
	PUBLICATIONS	46,012.	46,012	0.	0.
	PARTICIPANT SUPPORT	13,699.	13,699.	0.	0.
	All other expenses	10,856.	5,098.	5,758.	0.
25	Total functional expenses. Add lines 1 through 24e.	718,630.	562,673.		0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here  if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
T	1	Cash — non-interest-bearing		1	
	2	Savings and temporary cash investments	353,753.	2	186,843.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	18,078.	4	16,905.
	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	
	_	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	
A	7	Notes and loans receivable, net		7	
A S E T S	8	Inventories for sale or use		8	
<b>F</b>	9	Prepaid expenses and deferred charges	· · · · · · · · · · · · · · · · · · ·	9	10 450
S	_		24,528.	9	19,456.
		Land, buildings, and equipment cost or other basis.  Complete Part VI of Schedule D			
	b	Less. accumulated depreciation		10 c	8,103.
-	11	Investments – publicly traded securities	#/0.12/0/2	11	1,901,239.
l	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
ļ	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,946,155.	16	2,132,546.
	17	Accounts payable and accrued expenses		17	62,867.
]	18	Grants payable		18	
	19	Deferred revenue	13/230.	19	23,920.
ㅏ	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
LLIT	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	
- i	23	Secured mortgages and notes payable to unrelated third parties		23	
S	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		25	,
	26	Total liabilities. Add lines 17 through 25	. 51,970.	26	86,787.
ZET .		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
S	27	Unrestricted net assets		27	1,795,384.
ASSETS	28	Temporarily restricted net assets		28	173,536.
	29	Permanently restricted net assets	63,706.	29	76,839.
P.		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
UZC1	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ļ	32	Retained earnings, endowment, accumulated income, or other funds		32	
日本レベアンビの	33	Total net assets or fund balances		33	2,045,759.
Ĕ	34	Total liabilities and net assets/fund balances		34	2,132,546.
BA					Form 990 (2013)

Form 990 (2013) AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES	11-25	31258		Page	e 12
Part XI Reconciliation of Net Assets					
Check if Schedule O contains a response or note to any line in this Part XI	· · · · · · ·				$\Box$
1` Total revenue (must equal Part VIII, column (A), line 12)	[	1	77	4,19	<del>.</del> 8
2 Total expenses (must equal Part IX, column (A), line 25)	[	2		8,63	
3 Revenue less expenses. Subtract line 2 from line 1		3		5,56	
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	[	4	1,89		
5 Net unrealized gains (losses) on investments	[	5		6,00	
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			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
column (B))	1	0	2,04	5,75	<u> 9.</u>
Part XII Financial Statements and Reporting					
Check if Schedule O contains a response or note to any line in this Part XII					$\Box$
				Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			1.7%		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain			1	391	
in Schedule O.			14		13
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	red on a				o .
Separate basis Consolidated basis Both consolidated and separate basis			1 1		
b Were the organization's financial statements audited by an independent accountant?			2 b	х	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ	rate		1331		.6.4
basis, consolidated basis, or both.				4	1
X Separate basis Consolidated basis Both consolidated and separate basis					10 A
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit,		2 c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	e Single		3 a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re-	quired audi	t			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3 b		
BAA			Form 9	990 (20	013)

