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DLN: 93493285000025

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

 \blacktriangleright Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

2014

Open to Public Inspection

A Fo	r the :	2014 ca	lendar year, or tax year beginning 01-01-2014 , and ending 12	-31-2014				
B Ch	eck ıf a	pplicable	C Name of organization ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES		D Emplo	yer ide	ntification number	
☐ Add	dress ch	nange	ASSOCIATION OF TODICS THE STATE OF THE STATE		53-01	83246	5	
∏ Na	me cha	nge	Doing business as APLU					
Init	ıal retu	m		D / .	E Telepho	ne num	ber	
Fin ret	al urn/terr	minated	Number and street (or P O box if mail is not delivered to street address) 1307 NEW YORK AVENUE NO 400	Room/suite	(202)	478-6	040	
┌ Am	ended	return	City or town, state or province, country, and ZIP or foreign postal code					
_		n pending	WASHINGTON, DC 200054722		G Gross re	eceipts \$	38,780,165	
			F Name and address of principal officer		i(a) Is this a group	return	for	
			PETER MCPHERSON	'	subordinates?	return	┌ Yes ┌ No	
			1307 NEW YORK AVENUE NO 400 WASHINGTON, DC 200054722	.	l(b) Are all subordu	nntac	□Yes □ No	
					included?	nates	j řest No	
I Ta	x-exem	npt status	5	27	If "No," attach	a lıst	(see instructions)	
J W	ebsite	e: ► W\	NW APLU ORG		··(c) Group exempt	on nur	mber ►	
K For	n of or	ganızatıcı	Corporation Trust Association Other	1	L Year of formation 18	87 M	State of legal domicile DC	
	rt I		nmary					
			describe the organization's mission or most significant activities					
	4	APLU	'S OVERRIDING MISSION IS TO SUPPORT HIGH-QUALITY	PUBLIC H	IGHER EDUCATION	1		
)Ce	-							
<u> </u>								
Governance	2 (Check t	his box দ if the organization discontinued its operations or dis	sposed of m	nore than 25% of its	net as	sets	
	, ,	Numbor	of voting members of the governing body (Part VI, line 1a) .			з	27	
Activities &			of independent voting members of the governing body (Part VI, intella).			4	27	
Ĕ			ımber of ındıvıduals employed ın calendar year 2014 (Part V , lın			5	58	
ş			umber of volunteers (estimate if necessary)			6	27	
•	7a -	Total ur	related business revenue from Part VIII, column (C), line 12			7a	0	
	ь	Net unr	elated business taxable income from Form 990-T, line 34 .	<u> </u>		7b	0	
Revenue				-	Prior Year		Current Year	
	8		ributions and grants (Part VIII, line 1h)	2,694,0 12,698,8		3,592,203		
	9 10					349	12,472,071	
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1	104,7		95,775		
	12		revenue—add lines 8 through 11 (must equal Part VIII, column	· -			·	
					15,613,5		16,255,261	
	13 14		s and similar amounts paid (Part IX, column (A), lines 1-3). fits paid to or for members (Part IX, column (A), line 4)	-	2,914,0	0	3,971,978	
	15		ies, other compensation, employee benefits (Part IX, column (A				7,072,681	
\$	13	5-10		,,	6,815,0	6,815,015		
Expenses	16a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)			0	0	
ਡੌ	b	Total f	undraising expenses (Part IX, column (D), line 25) ▶0					
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .	[5,252,4	5,252,415 6,303,447		
	18		expenses Add lines 13-17 (must equal Part IX, column (A), lines $(A, A, B, A, B, A, B, B, A, B, B,$	14,981,4		17,348,106		
	19	Reve	nue less expenses Subtract line 18 from line 12		632,0		-1,092,845	
e e					Beginning of Curre Year	nt	End of Year	
2 Sec.	20	Total	assets (Part X, line 16)		15,926,3	353	18,609,767	
Not Assets or Fund Balances	21	Total	liabilities (Part X, line 26)	[4,582,8	347	8,082,864	
žZ	22	Neta	ssets or fund balances Subtract line 21 from line 20		11,343,5	06	10,526,903	
	rt II		nature Block					
my k	nowled	dge and	perjury, I declare that I have examined this return, including ac belief, it is true, correct, and complete Declaration of preparer mowledge					
		***	***		2015-10-12			
Sigr		Sign	ature of officer		Date			
Her	е		LY VAN LOON CHIEF FINANCIAL OFFICER					
		<u> 17 - </u>	e or print name and title Print/Type preparer's name Preparer's signature	Date		PTIN		
Paid	4		FREDERICK LONGWOOD FREDERICK LONGWOOD	Date	Check If self-employed	P00439	9715	
	ا pare		Firm's name F TATE AND TRYON		Fırm's EIN ► 52	-18559	42	
	On		Firm's address 🟲 2021 L STREET NW SUITE 400		Phone no (202) 293-22	200	
J 3 6	. J 111	ا ت.	WASHINGTON, DC 20036					

