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OMB No. 1545-0047 2014

Return of Organization Exempt From Income Tax
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. Open to Public

Department of the Treasury Internal Revenue Service

<u> </u>	For the 2014	calen	dar year, or tax	c year beg	ginning			, 2014, a	and ending				,		
В	Check if applicabl	ie	C Name of organ	ization AM	ERICAN MA	ATHEMATICAL	ASSOCIAT	ION OF T	WO YEAR CO	LLEGES	D Employ	er ident	ification num	ber	
	Address cha	ange	Doing busines	s as							11-3	2531	258		
	Name chang	ge	Number and s	reet (or P.O	box if mail is r	not delivered to st	reet address)		Room/suit	e	E Telepho				
	Initial return	-	5983 MAC	N COVE	Ξ						(90)	1) 3	33-624	3	
	Final return/ter	minated				nd ZiP or foreign	oostal code						<u> </u>		
	Amended re		MEMPHIS					TN	38134-7	642	G Gross n	eceipts	\$4,540	654	
	Application		F Name and add	ress of princi	oal officer						group return			Yes	X
		ponding	MARGIE HOB			COVE MEM	פדעם	ידאז	1 .		subordinates attach a list. (-	Yes	
_	Tax-exempt s	tatue	X 501(c)(3)	501(c)		(insert no)		7(a)(1) or	527	If 'No,'	attach a list. (see instr	uctions)		Ш.
_	Website:			1 301(0)		(msert no)	1979.	(4)(1) 01		(a) Carrier					
				T	1 1 :			11			exemption nu				
_	Form of organi		X Corporation	Trust	Associa	tion Other		LYe	ear of formation	197	4 m/s	tate of le	egal domicile	TN	
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Activities & Governance															· — —
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*5			dependent votir									4			$-\frac{1}{1}$
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Š.			of volunteers (-						6			12
5	7a Total u	unrelate	ed business rev	enue from	Part VIII,	column (C), lı	ne 12					7a			0
-	1		i business taxal									7b			
										P	rior Year		Curre	nt Ye	ar
	8 Contri	butions	and grants (Pa	ırt VIII, line	∍ 1h)						216,1	17.		237,	550
			rice revenue (P								456,6			529,	
5			icome (Part VIII								93,3			102,	
2			e (Part VIII, col							l		51.	 	10,	
	1		e – add lines 8								774,1			879,	
_			imilar amounts												
			to or for memb												
			er compensatio										<u> </u>	15,	163
Expenses	16 a Profes		fundraising fee			•	- 1		,						100
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និ	b Total	fundrais	sing expenses (ses (Part IX, co	Part IX, Q	gumn (D)	diversity >u	5 9		0.		A		The state of the s		
_	17 Other	expens	ses (Part IX, co	lumn (A), Ì	ines 11a-1	11d, 111-24e)	<u> </u>				718,6	<u> 30.</u>		770,	<u>713</u>
	18 Total	expens	es. Add lines 1	3-17 (mys	t equal Pa	η-χ-colμmu	(A), line 25	5)			718,6	30.		785,	876
	19 Rever	nue les	s expenses. Su	btract line	18 trom	12 V, U	<u> </u>	<u></u>	<u> </u>		55,5	68.		93,	390
8 8										Beginni	ng of Curre		End	of Yea	
Ĭ	41	assets	(Part X, line 16)							2,132,	546.	2,	172,	693
4	21 Total	lıabilitie	es (Part X, line 2	26)							86,			102,	
į	22 Net a:	ssets o	r fund balances	. Subtract	line 21 fro	m line 20 .				:	2,045,			070,	
5			re Block							<u> </u>	-, ,		<u> </u>	<u> </u>	<u></u>
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			Memp				TN		7-0415		Phone no	(90	1) 763	<u>-055</u>	6
Ma	y the IRS dis	scuss th	nis return with th	ne prepare	er shown a	bove? (see in	structions	<u>)</u>					X Ye	S	No
			Reduction Act							0101 05/	28/14		For	m 990	(201