TEEA0112 07/08/13

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

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

AME	RIC	CAN MATHEMATIC	AL ASSOCIATIO	N OF TWO YEAR	COLLEC	ES			<u> 11-25</u>	<u>31258</u>			
Par	t l	Reason for Publ	lic Charity Status	(All organizations r	nust co	mplete	this pa	art.) So	ee instr	uctions			
The	orgar	nization is not a private	foundation because it	is: (For lines 1 through 1	1, check	only on	box.)	-					
1		A church, convention	of churches or associa	tion of churches describe	ed in sec	tion 170	(b)(1)(A	)(i).					
2	П	A school described in	section 170(b)(1)(A)(	ii). (Attach Schedule E.)									
3	_			organization described in	section	170(b)(	l)(A)(iii).						
4	H	•	•	conjunction with a hosp					)(A)(iii)	Enter the	e hospital's		
-	Ш	name, city, and state:	<b>J</b>					,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
5	П		ited for the benefit of a	college or university ow	ned or op	erated b	y a gove	ernment	al unit de	scribed	in section		
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7													
8		A community trust des	scribed in section 170	(b)(1)(A)(vi). (Complete	Part II.)								
9		An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10			•	clusively to test for public	-						-	_	_
11		more publicly support	ed organizations desci	clusively for the benefit of tabed in section 509(a)(1) n and complete lines 116	or section	n 509(a	unctions )(2). See	of, or consection	arry out t n 509(a)	he purpo (3). Cheo	oses of one ck the box th	or nat	
		a Type I b	Type II c	Type III - Function	ally integ	rated	d	ı 📙 1	ype III -	Non-fu	nctionally int	tegrate	ed
•	• 🗌	By checking this box, other than foundation section 509(a)(2).	I certify that the organ managers and other the	ization is not controlled on than one or more publicly	lirectly or supporte	indirectled organ	y by one izations	or more describe	e disqual ed in sec	ified per tion 509(	sons (a)(1) or		
1	f	If the organization red	eived a written determ	nation from the IRS that	is a Typ	e I, Type	II or Ty	pe III su	pporting	organiza	ntion,		. 🔲
	9	Since August 17, 200	6, has the organization	accepted any gift or co	ntribution	from ar	y of the	followin	g person	s?			
		•	•	,			-					Yes	No
		below, the gove	erning body of the supp	trols, either alone or togo ported organization?			• • • •				. 11 g (i)		
		(ii) A family member	er of a person describe	d in (i) above?							. 11 g (ii)		
		(iii) A 35% controlle	ed entity of a person de	escribed in (i) or (ii) above	e?						· 11 g (iii)		
	h			supported organization(s							1		L
		(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (i) your go	(iv) is the rganization in the organization in column (i) ilsted in our governing support?  (vi) is the organization in column (i) organization in column (i) organized in the U S?					(vii) Amount supp		etary
					Yes	No	Yes	No	Yes	No			
(A)			1	1	1	1	ı	I	1 1	ı <b>∤</b>			
<u></u>			1				l		]				
					<del> </del>						· · · · · · · · · · · · · · · · · · ·		
(B)			1				<u>.</u>						
(B)													
													··
(B) (C)													
(C)													
(C) (D)													
(C)													

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

Schedule A (Form 990 or 990-EZ) 2013

AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES 11-2531258

Part III 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.)

Sect	ion A. Public Support	<u>.</u>			···-		
Caler begir	dar year (or fiscal year ining in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	371,535.	307,621.	190,882.	177,251.	216,117.	1,263,406.
	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	371,535.	307,621.	190,882.	177,251.	216,117.	1,263,406.
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						1,263,406.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	371,535.	307,621.	190,882.	177,251.	216,117.	1,263,406.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,737.	50,443.	45,881.	26,178.	97,439.	275,678.
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.)	14,461.	6,395.	9,048.	8,321.	8,051.	46,276.
11	Total support. Add lines 7 through 10						1,585,360.
12	Gross receipts from related activit	ies, etc (see instru	ctions)			12	
13	First five years. If the Form 990 organization, check this box and s	s for the organizati	on's first, second,	third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	▶ 🔲
	tion C. Computation of Pu				<del></del>		<del>,</del>
	Public support percentage for 201	3 (line 6, column (	f) divided by line 1	1, column (f))		14	79.69 %
15	Public support percentage from 2						82.80 %
	a 33-1/3% support test — 2013. If and stop here. The organization	qualifies as a publi	cly supported orga	nization			► X
l	33-1/3% support test — 2012. If and stop here. The organization	the organization di qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, anization	and line 15 is 33-1/	3% or more, check	this box
17 8	a 10%-facts-and-circumstances to or more, and if the organization meters the 'facts-	eets the 'facts-and	-cırcumstances' te	st, check this box	and <b>stop here.</b> Ex	plain in Part IV how	/ <del></del>
	o 10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and	eets the 'facts-and -circumstances' tes	l-circumstances' te st. The organization	st, check this box n qualifies as a pul	and <b>stop here.</b> Exp blicly supported org	plain in Part IV how ganization	v the
18	Private foundation. If the organize	zation did not chec	k a box on line 13,	16a, 16b, 17a, or	17b, check this bo	x and see instruction	ons ▶ [_
244					90	hadula A (Form 90	0 or 990-FZ) 2013