✓ Yes ☐ No

Form	990 (2014) Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
IS T TEA	U IS DEDICATED TO ADVANCING RESEARCH, LEARNING AND ENGAGEMENT THE ASSOCIATION'S OVERRIDING MISSION SUPPORT HIGH-QUALITY PUBLIC HIGHER EDUCATION AND ITS MEMBER INSTITUTIONS AS THEY PERFORM THEIR HING, RESEARCH, AND PUBLIC SERVICE ROLES A P L U PROVIDES A FORUM FOR THE DISCUSSION AND DEVELOPMENT OF CIES AFFECTING HIGHER EDUCATION AND THE PUBLIC INTEREST
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 4,783,774 including grants of \$ 1,199,983) (Revenue \$ 4,766,033)
	THE COMMISSION ON FOOD, ENVIRONMENT, AND RENEWABLE RESOURCES (CFERR) FOCUSES ON CROSS-CUTTING ISSUES RELATED TO AGRICULTURE, FORESTRY, HUMAN SCIENCES, NATURAL RESOURCES, ECOLOGICAL SCIENCES, OCEANS AND ATMOSPHERE, AND VETERINARY MEDICINE IN THE FUNCTIONAL AREAS OF RESEARCH, EXTENSION, AND ACADEMIC PROGRAMS THE COMMISSION SEEKS TO FORMULATE AND IMPLEMENT AN INTEGRATED FEDERAL RELATIONS PROGRAM AND FORMULATE CONGRESSIONAL BUDGET RECOMMENDATIONS IN HIGH-PRIORITY AREAS OF NATIONAL CONCERN
	(Code) (Expenses \$ 1,920,064 including grants of \$ 1,073,000) (Revenue \$ 23,190)
4D	THE OFFICE OF URBAN INITIATIVES MAJOR FOCUS IS PUBLIC RESEARCH UNIVERSITIES LOCATED IN URBAN CENTERS WHICH PLAY A CRUCIAL ROLE IN ANCHORING THE COMMUNITY, FOSTERING NEIGHBORHOOD AND ECONOMIC DEVELOPMENT OF THEIR CITIES, AND ADVANCING THE HEALTH, EDUCATION, AND WELL-BEING OF CITY RESIDENTS
	(Code) (Expenses \$ 1,655,237 including grants of \$ 29,000) (Revenue \$ 1,429,588)
- ₹	ACADEMIC AFFAIRS CONDUCTS STUDIES, ISSUES REPORTS, AND MAKES PRESENTATIONS INTENDED TO IMPROVE THE UNDERSTANDING OF THE ACADEMIC UNDERTAKINGS OF OUR MEMBERS IN RECENT TIMES IT HAS DEVOTED SPECIAL ATTENTION TO UNDERGRADUATE EDUCATION, INCLUDING ACCESS, COST, FINANCIAL AID, QUALITY, TIME TO DEGREE, AND ACCOUNTABILITY THE STRATEGIC ANALYSIS AND PROJECTS GROUP HAS CARRIED OUT A NUMBER OF PROJECTS RELATED TO PROVIDING GREATER ACCOUNTABILITY AND CAPTURING MORE ACCURATE DATA (E.G., VOLUNTARY SYSTEM OF ACCOUNTABILITY, STUDENT ACHIEVEMENT MEASURE) OTHER PROJECTS HAVE WORKED TO IMPROVE AND EXPAND THE USE OF LEARNING TECHNOLOGIES TO ACHIEVE HIGHER QUALITY LEARNING WHILE CONTAINING COSTS (PERSONALIZED LEARNING CONSORTIUM)
	See Additional Data
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 7,357,208 including grants of \$ 1,669,996) (Revenue \$ 4,625,297)
4e	Total program service expenses ► 15,716,283

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A^{22}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than $$15,000$ total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	
		F	orm 99 0	(2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

nter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a			Yes	
nter the number reported in Box 3 of Form 1096 Enter -0- it not applicable			165	No
· · · · · · · · · · · · · · · · · · ·	40			
nter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	0			
ıd the organızatıon comply with backup withholding rules for reportable payments to vendors and repo amıng (gambling) winnings to prize winners?		Lc	Yes	
nter the number of employees reported on Form W-3, Transmittal of Wage and ax Statements, filed for the calendar year ending with or within the year covered y this return	58			
at least one is reported on line 2a, did the organization file all required federal employment tax return ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		2b	Yes	
id the organization have unrelated business gross income of \$1,000 or more during the year?	. 3	За		Νo
"Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		
t any time during the calendar year, did the organization have an interest in, or a signature or other ac ver, a financial account in a foreign country (such as a bank account, securities account, or other fina account)?	ncıal	la l		No
"Yes," enter the name of the foreign country ▶ ee instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc BAR)	ounts			
'as the organization a party to a prohibited tax shelter transaction at any time during the tax year? $. $. 5	5a		Νo
id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	+.op2	5b		No
"Yes," to line 5a or 5b, did the organization file Form 8886-T?	H	-5		
		5c		
oes the organization have annual gross receipts that are normally greater than \$100,000, and did the regarding solicit any contributions that were not tax deductible as charitable contributions?		5a		No
"Yes," did the organization include with every solicitation an express statement that such contribution in the contribution and the contribution is a second contribution of the contribution of the contribution is a second contribution of the cont		5b		
rganizations that may receive deductible contributions under section 170(c).				
ıd the organization receive a payment in excess of \$75 made partly as a contribution and partly for go ervices provided to the payor?	oods and 7	7a		No
"Yes," did the organization notify the donor of the value of the goods or services provided?	7	7b		
id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was e Form 8282?		7c		No
"Yes," indicate the number of Forms 8282 filed during the year		,,,		INC
id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit				NI.
ontract?	· · -	7e 7f		N c
the organization, during the year, pay premiums, directly of indirectly, on a personal benefit contract the organization received a contribution of qualified intellectual property, did the organization file For		''		INC
equired?		7g		
the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizatorm 1098-C?		7h		
ponsoring organizations maintaining donor advised funds. Id a donor advised fund maintained by the sponsoring organization have excess business holdings at uring the year?		8		
id the sponsoring organization make any taxable distributions under section 4966?	9	9a		
id the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9	ъ		
ection 501(c)(7) organizations. Enter				
nitiation fees and capital contributions included on Part VIII, line 12 10a				
ross receipts, included on Form 990, Part VIII, line 12, for public use of club cilities				
ection 501(c)(12) organizations. Enter				
ross income from members or shareholders				
ross income from other sources (Do not net amounts due or paid to other sources gainst amounts due or received from them)				
ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41?	2a		
"Yes," enter the amount of tax-exempt interest received or accrued during the ear				
ection 501(c)(29) qualified nonprofit health insurance issuers.				
the organization licensed to issue qualified health plans in more than one state? ote. See the instructions for additional information the organization must report on Schedule O	1:	За		
nter the amount of reserves the organization is required to maintain by the states				
which the organization is incensed to issue qualified health plans				
id the organization receive any payments for indoor tanning services during the tax year?	4.	4a	 	No
id the organization receive any payments for indoor tanning services during the tax year? "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O.	<u> </u>	4a 4b		140

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

Se	ction A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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 officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			Ti.
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	<u>even</u> ı	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.			