orm 990 (2014)		ASSOCIATION OF TWO YEAR COLLEGES	11-2531258	Page
	•	vice Accomplishments		
		sponse or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	
-	be the organization's mission			
	· 	WARENESS OF THE ROLE OF TWO-		
		THE PREPARATION OF SCIENTIFIC	CALLY AND TECHNOLOGICALLY LI	TERAT
See Form 99	00, Page 2, Part III, Line 1 (co	ntinued)		
2 Did the organ	nization undertake any signific	cant program services during the year which were	e not listed on the prior	
-	-			X No
	ribe these new services on So			
		make significant changes in how it conducts, any	program services? Yes	X No
	ribe these changes on Sched			
Section 501(organization's program servi (c)(3) and 501(c)(4) organizati , if any, for each program sen	ce accomplishments for each of its three largest pons are required to report the amount of grants a vice reported.	orogram services, as measured by expenses, nd allocations to others, the total expenses,	
4a (Code:) (Expenses \$	483,829. including grants of \$	0.)(Revenue \$ 524,	, 698
		SOCIATION OF TWO-YEAR COLLEGE		7030
CONFERE				
4 b (Code:) (Expenses \$	30,534. including grants of \$	0.)(Revenue \$	0
· —		M AND PROFESSIONAL DEVELOPMEN		
4 c (Code:) (Expenses S	79,004. including grants of \$	0.)(Revenue \$ 4	,200
		WITH OTHER ORGANIZATIONS TO		, 200
	ON IN MATHEMATICS			
220211	20 -11 -12 -12 -12 -13			
- -				
4.10"				
4 d Other progra (Expenses	ram services. (Describe in Sch		0.)(Revenue \$ 10,258.))
	7 7, 100	,	, , , , , , , , , , , , , , , , , , ,	
4 a Total progra	am service expenses	598,127.		

Part IV.: Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Х 2 Х 3 Х 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 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, 6 Х 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 Х 10 Х 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 Х D, Part VI. 11 a 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 Х 11 c 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 Х 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 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. Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D. Parts XI, and XII. 12a Х 12 b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E. 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х Х 14b Х 15 16 16 X X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' 19 Х complete Schedule G, Part III. Х 20 20 a Did the organization operate one or more hospital facilities? If Yes, 'complete Schedule H 20 b

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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		х
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
١	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	1	
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
1	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? 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 Yes', 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		x
28				
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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? 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		Х
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
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	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	<u> </u>	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	

Form 990 (2014)

Part VI Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V			. □
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
(gambling) winnings to prize winners?	1 c		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2a 1	النكا		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 Ь	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		<u> </u>
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		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
b If 'Yes,' enter the name of the foreign country. ►		1	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
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 did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			7.7
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	<u></u>	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	 		
Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			l
Form 1098-C?	7 h		
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			,
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.			
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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 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 1 a of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 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 х Did the organization make any significant changes to its governing documents Did the organization become aware during the year of a significant diversion of the organization's assets? . . 5 Х 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 h 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 Х 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 operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 110 Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes,' describe in Х 13 Х X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **15**6 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 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Another's website Х Upon request 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 State the name, address, and telephone number of the person who possesses the organization's books and records CHRISTY HUNSUCKER 5983 MACON ROAD MEMPHIS 38134-7642 (901) 333-6243

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

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 related organization compensated any current officer, director, or trustee.

				(C)						
(A) Name and Title	(B) Average hours per	director/trustee)					n	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any nours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) NANCY SATTLER PRESIDENT	15.00	х		x						
(2) JAMES ROZNOWSKI PAST PRESIDENT	1.00	х		х						
(3) JANE TANNER PRESIDENT-ELECT	10.00	х		х						
(4) MARGIE HOBBS TREASURER	1.00	x		x						
(5) MARY ORRANGE SECRETARY	1.00	х		х						
(6) DAN FAHRINGER VP	1.00	х		х						
(7) LIZ HYLTON VP	1.00	x		x						
(8) NANCY RIVERS	1.00	х		х						
(9) MARK HARBISON VP	1.00	х		х						
(10) JAMES HAM VP	1.00	х		х						
(11) KATHRYN KOZAK VP	1.00	х		х						
(12) NICOLE LANG VP	1.00	x		x						
(13) ERNIE DANFORTH VP	1.00	x		x						
(14) WANDA GARNER EXECUTIVE DIRECTOR	25.00					x		13,845.		