Part III Support Schedule for Organizations Described In Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support					•		
	lar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include		* · · · · · · · · · · · · · · · · · · ·					<u>(7 / C.C.</u>
2	any 'unusual grants.')   Gross receipts from admis-							
	sions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
	Gross receipts from activities that are not an unrelated trade or business under section 513					 I		
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
6	Total. Add lines 1 through 5			•				
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	-						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total Support. (Add Ins 9,10c, 11 and 12)							
14	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sec	tion 501(c)(3	)	▶ □
Sec	tion C. Computation of Pu							
15	Public support percentage for 201			3, column (f))			15	
16	Public support percentage from 20	•	•	, , , ,			16	<del></del>
	tion D. Computation of Inv							<del></del>
17	Investment income percentage for				<u> </u>		17	<del></del>
18	Investment income percentage for	•	, ,	•	••		18	<del></del>
	nivesument maxing percentage fr	// LU LU IL JUITUUIU	7, Faitii, iii <del>V</del> 17				10	<u> </u>
	• •		- حاد دام حجم فمصامرا	ال = 44 مصالحميد	line 46 is //	- 20 4/00/		
19 a	33-1/3% support tests — 2013. If is not more than 33-1/3%, check to 33-1/3% support tests — 2012. If	f the organization of his box and <b>stop</b> h f the organization of	ere. The organiza	ition qualifies as a p k on line 14 or line	publicly supported 19a. and line 16 is	organization more than 3	 3-1/3%, and	اسا
19 a	33-1/3% support tests - 2013. If	f the organization of his box and <b>stop</b> h f the organization of	ere. The organiza	ition qualifies as a p k on line 14 or line	publicly supported 19a. and line 16 is	organization more than 3	 3-1/3%, and	اسا

		<u>0 or 9</u> 90-EZ) 2		ICAN MATHEMATIC					
Part IV	or 17b;	emental Inf and Part III structions).	l, line 12. Al	Provide the ex so complete th	planations renis part for ar	equired by Pay additional	art II, line 10 information.	; Part II, line 1	7a
<u>Pt _IJ _</u>	<u>Line 10</u>	: MISCEL	LANEQUS_						
<u>Pt II</u>	<u> Line 10</u>	:_Descri	pti <u>on: M</u>	<u>ISCELLANEOU</u>	<u>s</u> _				
<u>Pt_II</u>	Line 10	: _2009:_	14461			~			
Pt_II_	<u>Line _10</u>	<u>: 2010:</u>	<u>6395</u>						
<u>Pt                                    </u>	<u>Line 10</u>	) <u>: _2011:_</u>	9048					· <b>-</b>	
<u>Pt _II</u> _	<u>Line 10</u>	) <u>: _2012:</u> _	8321						
<u>Pt                                    </u>	Line 10	) <u>: 2013:</u>	8051					. <b></b>	
		<del>-</del>						· - <b></b>	
			- <b></b>	_ <b></b>					
	- <b></b>								<b>-</b>
	<b></b> -				<b></b>				
		· <b></b>		- <b></b>					- <b></b>
		· <b></b> -		<b>-</b>					<b>-</b>
							. <b></b> .		
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					<del>-</del> -		<del>-</del> -		
									<b></b> -
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## **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

n990. Open to Rublic inspection.

AMF	RICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES	11-2531258
	Organizations Maintaining Donor Advised Funds or Other Simi	lar Funds or Accounts.
	Complete if the organization answered 'Yes' to Form 990, Part IV, li	ne 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 (dunng 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 are the organization's property, subject to the organization's exclusive legal control?	donor advised funds
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant for charitable purposes and not for the benefit of the donor or donor advisor, or for any oth impermissible private benefit?	er purpose conferring
Par	Conservation Easements.  Complete if the organization answered 'Yes' to Form 990, Part IV, Ii	ne 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)	rvation of an historically important land area
	Protection of natural habitat Prese	rvation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	in the form of a conservation easement on the
	last day of the tax year.	Held at the End of the Tax Year
	*	3452-85044
	Total number of conservation easements	
	Total acreage restricted by conservation easements	
	Number of conservation easements on a certified historic structure included in (a)	
•	I Number of conservation easements included in (c) acquired after 8/17/06, and not on a hi structure listed in the National Register	<u>2</u> d
3	Number of conservation easements modified, transferred, released, extinguished, or term tax year ►	inated by the organization during the
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 e	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easer	ments during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of and section 170(h)(4)(B)(ii)?	f section 170(h)(4)(B)(ı)
9	In Part XIII, describe how the organization reports conservation easements in its revenue include, if applicable, the text of the footnote to the organization's financial statements that conservation easements.	and expense statement, and balance sheet, and at describes the organization's accounting for
Pai	Complete if the organization answered Yes' to Form 990, Part IV, I	ires, or Other Similar Assets. ine 8.
1	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reart, historical treasures, or other similar assets held for public exhibition, education, or resin Part XIII, the text of the footnote to its financial statements that describes these items.	evenue statement and balance sheet works of search in furtherance of public service, provide,
	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rever historical treasures, or other similar assets held for public exhibition, education, or resear following amounts relating to these items:	nue statement and balance sheet works of art, ch in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(II) Assets included in Form 990, Part X	
	If the organization received or held works of art, historical treasures, or other similar asse amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	ts for financial gain, provide the following
	a Revenues included in Form 990, Part VIII, line 1	
	b Assets included in Form 990, Part X	