Own website Another's website Vipon request Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►THE ASSOCIATION

Form 990 (2014)	
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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

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

- ♣ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	₹			
c	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	3,172,601	0	513,548

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►22

				110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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	4	Yes	
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		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CORNERSTONE PRACTICE LLC 4300 MONTGOMERY AVENUE 305 BETHESDA, MD 20814	PROFESSIONAL SERVICES	816,125
KGLOBAL LLC 13800 COPPERMINE ROAD 307 HERNDON, VA 20171	PROFESSIONAL SERVICES	412,929

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 ►2

Ves No

		Check if Schedi	ule O contains a respoi	nse or note to any li	ne in this Part VIII			
			·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
u 2	1a	Federated cam	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	ies 1b					
Gr? mo	c	Fundraising eve	ents 1c					
fts, r A	d	_	zations 1d					
Gií		Government grants		750,468				
ns, Sirr	е							
ıtio er (f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	2,841,735				
ibu Xth	g		ons included in lines					
onti nd (1a-1f \$	- 1 - 16	-	3,592,203			
ت ه		Total. Add lines	S 1 a - 1 1	· · · · •	3,372,203			
an				Business Code				
ven	2a	MEMBERSHIP DUE		900099	11,005,728	11,005,728		
Program Serwce Revenue	Ь	MEETINGS & SEMI	NARS	900099	1,466,343	1,466,343		
МСЄ	С							
Ser	d	-						
anı	e	A.II I						
'n,	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		12,472,071			
	3		ome (including dividen ar amounts)		59,795			59,79
	4		stment of tax-exempt bond					
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	22,506,663	53,658				
		assets other than inventory						
	ь	Less cost or other basis and	22,471,446	53,458				
	c	sales expenses Gain or (loss)	35,217	200				
	d		·		35,417			35,41
	 8a	` <i>,</i>			,			<u> </u>
ne		events (not inc						
Other Revenue		\$ of contributions	s reported on line 1c)					
Re		See Part IV, lin						
er			a .					
oth	b C		penses b (loss) from fundraising	events L				
_			rom gaming activities					1
		See Part IV, lin	ne 19					
			a					
	b c		penses b (loss) from gamıng actı	vities •				
		Gross sales of		vicies				
		returns and allo						
	_		a					
	b		oods sold b					
	L C	Miscellaneous	(loss) from sales of inv	Business Code				
	11a	AMHIC REVEN		900099	48,283	48,283		
	b	MISCELLANEO		900099				47,49
	С	s cleaned						
	d	All other reven	ue					
	e		s 11a-11d		05 7			
	12	Total revenue	See Instructions .		95,775			
		. otal levelide.			16,255,261	12,520,354	(142,70

	IX Statement of Functional Expenses				Page 1
	n 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this				
	t include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
b, 8b	, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,971,978	3,971,978		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,944,899	2,647,915	296,984	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	3,140,596	2,829,953	310,643	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	193,260	173,067	20,193	
9	Other employee benefits	447,130	388,309	58,821	
LO	Payroll taxes	346,796	305,929	40,867	
1	Fees for services (non-employees)				
а	Management				
ь	Legal	37,346	7,095	30,251	
c	Accounting	47,230	•	47,230	
d	Lobbying	,		·	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,983,798	1,922,793	61,005	
.2	Advertising and promotion	1,995	1,995		
3	Office expenses	487,432	241,322	246,110	
4	Information technology	285,085	173,831	111,254	
5	Royalties				
6	Occupancy	96,010		96,010	
7	Travel	778,470	766,226	12,244	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	1,391,958	1,383,840	8,118	
0	Interest	52,840		52,840	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	122,194		122,194	
3	Insurance	50,926	850	50,076	
4	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)				
а	SUBCONTRACTS	475,337	475,337		
b	BAD DEBT	378,056	337,165	40,891	
c	DUES & SUBSCRIPTIONS	104,733	78,884	25,849	
d	MISCELLANEOUS	9,794	9,794		
e	All other expenses	243		243	
25	Total functional expenses. Add lines 1 through 24e	17,348,106	15,716,283	1,631,823	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	't X	Check if Schedule O contains a response or note to any line in	thıs Part X				
		,			(A)		(B)
					Beginning of year		End of year
	1	Cash-non-interest-bearing			290,754		619,414
	2	Savings and temporary cash investments				2	8,982,768
	3	Pledges and grants receivable, net			320,788	3	146,784
	4	Accounts receivable, net			415,610	4	264,249
	5	Loans and other receivables from current and former officers, comployees, and highest compensated employees. Complete P. Schedule L	art II of			5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contributin mployees'	g employers		6	
82	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use				8	
	9				124,905	9	143,002
	10a	Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete		•	124,303	9	145,002
		Part VI of Schedule D	10a	5,576,360			
	b	Less accumulated depreciation	10b	2,203,213	3,379,276	10c	3,373,147
	11	Investments—publicly traded securities		•		11	
	12	Investments—other securities See Part IV, line 11			11,163,734	12	4,822,387
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		•	231,286	15	258,016
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			15,926,353	16	18,609,767
	17	Accounts payable and accrued expenses		-	976,449	17	3,747,631
	18	Grants payable				18	
	19	Deferred revenue			953,267	19	1,881,003
	20	Tax-exempt bond liabilities				20	
ø.	21	Escrow or custodial account liability Complete Part IV of Sch	edule D .			21	
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali		es,			
<u>qe</u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	es		2,493,680	23	2,268,316
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa					
		D			159,451	25	185,914
	26	Total liabilities. Add lines 17 through 25			4,582,847	26	8,082,864
S ФО		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	▽ and con	nplete			
Ē B	27	Unrestricted net assets			9,707,520	27	8,876,840
<u>ස</u>	28	Temporarily restricted net assets			135,986	28	150,063
귤	29	Permanently restricted net assets		-	1,500,000	29	1,500,000
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ► ┌ a	and			
Ö	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
\$ S	32	Retained earnings, endowment, accumulated income, or other				32	
Net /	33	Total net assets or fund balances			11,343,506	33	10,526,903
Ź	34	Total liabilities and net assets/fund balances		•	15,926,353	34	18,609,767
		. J. L. Madificial and not additional fundamental for the first		<u>-</u>	10,020,000		To,009,707

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16,	255,261
2	Total expenses (must equal Part IX, column (A), line 25)	2		17,3	348,106
3	Revenue less expenses Subtract line 2 from line 1	3			92,845
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			 343,506
5	Net unrealized gains (losses) on investments	5			276,242
6	Donated services and use of facilities	6		<u> </u>	-, -, -, -
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		10'	526,903
Par	t XII Financial Statements and Reporting			10,	20,303
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	,	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 53-0183246