Acceptance of the content of the c	Part VII Section A. Officers, Directors, Trus	tees, l	(ey	En			es, a	and	l Highest Con	pensated Em	ployees (continued)
15) 16) 17) 18) 20) 21) 22) 23) 24) 25) 2 Total romator individuals seed on line 1a, is the sum of reportable compensation from the organization is 18, is complete Schedule of Ins such individual seed on line 1a, it is the sum of reportable compensation and other compensation from the organization and related organization is 18, is complete Schedule of Ins such individual seed organization and related organization from the organization of the Compensation from the organization and related organization and other compensation from the organization and related organization and other compensation from the organization and related organization and other compensation from the organization and related organization and other compensation from the organization and related organization and other compensation from the organization and related organization and other compensation from the organization and related organization and other compensation from the organization and related organization and related organization and related organization and other compensation from the organization and related organization and related organization and related organization from the organization and other compensation from the organization and other compensation from the organization and related organizati		Average hours per week	box	unle cer a	Positive Pos	ition more rson i	s both : r/truste	an e)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
16) 17) 18) 19) 20) 21) 22) 22) 23) 24) 15 Sub-total. 2 Total from continuation sheets to Part VII, Section A 4 Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, 'complete Schedule I for such individual. 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, 'complete Schedule I for such individual. 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater them \$150,000? If Yes complete Schedule I for such individual for services endered to the organization? If Yes, 'complete Schedule I for such person Section B. Independent Contractors 1 Complete this table for your five highest compensation from any unrelated organization or individual in the organization. Report compensation from the organization fr		- tions below dotted	ividual trustee director	hutonal trustee	icer	y employee	hest compensated ployee	mer			and related
19) 20) 21) 22) 22) 23) 1 b Sub-total. 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 in line 1a receive or accrue compensation from the organization or line 1a receive or accrue compensation from the organization in line 1a receive or accrue compensation from the organization from the organization in line 1a receive or accrue compensation from any unrelated organization or individual for such person form the organization of the individual for such person form the organization in the individual for such person form the organization in the individual for such person form the organization in the individual for such person form the organization in the individual for such person form the organization in the individual for such person form the organization in the individual for such person form the organization in the organization in the individual for such person form the organization in the individual form the ind	(15)										
18) 19) 20) 21) 22) 22) 23) 1 b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines the and tc) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization and related organizations greater than \$150,000? If "res complete Schedule J for such individual is feed on line 1a; is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "res complete Schedule J for such individual is the online 1a; is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "res complete Schedule J for such person. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "yes," complete Schedule J for such person. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "yes," complete Schedule J for such person. 5 Descripton of services (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(16)										
22) 23) 24) 15 Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization islat any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization and related organization? If Yes, complete Schedule J for such person 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 stax year. (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who received more than 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(17)										
20 22 23 25 25 26	(18)				<u> </u>						
(22) (23) (24) (25) 1 b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensation from the organization and representation and other compensation from the organization and related organization are trained and other compensation from the organization and related organization are trained to the organization and related organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes, 'complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensation from any unrelated organization or individual for services rendered to the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(19)										
(22) 1b Sub-total. 1 Total from continuation sheets to Part VII, Section A 1 Total (add lines to and to) 2 Total anumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person 5 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 lax year. (A) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(20)										
23 25 25 26 25 27 28 29 29 29 29 29 29 29 20	(21)										
(24) 1 b Sub-total. 1 Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations are related organizations or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your live 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 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(22)										
15 Sub-total 13 , 845 13 , 845 13 , 845 13 , 845 13 , 845 13 , 845 13 , 845 13 , 845 13 , 845 13 , 845 13 , 845 13 , 845 13 , 845 13 , 845 13 , 845 13 , 845 13 , 845 13 , 845 14 , 845 15 ,	(23)										
1 b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, 'complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual of such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person 5 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 Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(24)										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 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 Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(25)										
d Total (add lines 1b and 1c)								>	13,845.		
from the organization	d Total (add lines 1b and 1c)							>			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 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) (B) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		to those	liste	d ab	ove) wh	o rec	eıve	d more than \$100,	000 of reportable	compensation
the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such inc	or truste	e, ke	y er	nplo	yee,	or hi	ghe:	st compensated e	nployee	312 20 10
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 Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	the organization and related organizations greater th	an \$150	,000	? If '	Yes	' con	npiete	Sc	hedule J for		
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 Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpensa mplete	tion f S <i>che</i>	rom dule	any J fo	unr or su	elate ch pe	d org	ganızatıon or indiv	idual 	
(A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	1 Complete this table for your five highest compensate compensation from the organization. Report compensation are compensation.	ed indepensation for	ende	nt co	ontra	actor	s tha	t rec	ceived more than \$	100,000 of	vear.
	(A)								(E	3)	(C)
							-			· · · · · · · · · · · · · · · · · · ·	
	Total number of independent contractors (including \$100,000 of compensation from the organization	but not li	mited	d to	thos	e lis	ted a	bove	e) who received m	ore than	

Form 990 (2014)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) (C) (D) Revenue Related or Unrelated excluded from tax exempt business function revenue under sections revenue 512-514 Contributions, Gifts, Grants 1 a Federated campaigns 1 a and Other Similar Amounts **b** Membership dues 1 b 203,355 1 c c Fundraising events 1 d d Related organizations 1 e e Government grants (contributions) . . f All other contributions, gifts, grants, and similar amounts not included above . . . 34,195 g Noncash contributions included in lines 1a-1f \$ 237,550 Program Service Revenue Business Code 611430 524,698 2a ANNUAL CONFERENCE _ _ 524,698 4,455 0 611710 4,455 0. STUDENT MATH LEAGUE _ _ f Ali other program service revenue . . 529,153. Investment income (including dividends, interest and 71,185. 71,185 Income from investment of tax-exempt bond proceeds . . . 5 (I) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) . . (II) Other (ı) Secunties 7 a Gross amount from sales of assets other than inventory 692,763 b Less cost or other basis and sales expenses . . . ,661,388 c Gain or (loss) d Net gain or (loss)....... 31,375 0 0 31,375 8 a Gross income from fundraising events Revenue (not including . . \$ of contributions reported on line 1c). See Part IV, line 18. Other **b** Less: direct expenses c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities. See Part IV, line 19. **b** Less: direct expenses c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a ADVERTISING INCOME _ 900099 9,654 9,654 0 O 9000099 349 349 0 0. b MISCELLANEOUS d All other revenue . . . 10,003 879,266 539,156 102,560