Schedule D (Form 990) 2013 AMERIC	AN MATHEMATICAL	ASSOCIATION OF	TWO YEAR COLLEGES	11-2531	L258 Page 2
Part III. Organizations Mainta				r Other Similar Ass	ets (continued)
<ol> <li>Using the organization's acquisition items (check all that apply):</li> </ol>	n, accession, and oth	er records, check a	ny of the following that	are a significant use of its	collection
a Public exhibition		d Loan o	r exchange programs		
<b>b</b> Scholarly research		e Other			
c Preservation for future general					
4 Provide a description of the organia Part XIII.					
5 During the year, did the organization to be sold to raise funds rather than	on solicit or receive d	onations of art, hist	orical treasures, or other	er sımilar assets	Yes No
Part IV	Arrangements	Complete if th	e organization and	wered 'Ves' to Form	
line 9, or reported an a	mount on Form 9	990, Part X, line	21.	wered les to Form	330, Fait IV,
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian, or othe	r intermediary for c	ontributions or other as	sets not included	Yes No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII and comple	ete the following tab	ole.		
					Amount
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					
2 a Did the organization include an arr		•		1	
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII. Check her	e if the explantion h	nas been provided in Pa	art XIII	[
Dist VAN Endoument Funds C	Samuelata if the an		wared Wastta Farm	- 000 Dark IV line 40	
Part VM Endowment Funds. C					<del></del>
1 a Paginning of year halance	(a) Current year	(b) Prior year	(c) Two years back	k (d) Three years back	(e) Four years back
1 a Beginning of year balance	ļ	<del></del>			<del> </del>
<b>b</b> Contributions		<del></del>			<del> </del>
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	•	nd balance (line 1g	, column (a)) held as:		
a Board designated or quasi-endow	ment >	<sup>8</sup>			
<b>b</b> Permanent endowment	<del></del> %				
c Temporarily restricted endowment	· •	<sup>8</sup>			
The percentages in lines 2a, 2b, a	nd 2c should equal 1	00%.			
3 a Are there endowment funds not in organization by:	the possession of th	e organization that	are held and administer	red for the	Yes No
(i) unrelated organizations					. 3a(i)
(ii) related organizations					. 3a(ii)
b If 'Yes' to 3a(ii), are the related org	ganizations listed as	equired on Schedu	le R?		. 3b
4 Describe in Part XIII the intended					·
Part V閣 Land, Buildings, and	Equipment.				
Complete if the organi	zation answered	'Yes' to Form 9	90, Part IV, line 11	a. See Form 990, Pa	rt X, line 10.
Description of property		st or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land					
<b>b</b> Buildings					
c Leasehold improvements					
d Equipment			29,452.	21,349.	8,103.
e Other				1 22,3331	
Total. Add lines 1a through 1e. (Column		n 990, Part X, colur	nn (B), line 10(c).)		8,103.
BAA					ule <b>D</b> (Form 990) 2013

ParkVill Investments - Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (a) Description of security or category (including name of security) (c) Method of valuation. Cost or end-of-year market value (2) Closely-held equity interests . . . . . (A) (C) (D) (E) (F) (G) Total (Column (b) must equal Form 990, Part X, column (B) line 12) Part VIIII Investments - Program Related.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2)(3)(4) (5) (6)(7) (8) (9) (10)Total. (Column (b) must equal Form 990, Part X, column (B) line 13) . > Other Assets.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2)(3) (4)(5) (6)(7)(8)(9)(10) PartX Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6)(7) (8) (9) (10)(11)Total. (Column (b) must equal Form 990, Part X, column (B) line 25) . . . . 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013 AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES	11-2531258	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	880,204.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	260	
a Net unrealized gains on investments	06.	
b Donated services and use of facilities		
c Recoveries of prior year grants	<del></del>	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	106,006.
3 Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·		774,198.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	333	114,190.
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII )		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		774 100
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses		774,198.
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	er Keturn.	
<u> </u>	<del></del>	
1 Total expenses and losses per audited financial statements	1	728,630.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a Donated services and use of facilities	00.	
c Other losses		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	10,000.
3 Subtract line 2e from line 1	3	718,630.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	1	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	<u>718,630.</u>
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any add	ditional information.	
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Schedule **D** (Form 990) 2013