Name: ASSOCIATION OF PUBLIC AND LAND-GRANT

UNIVERSITIES

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	2,010,289	including grants of \$	7,500) (Revenue \$	1,926,120)
GOVERNMENT AFFA	IRS, ACCESS & ADVAN	ICEMENT, AN	ND PUBLIC AFFAIRS		
(Code) (Expenses \$	1,470,036	including grants of \$	2,500) (Revenue \$	750,013)
RESEARCH, INNOVA	ATION, AND STEM POL	ICY THE OF	FICE OF RESEARCH, INNOVA	TION, AND STEM POLICY'S M	AJOR FOCUS IS
THE SCIENCE AND I	MATH TEACHER IMPER	ATIVE, A LO	NG-TERM EFFORT TO ADDRES	SS THE SHORTAGE OF WELL-	QUALIFIED
SCIENCE AND MATH	HTEACHERS				

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

PLACES CRITICAL FOR NATIONAL STABILITY

(Code) (Expenses \$ 1,170,685 including grants of \$ 62,264) (Revenue \$ 1,098,759) OFFICE OF THE PRESIDENT THIS COUNCIL OF UNIVERSITY PRESIDENTS DIRECTS THE STRATEGIC FOCUS OF THE ASSOCIATION AND SELECTS FUTURE PROGRAMS AND AREAS OF FOCUS 209) (Revenue \$ (Code) (Expenses \$ 1,108,675 including grants of \$ 850,405) THE APLU INTERNATIONAL PROGRAMS (IP) SERVES TO ENSURE THAT INTERNATIONAL ACTIVITIES ARE EFFECTIVELY INTEGRATED INTO THE EDUCATION. RESEARCH AND ENGAGEMENT OF OUR MEMBER INSTITUTIONS WE WORK WITH OUR INSTITUTIONS TO DEVELOP OPPORTUNITIES FOR EFFECTIVE AND INCREASED ENGAGEMENT INTERNATIONALLY $\,$ WE FACILITATE OPPORTUNITIES FOR US PUBLIC AND LAND-GRANT UNIVERSITIES, AMONG THE WORLD'S BEST. TO EXPAND THE VISION OF OUR STUDENTS TO MAKE THEM MORE GLOBALLY COMPETENT, TO CONDUCT INTERNATIONAL RESEARCH TO SOLVE GLOBAL PROBLEMS AND TO BUILD THE CAPACITY OF PEOPLE AND INSTITUTIONS IN LOWINCOME COUNTRIES TO REDUCE POVERTY AND HUNGER OUR AFRICA US HIGHER EDUCATION INITIATIVE HAS A SPECIAL FOCUS ON TO DEVELOP HUMAN AND INSTITUTIONAL CAPACITY THROUGH PARTNERSHIPS BETWEEN US AND AFRICAN INSTITUTIONS OF HIGHER

EDUCATION QUALITY HIGHER EDUCATION IS FUNDAMENTAL TO ECONOMIC AND SOCIAL DEVELOPMENT AND IN MANY

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

•				<u> </u>	
(Code) (Expenses \$	1,597,523	including grants of \$	1,597,523) (Revenue \$)
XTENSION PROGRAM					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (A) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours organization (Wand a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Individual or director Highest employe Former <u>8</u>0€ organizations related Institutional Trustee below employee organizations dotted line) t compensated ee trustae (1) WILLIAM RANDOLPH WOODSON 1 00 Χ Χ 0 0 0 00 CHAIR (1) JAMES P CLEMENTS 1 00 Χ Χ 0 0 0 CHAIR-ELECT 0 00 (2) TERESA SULLIVAN 1 00 Χ 0 0 **SECRETARY** 0 00 (3) SALLY MASON 1 00 Х 0 0 0 Х PAST CHAIR 0 00 (4) ARNOLD COMBE 1 00 Х 0 0 0 DIRECTOR 0.00 (5) BERNADETTE GRAY-LITTLE 1 00 0 0 0 DIRECTOR 0 00 (6) BRUCE MCPHERON 1 00 Χ 0 0 0 DIRECTOR 0 00 (7) DAVID WILSON 1 00 Х 0 0 0 DIRECTOR 0 00 (8) EDWARD RAY 1 00 Χ 0 0 0 DIRECTOR 0 00 (9) J KEITH MOTLEY 1 00 0 0 Χ 0 0 00 (10) JACK CLINE 1 00 Х 0 0 0 0 00 DIRECTOR (11) JIMMY CHEEK 1 00 Χ 0 0 0 DIRECTOR 0.00 (12) JUAN FRANCO 1 00 Χ 0 0 0 DIRECTOR 0 00 (13) JUDY GENSHAFT 1 00 0 0 0 Х 0 00 DIRECTOR (14) JULIETTE BELL 1 00 Χ 0 0 0 DIRECTOR 0 00 (15) KEVIN DROEGEMEIER 1 00 Χ 0 0 0 0 00 (16) LLOYD JACOBS 1 00 Χ 0 0 0 0 00 (17) LOUIS SWANSON 1 00 0 Х 0 0 **DIRECTOR** 0 00 (18) LUANNE LAWRENCE 1 00 Χ 0 0 0 0 00 (19) MARCIA KELLEY 1 00 0 0 0 Χ DIRECTOR 0 00 (20) MARK HUDDLESTON 1 00 0 0 0 Х DIRECTOR 0 00 (21) MARK KEENUM 1 00 0 0 0 Χ 0.00 (22) MILDRED GARCIA 1 00 Χ 0 0 DIRECTOR 0 00 (23) RENU KHATOR 1 00 Χ 0 0 0 DIRECTOR 0 00 (24) RISA PALM 1 00 0 Х 0 0 0 00 DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations (Wfrom the 2/1099-MISC) 2/1099-MISC) for related organization and Former Highest compensated employee Individual trustee or director organizations Institutional Trustee related below emplo) ee organizations dotted line) (26) SAMUEL STANLEY 1 00 0 0 Χ 0 DIRECTOR 0 00 (1) WIM WIEWEL 1 00 Χ 0 0 0 0 00 DIRECTOR (2) MELVIN PETER MCPHERSON 37 50 Χ 514,541 0 148,200 **PRESIDENT** 0 00 37 50 (3) JEAN MIDDLETON Х 0 123,169 18,336 CHIEF OF STAFF 0 00 (4) EMILY VAN LOON 37 50 Х 146,971 0 27,329 VP OF FINANCE AND CFO 0 00 (5) MICHAEL TANNER 37 50 Х 336,822 0 26,000 VICE PRESIDENT 0 00 (6) IAN MAW 37 50 Х 316,607 0 26,000 VICE PRESIDENT 0 00 (7) HOWARD GOBSTEIN 37 50 Χ 205,873 0 33,341 VICE PRESIDENT 0.00 (8) JENNIFER POULAKIDAS 37 50 Х 192,574 0 24,613 VICE PRESIDENT 0 00 (9) JANE SCHUCHARDT 37 50 0 Χ 173,633 19,730 VICE PRESIDENT 0.00 (10) JEFFREY H LIEBERSON 37 50 0 Х 173,555 24,371 VICE PRESIDENT 0 00 (11) MONTAGUE DEMMENT 37 50 Χ 168,439 0 36,100 VICE PRESIDENT 0 00 (12) CHRISTINE KELLER 37 50 Х 0 153,523 20.737 VICE PRESIDENT 0 00 (13) MARK VARNER 37 50 Х 0 143,204 15,126 SR COUNSELOR 0 00 (14) SHARI GARMISE 37 50 Х 142,716 0 25,102 DIRECTOR OF RESEARCH 0 00 (15) EDDIE GOUGE 37 50 0 Х 134,651 20,082 EX DIRECTOR, CARET 0 00 (16) JOHN MICHAEL LEE 37 50 Х 124,888 0 22,105 VICE PRESIDENT 0 00 (17) ANNE-CLAIRE HERVY 37 50 Χ 121,435 0 26,376 ASSOC VP, INTL DEV/PROGRAMS 0 00