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). (A) Total expenses (B) (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members. Compensation of current officers, directors, trustees, and key employees O 13,845 <u>13,84</u>5 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)...... Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).... Other employee benefits 10 1,318 0 1,318 0. Fees for services (non-employees). 82,891 2.838 80,053 0. c Accounting 0 0. 5,000 5,000 TEMPLIANCE. e Professional fundraising services See Part IV, line 17 . 15,569 0. 15,569 0. Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . 0 16,117 0. Office expenses 16,117 14 Information technology 15 Royalties 16 1,948 0 1.948 0. 15,434 1,643 17,077 0. 17 18 Payments of travel or entertainment expenses for any federal, state, or local Conferences, conventions, and meetings . . . 511,403 483,829 27,574 0. 19 20 Interest........ 21 3,225 0 22 Depreciation, depletion, and amortization225 0 9,006 0 9,006 0 23 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.) 6.803 6.803 a WEBINARS/TRAINING _ _ _ 27.031 27,031 Λ b LIAISON_____ 51.973 51,973 O 0 PUBLICATIONS____ 0 d PARTICIPANT SUPPORT 14.100 14.100 0 0. e All other expenses 8,570 2,922 5,648 25 Total functional expenses Add lines 1 through 24e. . 785,876. 598,127 187,749. 0. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here ► SOP 98-2 (ASC 958-720).

Form 990 (2014)

Form 990 (2014) AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES

Part X Balance Sheet

RAA

End of year Beginning of year 1 2 2 186,843 263,609. 3 3 16,905 4 2,655 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 7 8 Prepaid expenses and deferred charges <u>19,456</u> 9 10,201 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 a 10 a 10 b 10 c 10,191. 8,103 11 1,901,239 11 1,886,037. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 2,132,546 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 2,172,693 17 17 62.867 78,331 Grants payable....... 18 18 19 23,920 19 23, 748 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 86,787 26 Total liabilities. Add lines 17 through 25........ 102,079 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 1,795,384 27 1,806,229. 173,536 28 176,491. 28 76,839 29 87,894 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 Retained earnings, endowment, accumulated income, or other funds . . 32 33 2,045,759 2,070,614 33 2,132,546 34 2,172,693.

TEEA0111 05/28/14

-orm	1990 (2014) AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES 11-	2531258		Page	3 12
Pai	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				\prod
1	Total revenue (must equal Part VIII, column (A), line 12)	1	87	9,26	6.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7.8	5,87	6.
3	Revenue less expenses. Subtract line 2 from line 1	3	9	3,39	<u> 0.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,04	5,75	<u>9.</u>
5	Net unrealized gains (losses) on investments	5	-6	8,53	35.
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2 05	20 61	. 1
Da	rt XII Financial Statements and Reporting	1 10	2,01	0,61	. 4 .
ra	· -				\Box
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · · ·	· · · ·	V T	╨
				Yes	No
1	Accounting method used to prepare the Form 990' Cash X Accrual Other	·			54.0
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	ì	T. A.		
	separate basis, consolidated basis, or both				
	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	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		200		184
	basis, consolidated basis, or both: X Separate basis		2 7.54		
		1:4	المستقا	32. 32. 2	***
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audreview, or compilation of its financial statements and selection of an independent accountant?		2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		1		
	a 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?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a			1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BA	A.		Form	990 (2	014)

TEEA0112 05/28/14

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

2014

OMB No 1545-0047

Open (o Fublication)