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Schedule D	(Form 990) 2013	AMERICAN MATHEMATICA	L ASSOCIATION OF TWO YE	AR COLLEGES	11-2531258	Page 5
Part XIII	Supplemental	Information (continu	red)			
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### SCHEDULE O (Form 990.or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

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

2013 Open to Public Inspections

OMB No 1545-0047

Name of the organization Employer identification number AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES 11-2531258 Pt VI, Line 12c \_ ACTING EXECUTIVE DIRECTOR IS RESPONSIBLE FOR MONITORING COMPLIANCE. Pt\_VI, Line 11b \_ THE TAX REVIEW COMMITTEE IS RESPONSIBLE FOR REVIEWING FORM 990. THE 990 IS EMAILED TO ALL COMMITTEE MEMBERS. A CONFERENCE \_\_\_\_\_CALL IS THEN HELD WHERE ALL QUESTIONS ARE ANSWERED. Pt VI, Line 19 UPON WRITTEN REQUEST. THERE ARE SEVERAL CLASSES OF ASSOCIATION MEMBERSHIP. ASSOCIATION MEMBERS ELECT THE MEMBERS OF THE BOARD. Pt VI, Line 7a Pt VI, Line 7b \_ CHANGES TO THE ORGANIZATIONAL DOCUMENTS ARE SUBJECT \_\_\_\_TO MEMBER APPROVAL; OTHER BOARD DECISIONS ARE NOT. Pt VI, Line 15a \_ HIRING OF EXECUTIVE DIRECTOR INVOLVES A SEARCH COMMITTEE AND PHONE AND LIVE INTERVIEWS BY THE BOARD. THE DECISION IS MADE IN EXECUTIVE SESSION. DELIBERATIONS ARE DOCUMENTED. THE BOARD IS AWARE OF THE SALARY RANGE FOR SIMILAR POSITIONS. Pt\_XI, Line 5 CHANGE IN UNREALIZED GAIN ON INVESTMENTS

TEEA4901 09/09/2013

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

CITIZENS, WHO ARE CAPABLE OF MAKING INFORMED DECISIONS, WHO HAVE SKILLS NEEDED BY BUSINESS AND INDUSTRY, AND WHO WILL CONTINUE TO GROW IN THEIR QUANTITATIVE LITERACY;

2) LEAD THE DEVELOPMENT AND IMPLEMENTATION OF CURRICULAR, PEDAGOGICAL, AND ASSESSMENT STANDARDS FOR TWO-YEAR COLLEGE MATHEMATICS EDUCATION; 3) OFFER MULTIPLE OPPORTUNITIES FOR THE PREPARATION AND CONTINUING PROFESSIONAL DEVELOPMENT OF A COMPETENT AND DIVERSE MATHEMATICS FACULTY SKILLED IN A VARIETY OF TEACHING MODALITIES ADDRESSING DIFFERENT LEARNING STYLES; 4) SERVE AS A NETWORK FOR COMMUNICATION, POLICY DETERMINATION, AND ACTION AMONG FACULTY, AFFILIATES AND OTHER PROFESSIONAL ORGANIZATIONS; AND 5) COMMUNICATE TWO-YEAR COLLEGE MATHEMATICS PERSPECTIVES IN PUBLIC, BUSINESS, AND PROFESSIONAL SECTORS.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

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

Code:	Description:	OTH	ER ACT	IVIT	'IES	TO PI	ROMOTE	PR	OFESSIONAL	DEVELO	PMENT
Expenses _	4,022.	AND	WELFA	RE OF	TWC	YEAR	R COLLE	GE	MATHEMATICS	INSTRU	CTORS
Grants Of	0.									-	
Revenue	11,251.										
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0.1	(F000) 01									<del></del>	
*	(Form 990), Suppl			nation	to Fo	rm 990	)				
Form 990, P	age 6, Line 17 (ce	ontini	ied)								

New York Tennessee