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493285000025

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► 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

Open to Public Inspection

		ne organization I OF PUBLIC AND LAND-GRAN	IT LIND/EDCITIES				Employer identifica	ation number					
A3300	LIAITON	OF PUBLIC AND LAND-GRAI	VI ONIVERSITIES				53-0183246						
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this pa		ns.					
		zation is not a private f											
1	Ē	A church, convention		· ·	= -	•	•						
2		A school described in				•							
3	Ė	A hospital or a cooper				tion 170(b)(1)	Ά)(iii).						
4	,	A medical research or	ganızatıon ope	=). Enter the					
_	_	hospital's name, city,		antit of a gollogo or uni	warastu awaad a	vr anaratad by a	acuernmental unit d	acambad in					
5	,	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
_	_				i i i	450(1)(4)							
6	<u> </u>	A federal, state, or loc	_	_									
7	~	An organization that n	•	•	• •	om a governmei	ntal unit or from the <u>c</u>	jeneral public					
8	Г	described in section 1 A community trust de				+ 11 \							
9	<u>'</u>	An organization that n					utions membership	fees and aross					
•	'												
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
								i busillesses					
4.0	_	acquired by the organ											
10	<u> </u>	An organization organ	=	•		· ·							
11	ı	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check											
		the box in lines 11a th											
а	Г	Type I. A supporting of	_	7.1	11	-		, ,					
	•	supported organizatio											
	_	organization You mus											
b		Type II. A supporting	-					=					
		management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.											
c	\vdash	-	IV, Sections A and C. Integrated. A supporting organization operated in connection with, and functionally integrated with, its										
•	,		_		•	•	•	gracea with, its					
d	Γ	supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is											
		not functionally integr					ment and an attentiv	eness requirement					
	_	(see instructions) Yo											
е	ļ	Check this box if the contegrated, or Type II					a Type I, Type II, T	ype III functionally					
f		Enter the number of s											
g g		Provide the following i											
y		Trovide the following i	mormation ab	out the supported orga	inizacion(3)								
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization	(v) A mount of	(vi) A mount of					
or		organızatıon		organization	listed in your	governing	monetary support	other support (see					
				(described on lines	docume	ent?	(see instructions)	ınstructions)					
				1-9 above or IRC section (see									
				instructions))									
					Yes	No							
				1									

supported organization

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 12,530,232 13,278,708 14,289,213 14,284,010 14,597,931 68,980,094 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 12,530,232 13,278,708 14,289,213 14,284,010 14,597,931 68,980,094 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 570,699 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 68,409,395 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (e) 2014 (d) 2013 (f) Total beginning in) 🟲 12,530,232 13,278,708 14,289,213 14,597,931 Amounts from line 4 14,284,010 68,980,094 Gross income from interest, dividends, payments received on 57,473 79,095 securities loans, rents, royalties 75,324 68,040 59,795 339,727 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of 84,362 6,216 4,206 16,020 47,492 158,296 capital assets (Explain in Part VI) 11 Total support Add lines 7 69,478,117 through 10 12 Gross receipts from related activities, etc (see instructions) 6,199,799 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 98 460 % Public support percentage for 2013 Schedule A, Part II, line 14 15 99 410 % 16a 33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 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 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties 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 C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV 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 $\,)$

Section A. All Supporting Organizations

Se	ection A. All 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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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.	3с		
4a	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 $(2)^7$ 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		
5a	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		
6	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		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	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? <i>If</i> "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		
L0a	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		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior 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		

	Section 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)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	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 prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
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)			
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 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	INCOME FROM ACTIVITIES THAT ARE NOT REGULARLY CARRIED ON

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493285000025

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. F Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES 53-0183246 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2014

section 4911 tax for this year?

┌ Yes ┌ No

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

Check	▶ □	if the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address,	EIN,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	6,594		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	439,590	
c	Total lobbying expenditures (add lines 1a and 1i	o)	446,184	
d	Other exempt purpose expenditures		16,901,922	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	17,348,106	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 4720	reporting	

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

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) Lobbying nontaxable amount 917,822 924,593 899,074 1,000,000 3,741,489 Lobbying ceiling amount 5,612,234 (150% of line 2a, column(e)) 371,496 375,807 454,853 446,184 Total lobbying expenditures 1,648,340 Grassroots nontaxable amount 229,456 231,148 224,769 250,000 935,373 Grassroots ceiling amount 1,403,060 (150% of line 2d, column (e)) 6,594 11,231 11,274 35,922 Grassroots lobbying expenditures