Employer identification number

AME	RIC	CAN MATHEMATICAL AS:	SOCIATION OF '	TWO YEAR COLLEC	<u>SES</u>		11-2531258	3				
Pai	(1)	Reason for Public Chai	rity Status (All org	ganizations must co	mplete	this p	art.) See instruction	s.				
		nization is not a private foundation										
1	Г	A church, convention of church	es, or association of cl	hurches described in sec	ction 170)(b)(1)(<i>A</i>	۸)(i).					
2		A school described in section	170(b)(1)(A)(II). (Attac	h Schedule E.)								
3		A hospital or a cooperative hos	pital service organizati	ion described in section	170(b)(1	I)(A)(iii)						
4	-	A medical research organizatio	n operated in conjunct	tion with a hospital descr	ibed in s	ection 1	170(b)(1)(A)(lii). Enter th	e hospital's				
	_	name, city, and state:	,	•			· // // //	,				
5		An organization operated for the 170(b)(1)(A)(iv). (Complete Pa	e benefit of a college o	or university owned or or	perated b	y a gove	ernmental unit described	in section				
6												
7												
8		A community trust described in		(vi). (Complete Part II.)								
9	Ē	An organization that normally re from activities related to its exe investment income and unrelat June 30, 1975 See section 50	mpt functions – subje ed business taxable in	ct to certain exceptions, icome (less section 511	and (2) r	no more	than 33-1/3% of its supp	ort from aross				
10	Г	An organization organized and	operated exclusively t	to test for public safety. S	See secti	on 509((a)(4).					
11		An organization organized and or more publicly supported organizes 11a through 11d that des	anızations described ır	n section 509(a)(1) or s e	ection 50)9(a)(2).	See section 509(a)(3).	rposes of one Check the box in				
ŧ	lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.											
ŀ	· [Type II. A supporting organizat management of the supporting must complete Part IV, Section	organization vested in	trolled in connection with the same persons that	its supp control o	orted or r manag	ganization(s), by having the supported organization	control or ation(s). You				
•	: [Type III functionally integrate organization(s) (see instruction	ed. A supporting organis) You must comple	nization operated in connecte Part IV, Sections A,	ection wi	ith, and	functionally integrated w	ith, its supported				
•	a [Type III non-functionally inte functionally integrated. The orginstructions). You must comp	anization generally m	ust satisfy a distribution	connecti requirem	on with i	its supported organizatio an attentiveness require	n(s) that is not ment (see				
(• [Check this box if the organizat	on received a written	determination from the IF	RS that is	з а Туре	I, Type II, Type III functi	onally				
,	f Ei	nter the number of supported or	, , ,									
	g P	rovide the following information a	about the supported or	rganization(s).				<u> </u>				
	<u>-</u>	(I) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No		_				
(A)												
7.7.					 							
(B)												
(C)												
(D)												
<u>(E)</u>								, , , , , , , , , , , , , , , , , , , ,				
7_7												
Tot	al											

Part IIE 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						
	dar year (or flscal year ning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	307,621.	190,882.	177,251.	216,117.	242,005.	1,133,876.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	307,621.	190,882.	177,251.	216,117.	242,005.	1,133,876.
	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						1,133,876.
Sec	tion B. Total Support						
Cale: begir	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	307,621.	190,882.	177,251.	216,117.	242,005.	1,133,876.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,443.	45,881.	26,178.	97,439.	71,185.	291,126.
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 VI.)	6,395.	9,048.	8,321.	8,051.	10,004.	41,819.
11	Total support. Add lines 7 through 10						1,466,821.
12	Gross receipts from related activity	ies, etc (see instru	ctions)			12	
13	First five years. If the Form 990 organization, check this box and						▶ 🔲
	tion C. Computation of Pu						
	Public support percentage for 201						
	Public support percentage from 2						
16 a	33-1/3% support test — 2014. If and stop here. The organization	the organization d qualifies as a publi	id not check the bo cly supported orga	ox on line 13, and tanization	the line 14 is 33-1/3	3% or more, check	this box X
1	33-1/3% support test — 2013. If and stop here. The organization	the organization di qualifies as a publ	d not check a box icly supported orga	on line 13 or 16a, anization	and line 15 is 33-1	/3% or more, check	this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization in the organization meets the 'facts-	neets the 'facts-and	i-circumstances' te	est, check this box	and stop here. Ex	plain in Part VI hov	٧
	o 10%-facts-and-circumstances to or more, and if the organization no organization meets the 'facts-and	neets the 'facts-and I-circumstances' te	I-circumstances' te st. The organizatio	est, check this box in qualifies as a pu	and stop here. Ex blicly supported or	plaın in Part VI hov ganızation	v the
18	Private foundation. If the organi	zation did not ched	k a box on line 13	, 16a, 16b, 17a, or			
					6.	hadula A /Farm 00	0 or 990-F7) 2014

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.)

<u>Sect</u>	on A. Public Support							
Calend	ar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any unusual grants.')							
	Gross receipts from admis-						- .	
	sions, merchandise sold or							
	services performed, or facilities				1		ì	
	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							
	Tax revenues levied for the							
	organization's benefit and							
	either paid to or expended on its behalf	<u> </u>					}	
	The value of services or		·					
_	facilities furnished by a							
	governmental unit to the							
	organization without charge							
	Total. Add lines 1 through 5							
	Amounts included on lines 1,						i	
	2, and 3 received from disqualified persons							
	' '							
	Amounts included on lines 2 and 3 received from other than							
	disqualified persons that						1	
	exceed the greater of \$5,000 or						İ	
	1% of the amount on line 13 for the year							
	•							
_	Add lines 7a and 7b		2.25	7		\		
8	Public support (Subtract line 7c from line 6.)						· ,]	
Saci	ion B. Total Support	· · · · · · · · · · · · · · · · · · ·			<u> </u>		<u></u>	
	ion b. Total Support							
		(-) 0040	(1-) 0044	(-) 0040	(4) 2012	(-) 2044	ì	(6) T-4-1
Calend	lar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends,	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9 10 a	iar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans,	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9 10 a	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends,	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9 10 a	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royaltles and income from similar sources	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9 10 a	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royaltles and income from similar sources	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9 10 a	lar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9 10 a	lar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9 10 a b	lar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royaltles and income from similar sources	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9 10 a	lar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9 10 a b	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9 10 a b	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalites and income from similar sources	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9 10 a b	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royaltles and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . 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	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9 10 a b	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalites and income from similar sources	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6		(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9 10 a b	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalites and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . 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		(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
Calend 9 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6							(f) Total
Calend 9 10 a b	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royaltles and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	s for the organizati	on's first, second,	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)		
Calend 9 10 a b c 11	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royaltles and income from similar sources	s for the organization here	on's first, second,	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)		
Calend 9 10 a b c 11	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royaltles and income from similar sources	s for the organization here	ion's first, second,	third, fourth, or fifth	ntax year as a sec	tion 501(c)(3)		
Calend 9 10 a b c 11	dar year (or fiscal yr beginning in) ► Amounts from line 6	s for the organization hereblic Support I	on's first, second,	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)		▶ □
Calend 9 10 a b c 11 12 13 14 Sec	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royaltles and income from similar sources	s for the organization hereblic Support I	on's first, second,	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)		
Calend 9 10 a b 11 12 13 14 Sec 15 16	dar year (or fiscal yr beginning in) Amounts from line 6	s for the organization here	on's first, second, Percentage f) divided by line 1 art III, line 15 me Percentage	third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	15	▶ □
Calend 9 10 a b 11 12 13 14 Sec 15 16	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royaltles and income from similar sources	s for the organization here	on's first, second, Percentage f) divided by line 1 art III, line 15 me Percentage	third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	15	▶ □
Calend 9 10 a b 11 12 13 14 Sec 15 16 Sec 17	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royaltles and income from similar sources	s for the organization here	Percentage f) divided by line 1 art III, line 15 me Percentag	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	15 16	► □
Calend 9 10 a b 10 a b 11 12 13 14 Sec 15 16 Sec 17 18	dar year (or fiscal yr beginning in) Amounts from line 6	s for the organization here	ion's first, second, Percentage f) divided by line 1 art III, line 15 me Percentag Dlumn (f) divided b A, Part III, line 17	third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	15 16 17 18	▶ □
Calend 9 10 a b 10 a b 11 12 13 14 Sec 15 16 Sec 17 18	dar year (or fiscal yr beginning in) ► Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royaltles and income from similar sources	s for the organization of the organization of the second of the second of the organization of the organiza	Percentage f) divided by line 1 art III, line 15 me Percentag blumn (f) divided by A, Part III, line 17 did not check the b	third, fourth, or fifth	tax year as a sec	tion 501(c)(3)	15 16 17 18 and line 17	► ☐
Calend 9 10 a b 11 12 13 14 Sec 15 16 Sec 17 18 19 a	dar year (or fiscal yr beginning in) Amounts from line 6	s for the organization of	Percentage f) divided by line 1 art III, line 15 me Percentag blumn (f) divided by A, Part III, line 17 did not check the behere. The organiza	third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	15 16 17 18 and line 17	► ☐ ** ** ** ** ** ** ** ** **
Calend 9 10 a b 10 a b 11 12 13 14 Sec 15 16 Sec 17 18 19 a	dar year (or fiscal yr beginning in) Amounts from line 6	s for the organization of	Percentage f) divided by line 1 art III, line 15 me Percentag blumn (f) divided by A, Part III, line 17 did not check the benere. The organization of check a boot of stop here. The co	third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)	15 16 17 18 Ind line 17 1	► ☐ 8 8 8 7► ☐ nd► ☐

| Supporting Organizations (Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

30	ction A. All Supporting Organizations		
JC(Cuon A. An Supporting Organizations	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a	
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b	
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3c	
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
•	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7	
1	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8	
9	9 a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If Yes,' provide detail in Part VI	9a	
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b	
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c	
1	O a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a	
	h Did the organization, have any excess husiness holdings in the tay year? (Use Schedule C. Form 4720, to determine		