or e	filed Form 5768 (election under section		(a	a)	(b)
ctiv	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ivity.		Yes	No	Am	ount
L	During the year, did the filing organization attempt to influence legislation, including any attempt to influence public opinion through the use of					
a b		s reported on lines 1c through 1i)?			_	
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government offici	als, or a legislative body?				
h i	Rallies, demonstrations, seminars, conventions, speeches, le Other activities?	ectures, or any similar means?				
j	Total Add lines 1c through 1:					
a	Did the activities in line 1 cause the organization to be not do	escribed in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section	4912				
C	If "Yes," enter the amount of any tax incurred by organization	n managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it fil	•				
ar	rt III-A Complete if the organization is exempt 501(c)(6).	under section 501(c)(4), section	501(c))(5), d	or sec	tion
					Y	es
	Were substantially all (90% or more) dues received nondedu	ctible by members?		Γ	1	
2	Did the organization make only in-house lobbying expenditure	es of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and politica	ıl expenditures from the prior year?			3	
ar	rt III-B Complete if the organization is exempt 501(c)(6) and if either (a) BOTH Part II line 3, is answered "Yes."					
	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expendit expenses for which the section 527(f) tax was paid).	ures (do not include amounts of political				
а	,		2a			
b	,		2b			
С			2c			
	Aggregate amount reported in section 6033(e)(1)(A) notices		3			
ŀ	If notices were sent and the amount on line 2c exceeds the a does the organization agree to carryover to the reasonable es					
	political expenditure next year?	stillate of holideductible lobbying and	4			
;	Taxable amount of lobbying and political expenditures (see in	nstructions)	5			
	Part IV Supplemental Information					
Pa	rovide the descriptions required for Part I-A, line 1, Part I-B, line (see instructions), and Part II-B, line 1 Also, complete this par		up lıst),	Part II	-A, line	es 1 a
or o	(see instructions), and rait in D, line I Also, complete this par					
ro	Return Reference	Explanation				
ro		Explanation				
ro		Explanation				

Part IV Supplemental Inf	ormation (continued)
Return Reference	Explanation
·	_

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493285000025

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Inspection

Nar	me of the organization		Employer identification number
455	OCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES		53-0183246
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990,	Part IV, line 6.	unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	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 adviso funds are the organization's property, subject to the organization's		nor advised Yes No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benefit conferring impermissible private benefit?		
aı	rt II Conservation Easements. Complete if	the organization answered "Yes" t	o Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the orgation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	n historically important land area certified historic structure the form of a conservation
	easement on the last day of the tax year	4	
	Tabel number of concernation accompany		Held at the End of the Year
)	Total number of conservation easements		2a
	Total acreage restricted by conservation easements	we structure included in (a)	2b
	Number of conservation easements on a certified histo Number of conservation easements included in (c) acq historic structure listed in the National Register	. ,	2c 2d
	Number of conservation easements modified, transferre	ed, released, extinguished, or terminate	ed by the organization during
	the tax year -		
	Number of states where property subject to conservation	on easement is located be	
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?		dling of violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation easer	ments during the year
	A mount of expenses incurred in monitoring, inspecting	, and enforcing conservation easement	s during the year
	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(II)^{2}$	l) above satisfy the requirements of sec	ction 170(h)(4)(B)(i)
	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia nts	l statements that describes
ľ	Complete if the organization answered "Ye		or Other Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or research in furtherance of public
)	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asset service, provide the following amounts relating to these	ts held for public exhibition, education,	
	(i) Revenue included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		▶ \$
	If the organization received or held works of art, historic following amounts required to be reported under SFAS:		
	Revenue included in Form 990, Part VIII, line 1		▶ \$
)	Assets included in Form 990, Part X		▶ \$

Part	III Organizations Maintaining Co	llections of Art,	<u>Histo</u>	<u>rical Tr</u>	easur	es, or O	<u>ther</u>	Similar Ass	sets (continued)
	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	s, chec	k any of t	he follov	wing that a	re a s	ignificant use	of its	
а	Public exhibition		d [Loan	or excha	ange progra	ams			
b	Scholarly research		е Г	Other	=					
C	Preservation for future generations									
	Provide a description of the organization's co Part XIII	ollections and explain	how th	ney furthe	r the or	ganızatıon'	s exe	mpt purpose ıı	ו	
	During the year, did the organization solicit							_	-	–
Part	assets to be sold to raise funds rather than to IV Escrow and Custodial Arrang	· ·							Yes	No
Fell	Part IV, line 9, or reported an an					answered	1 10	5 (0101111)	<i>5</i> 0,	
	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other intermed	ıary for	r contribu	tions or	other ass	ets no		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	ollowing	g table		_				
						-		Am	ount	
С.	Beginning balance					-	1c			
d	Additions during the year					<u> </u>	1d			
e •	Distributions during the year					-	1e			
f 2-	Ending balance		24 6-			<u> </u>	1f		- _v	
	Did the organization include an amount on Fo								Yes	□ No
	If "Yes," explain the arrangement in Part XII									<u> </u>
Par	t V Endowment Funds. Complete	(a)Current year	answe (b)Prio						(e) Four	years back
1a	Beginning of year balance	1,635,986		1,610,542	- (0)	1,569,899	(4)	1,563,313	(c): our	1,531,430
	Contributions									
C	Net investment earnings, gains, and losses	77,677		90,679		110,786		50,829		29,208
d	Grants or scholarships									
	Other expenditures for facilities and programs	63,600		65,235		70,143		44,243		2,675
	Administrative expenses	1,650,063		1,635,986		1,610,542		1,569,899		1,563,313
_	End of year balance	, ,		<u> </u>		, ,		1,309,099		1,303,313
	Provide the estimated percentage of the cur	rent year end balance 0 %	(line 1	.g, colum	n (a)) he	eld as				
	Board designated or quasi-endowment	0 %								
	Permanent endowment ► 90 910 %	0.0.04								
	Temporarily restricted endowment F 90 The percentages in lines 2a, 2b, and 2c sho	90 % uld equal 100%								
	Are there endowment funds not in the posse		ion tha	t are held	l and ad	ministered	for th	ne		
	organization by	· · · · · · · · · · · · · · · ·							Ye	s No
	(i) unrelated organizations						•	3a(i	_	No
	(ii) related organizations							3a(i 3b		No No
	Describe in Part XIII the intended uses of the	•					•	30		
Part					n answe	ered 'Yes'	to F	orm 990. Pa	rt IV.	Ine
	11a. See Form 990, Part X, line									
	Description of property			(a) Cost or asıs (ınvest		(b) Cost or ot basıs (othe		(c) Accumulated depreciation	(d)	Book value
1 a L	and					1,331,	256			1,331,256
b B	uıldıngs					3,115,	486	1,276,59	5	1,838,891
c L	easehold improvements					190,	227	189,76	2	465
	quipment					939,	391	736,85	5	202,535
	Add lines 1. through 1. (Column (d) rough			(D) /	10(-)			L.		2 272 : :=
iotal.	Add lines 1a through 1e <i>(Column (d) must e</i>	quai rorm 990, Part X,	column	ı (ʁ), IIne	1U(C).)			•		3,373,147