2b

За

3ь

	fule A (Form 990 or 990-EZ) 2014 AMERICAN MATHEMATICAL ASSOCIATION OF TWO			1258 Page 6
Par	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete Sect	lovemi	ber 20, 1970 See Instruc Athrough E.	tions. All
Sect	ion A — Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1ь		
С	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5	[·	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions).	ed Typ		
BA			Schedule A (Fo	m 990 or 990-EZ) 2014

Schedule	A (Forr	n 990 or	·990-F71	2014

raπ	v Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organizat	ions (continuea)				
Sect	on D - Distributions			Current Year			
1 .							
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity	s,					
3	Administrative expenses paid to accomplish exempt purposes of suppor						
	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)			*			
6	Other distributions (describe in Part VI). See instructions						
7	Total annual distributions. Add lines 1 through 6						
	Distributions to attentive supported organizations to which the organization Part VI) See instructions.						
9	Distributable amount for 2014 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(il) Underdistributions Pre-2014	(iil) Distributable Amount for 2014			
1	Distributable amount for 2014 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·	,				
	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)						
3	Excess distributions carryover, if any, to 2014:						
a	'-						
b	į			- ,			
С	<u>' </u>		r	40			
d			· · · · · · · · · · · · · · · · · · ·				
0	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years	egal to the					
h	Applied to 2014 distributable amount						
i	Carryover from 2009 not applied (see instructions)			a de la de			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			× 4 5 2 9			
4	Distributions for 2014 from Section D, line 7:			# 4 · · · · · · · · · · · · · · · · · ·			
а	Applied to underdistributions of prior years	, .		, , ,			
b	Applied to 2014 distributable amount		• f				
С	Remainder. Subtract lines 4a and 4b from 4		F1	· · · · · · · · · · · · · · · · · · ·			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			i si			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c						
8	Breakdown of line 7						
a							
b							
C							
d	Excess from 2013			, 124 B ,			
=		<u> </u>	 				

Supplemental Information. 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).

Pt II Ln 10

Other Income Part II, Line 10 Description: MISCELLANEOUS 2010: 6395. 2011: 9048. 2012: 8321. 2013: 8051. 2014: 10004.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2014

OMB No 1545-0047

Inspection Employer identification number

AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES 11-2531258 Paris Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No 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 Partill Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. 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 a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 2 a a Total number of conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a 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: Revenue included in Form 990, Part VIII, line 1............. 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: **▶** \$

Schedule D (Form 990) 2014 AMERICAN	I MATHEMATICA	I. ASSOCIATION OF	TWO YEAR COLLEGES	11-253	1258 Page 2
Part III Organizations Maintain					
Using the organization's acquisition, a item's (check all that apply):				•	
a Public exhibition		d Loan o	r exchange programs		
b Scholarly research		e Other			
c Preservation for future generation	ns				
4 Provide a description of the organiza Part XIII.		and explain how the	y further the organization	n's exempt purpose in	
5 During the year, did the organization to be sold to raise funds rather than t	to be maintained	as part of the organi	zation's collection?		Yes No
Part IV Escrow and Custodial	Arrangemen nount on Form	ts. Complete if the 1990, Part X, line	ne organization ansv e 21.	wered 'Yes' to Form	990, Part IV,
1 a Is the organization an agent, trustee, on Form 990, Part X?	· · · · · · · ·	· · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	ets not included	Yes No
b If 'Yes,' explain the arrangement in P	Part XIII and com	plete the following tal	ble.		·
					Amount
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					
2 a Did the organization include an amor					
b If 'Yes,' explain the arrangement in F	Part XIII. Check h	nere if the explanation	n has been provided in P	art XIII	
Part V Endowment Funds. Co	mplete if the	organization ans	wered 'Yes' to Form	990, Part IV, line 1	0.
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
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					<u> </u>
2 Provide the estimated percentage of	f the current yea	r end balance (line 1	g, column (a)) held as:		
a Board designated or quasi-endowm	ent ►	%			
b Permanent endowment	 %				
c Temporarily restricted endowment		 %			
The percentages in lines 2a, 2b, and	d 2c should equa	al 100%.			
3 a Are there endowment funds not in the organization by:					Yes No
(i) unrelated organizations					. 3a(i)
(ii) related organizations					
b If 'Yes' to 3a(ii), are the related orga	anizations listed a	as required on Sched	ule R?		. 3b
4 Describe in Part XIII the intended us	ses of the organi	zation's endowment i	unds.		· · · · · · · · · · · · · · · · · · ·
Part VI Land, Buildings, and E Complete if the organize		ed 'Yes' to Form !	990, Part IV, line 11	a. See Form 990, P	art X, line 10.
Description of property		Cost or other basis	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		(investment)	Dasis (Office)	depreciation	
b Buildings					
c Leasehold improvements				-	
6 Feasenois implotements			1	4	i