Part VII Investments—Other Securities. Cor See Form 990, Part X, line 12.	nplete if the organization a	answered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b) Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)O ther		
(A) INVESTMENTS- SECURITIES	4,822,387	F F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	+ 4,822,387	
Part VIII Investments—Program Related. Co	omplete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Bescription of investment	(b) Book value	Cost or end-of-year market value
	_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990	Part IV line 11d See Form 990 Part X line 15
(a) Descr		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5)	
Part X Other Liabilities. Complete if the organization		
Form 990, Part X, line 25.	(L) Dealers luc	
1 (a) Description of liability	(b) Book value	
Federal income taxes DEFERRED COMPENSATION	185,914	
DEFERRED COMPENSATION	103,914	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	185,914	
		e organization's financial statements that reports the

Part	ΧI		evenue per Audited Financi ered 'Yes' to Form 990, Part I			nts Wi	th Revenue	per F	leturn Complete If
1	Tota		support per audited financial state					1	16,531,503
2	A mo	unts included on line 1 but	not on Form 990, Part VIII, line 1	. 2					
a	Net	unrealized gains (losses) o	n investments		2a		276,242		
b	Dona	ated services and use of fa	cilities		2b			1	
c	Reco	overies of prior year grants			2c			1	
d	Othe	er (Describe in Part XIII)			2d			1	
e	Add	lines 2a through 2d .				٠		2e	276,242
3	Subt	ract line 2e from line 1 .						3	16,255,261
4	A mo	unts included on Form 990), Part VIII, line 12, but not on line	e 1					
a	Inve	stment expenses not inclu	ded on Form 990, Part VIII, line 7	ъ.	4a				
b	Othe	er (Describe in Part XIII)			4b			1	
c	Add	lines 4a and 4b		'				4c	0
5	Tota	I revenue Add lines 3 and	4c. (This must equal Form 990, Pa	rt I, line	12)			5	16,255,261
Part	XII		penses per Audited Finan				ith Expense	s pei	Return. Complete
			wered 'Yes' to Form 990, Part					Т.	T .=
1			audited financial statements .					1	17,348,106
2			not on Form 990, Part IX, line 25		1 -	ı			
a			cilities		2a	+		4	
Ь					2b			-	
c					2c	+		4	
d					2d			┨ _	
е		-						2e	0
3								3	17,348,106
4			, Part IX, line 25, but not on line 1			i			
а			ded on Form 990, Part VIII, line 7		4a	_		4	
b					4b			4	
C								4c	0
5			d 4c. (This must equal Form 990, F	Part I, line	e 18)			5	17,348,106
Provi Part '	de the	4, Part X, line 2, Part XI,	Part II, lines 3, 5, and 9, Part III, lines 2d and 4b, and Part XII, line	lines 1a a	and 4, 4b Al	Part IV so com	, lines 1b and 2 plete this part to	b, p prov	ide any additional
	R	eturn Reference	Explai	nation					
PART	V, LIN		THE ASSOCIATION'S ENDOWM ASSOCIATION FOR RECOGNIZ EXTERNAL PARTNERS FOR OUT UNIVERSITY ENGAGEMENT WIT RESTRICTED TO BE HELD IN PE ANNUAL SETS OF AWARDS	ENT COI ING AND STANDI IH THEIF	REWA NG PA R CON	ARDINO RTNER STITU	G PUBLIC UNIV SHIPS THAT E ENTS THE ENI	'ERSI' MBRA OO WM	TY FACULTY AND CE PUBLIC ENT IS DONOR-
PART	X, LIN	E 2	THE ASSOCIATION BELIEVES TO SITIONS TAKEN, AND THERE THAT ARE MATERIAL TO THE F 2011 THROUGH 2014 TAX YEAR	FORE, D INANCI <i>A</i>	OES I	NOT HA	AVE ANY UNCE NTS AT A MIN	RTAII IMUM	N TAX POSITIONS , THE DECEMBER 31,

Jenedale 2 (1 01111 330) 2013		1 age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
-				

Schedule D (Form 990) 2014

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DLN: 93493285000025

OMB No 1545-0047

(Form 990)

See Additional Data Table

2

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

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

Open to Public

Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES 53-0183246 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ☐ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC section (a) Name and address of **(b)** EIN (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance grant cash orassistance or government assistance (book, FMV,

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

Enter total number of other organizations listed in the line 1 table

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

appraisal, other)

13

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

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference Explanation

Additional Data

Software ID:

Software Version:

EIN: 53-0183246

Name: ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AASCU1307 NEW YORK AVE NW WDC,DC 20005	52-0747578	501C3	36,500				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ASSOCIATION OF RESEARCH LIBRARIES ATTN MARY JANE BROOKS 21 DUPONT CIRCLE 8TH FL WASHINGTON, DC 20036	52-0784198	501C3	8,500				PROGRAM SUPPORT			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CALIFORNIA STATE UNIVERSITY FRESNO FOUNDATION4910 N CHESTNUT AVENUE FRESNO,CA 93726	94-6003272		150,000				PROGRAM SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
EXTENSION FOUNDATION 183 S W DAVIDSON DRIVE SUITE A CENTREVILLE,AL 35041	20-4781422	501C3	1,597,523				PROGRAM SUPPORT		

<u>Form 990,</u> Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FLORIDA INTERNATIONAL UNIVERSITYATTN KENNETH G FURTON 11200 SW 8TH STREET PC 526 MIAMI,FL 331990001	65-0177616		150,000				PROGRAM SUPPORT			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION INC30 COURTLAND STREET SE ATLANTA,GA 30303	58-1845423		150,000				PROGRAM SUPPORT		

Form 990,Schedule I, Pa	orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PORTLAND STATE UNIVERSITYPO BOX 751 PORTLAND,OR 972070751	93-6001786		150,000				PROGRAM SUPPORT			

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SOUTH DAKOTA STATE UNIVERSITYC/O CES DIRECTOR NFA 249 BOX 2207D BROOKINGS,SD 57007	46-6000364		143,670				PROGRAM SUPPORT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TEMPLE UNIVERSITY1301 CECIL B MOORE AVENUE RITTER ANNEX RM 449 PHILADELPHIA,PA 19122	23-1365971		150,000				PROGRAM SUPPORT		