29,752. 19,561. 10,191. d Equipment ► 10,191. Schedule **D** (Form 990) 2014

TEEA3302 08/25/14

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) BAA

Part VIII Investments — Other Securities.	'Voc' to Form 000 B	art IV line 11h See Form 990 F	Part V. line 12
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of	
(1) Financial derivatives		(a) memod of valuation cost of end of	your market value
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			- <u>-</u> -
(E)	- 		
(F)	<u> </u>		
(G)	- 		
(H)	·		
(I) Total (Column (b) must equal Form 990, Part X, column (B) line 12) •			
Part VIII Investments — Program Related.		Residence	
Complete if the organization answered	'Yes' to Form 990, P		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			· · · · · · · · · · · · · · · · · · ·
<u>(5)</u> (6)			· · · · · · · · · · · · · · · · · · ·
(7)		-	-
(8)			·····
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).	<u> </u>	A STATE OF THE STA	
Other Assets. Complete if the organization answered	'Ves' to Form 990 F	Part IV line 11d See Form 990 F	Part X line 15
	escription	art 14; mile 114. Gee 1 Gilli 550; 1	(b) Book value
(1)			
(2)			
(3)			
(6)	· · · · · · · · · · · · · · · · · · ·		
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B,), line 15.)		
Total. (Column (b) must equal Form 990, Part X, column (B,			
Total. (Column (b) must equal Form 990, Part X, column (B,		1e or 11f. See Form 990, Part X, line 25	
Total. (Column (b) must equal Form 990, Part X, column (B) Part XX Other Liabilities. Complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Total. (Column (b) must equal Form 990, Part X, column (B) Part XX Other Liabilities. Complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2)	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Total. (Column (b) must equal Form 990, Part X, column (B) ParitX Other Liabilities. Complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2) (3)	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Total. (Column (b) must equal Form 990, Part X, column (B) Part XX Other Liabilities. Complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2) (3) (4)	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Total. (Column (b) must equal Form 990, Part X, column (B) Complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Total. (Column (b) must equal Form 990, Part X, column (B) Complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Total. (Column (b) must equal Form 990, Part X, column (B) Complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Total. (Column (b) must equal Form 990, Part X, column (B) Part XX Other Liabilities. Complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Total. (Column (b) must equal Form 990, Part X, column (B) Part XX Other Liabilities. Complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
Total. (Column (b) must equal Form 990, Part X, column (B) ParitX Other Liabilities. Complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Form 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 25	
Total. (Column (b) must equal Form 990, Part X, column (B) Part XX Other Liabilities. Complete if the organization answered 'Yes' to (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Form 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 25	shilly for uncertain

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.

BAA

Part XIII Supplemental Information.

SCHEDULE O (Form 990 or 990-EZ)

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.

2014

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES

THE TAX REVIEW COMMITTEE IS RESPONSIBLE FOR REVIEWING FORM 990. THE 990
IS EMAILED TO ALL COMMITTEE MEMBERS. A CONFERENCE CALL IS THEN HELD
Pt VI, Line 11b WHERE QUESTIONS ARE POSED AND ANSWERED.

Pt VI, Line 12c THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR MONITORING COMPLIANCE.

Pt VI, Line 19 UPON WRITTEN REQUEST.

Pt VI, Line 6 THERE ARE SEVERAL CLASSES OF ASSOCIATION MEMBERSHIP.

Pt VI, Line 7a ASSOCIATION MEMBERS ELECT THE MEMBERS OF THE BOARD.

CHANGES TO THE ORGANIZATIONAL DOCUMENTS ARE SUBJECT TO MEMBER APPROVAL; Pt VI, Line 7b OTHER BOARD DECISIONS ARE NOT.

HIRING OF AN EXECUTIVE DIRECTOR INVOLVES INTERVIEWS BY THE BOARD. THE DECISION IS MADE IN EXECUTIVE SESSION. DELIBERATIONS ARE DOCUMENTED.

Pt VI, Line 15a THE BOARD IS AWARE OF THE SALARY RANGE FOR SIMILAR POSITIONS.

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:	OTHE	R ACTIV	TTI	ES '	ro Pro	OMOTE	PRC	DFESSIONAL	DEVELOPMENT
Expenses	4,760.	AND	WELFARE	OF	TWO	YEAR	COLLEC	GE N	MATHEMATICS	INSTRUCTORS
Grants Of	0.									
Revenue.	10,258.									
			•				•			

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 6, Line 17 (continued)

New York	
Tennessee	