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE UNIVERSITY OF AKRONOFFICE OF RESEARCH ADMINISTRATION AKRON,OH 443252102	34-6002924		150,000				PROGRAM SUPPORT		

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
UNIVERSITY OF HOUSTON 4800 CALHOUN ROAD 502R E CULLEN BLDG HOUSTON,TX 772042030	23-7281200		10,000				PROGRAM SUPPORT				

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF ILLINOIS AT CHICAGO214 STUDENT CENTER EAST 750 HALSTED M/C117 CHICAGO,IL 60607	37-6000511		150,000				PROGRAM SUPPORT			

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERSITY OF NEBRASKA-LINCOLNATTN DAN C COTTON 104 ACB PO BOX 830918 LINCOLN,NE 68516	47-0049123		1,000,000				PROGRAM SUPPORT			

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DLN: 93493285000025

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES 53-0183246 Part I Questions Regarding Compensation

					Yes	No
1a	Check the appropriate box(es) if the organization provide					
	990, Part VII, Section A, line 1a Complete Part III to	-	· · · · · · · · · · · · · · · · · · ·			
	First-class or charter travel	<u> </u>	1			
	Travel for companions	<u> </u>	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	ı	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to reindirectors, trustees, officers, including the CEO/Execut		· · · · · · · · · · · · · · · · · · ·	2		No
3	Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director Check all that used by a related organization to establish compensat	appl	y Do not check any boxes for methods the CEO/Executive Director, but explain in Part III			
	Compensation committee	<u> </u>	Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymen	t?	4a		No
b	Participate in, or receive payment from, a supplementa	ıl non	qualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	ns m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, list compensation contingent on the revenues of	ne 1 a	, did the organization pay or accrue any			
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des			7	Yes	
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the resection 53 $4958-6(c)$?	ebutt	able presumption procedure described in Regulations	9		

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

rise complete this part for any ac	Also complete this part for any additional information				
Return Reference	Explanation				
PART I, LINE 1A	PER THE EMPLOYMENT AGREEMENT OF PETER MCPHERSON, A HOUSING ALLOWANCE OF \$5,000 A MONTH IS PROVIDED TO HELP COVER HOUSING COSTS EXPENDED TO LIVE IN THE WASHINGTON, DC METROPOLITAN AREA				
PART I, LINE 1B	REIMBURSEMENT AND PROVISION OF THE EXPENSES LISTED IN SCHEDULE J, PART 1, LINE 1A IS DETERMINED BY THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE AS A PART OF THEIR DELIBERATIONS ON AN OVERALL PACKAGE FOR THE ASSOCIATION'S PRESIDENT AS SUCH, NO FORMAL POLICY EXISTS THAT MANDATES WHICH, IF ANY, OF THESE EXPENSES ARE REQUIRED TO BE INCLUDED THE COMMITTEE DOES CONSIDER THE COMPENSATION PACKAGES PROVIDED TO THE OTHER ASSOCIATIONS THAT COMPRISE THE "SIX," A GROUPING OF THE SIX MOST SIGNIFICANT ASSOCIATIONS FOR HIGHER EDUCATION OF WHICH APLU IS ONE				
PART I, LINE 7	BONUSES ARE PROVIDED TO CERTAIN EMPLOYEES, AND ARE MERIT BASED TO RECOGNIZE STELLAR PERFORMANCE THE BONUSES ARE DETERMINED USING THE FEEDBACK OF THE SUPERVISOR FOR MANAGEMENT POSITIONS, THE BONUS IS DETERMINED BY THE PRESIDENT USING PERFORMANCE REVIEWS, PORTFOLIO, AND SCOPE OF ACCOUNTABILITY AS METRICS				

Schedule J (Form 990) 2014

Software ID: Software Version:

EIN: 53-0183246

Name: ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	C	(i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) O ther reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 MELVIN PETER MCPHERSON, PRESIDENT	(I) (II)	444,602 0	0	69,939 0	134,100	17,575 0	666,216 0	0
1 EMILY VAN LOON, VP OF FINANCE AND CFO	(I) (II)	140,032 0	5,000 0	1,939	14,729 0	14,542 0	176,242 0	0
2 MICHAEL TANNER, VICE PRESIDENT	(I) (II)	330,250 0	2,000	4,572 0	26,000 0	895 0	363,717 0	0
3 IAN MAW, VICE PRESIDENT	(I) (II)	300,510 0	15,000 0	1,097	26,000 0	3,501 0	346,108 0	0
4 HOWARD GOBSTEIN, VICE PRESIDENT	(I) (II)	191,497 0	12,000	2,376 0	19,941 0	16,682 0	242,496 0	0
5 JENNIFER POULAKIDAS, VICE PRESIDENT	(I) (II)	188,034 0	4,000	540 0	19,196 0	8,630 0	220,400	0
6 JANE SCHUCHARDT, VICE PRESIDENT	(I) (II)	169,798 0	1,500 0	2,335	17,230 0	4,091 0	194,954 0	0
7 JEFFREY H LIEBERSON, VICE PRESIDENT	(I) (II)	165,243 0	8,000 0	312 0	16,913 0	10,659 0	201,127	0
8 MONTAGUE DEMMENT, VICE PRESIDENT	(I) (II)	161,867 0	2,000	4,572 0	17,775 0	26,770 0	212,984 0	0
9 CHRISTINE KELLER, VICE PRESIDENT	(I) (II)	149,066 0	4,000	457 0	15,199 0	7,227 0	175,949 0	0
10 MARK VARNER, SR COUNSELOR	(I) (II)	139,375 0	2,000	1,829	14,046 0	4,368 0	161,618 0	0
11 SHARI GARMISE, DIRECTOR OF RESEARCH	(I) (II)	139,054 0	3,000	662 0	14,485 0	13,854 0	171,055 0	0
12 EDDIE GOUGE, EX DIRECTOR, CARET	(I) (II)	130,926 0	2,000	1,725	13,377 0	9,967 0	157,995 0	0
13 JOHN MICHAEL LEE, VICE PRESIDENT	(I) (II)	124,661 0	0	227 0	13,000	12,305 0	150,193 0	0
14 ANNE-CLAIRE HERVY, ASSOC VP, INTL DEV/PROGRAMS	(I) (II)	119,208 0	2,000	227 0	13,000	20,052 0	154,487 0	0

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493285000025

OMB No 1545-0047

2014

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Name of the organization ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES	Employer identification number
	53-0183246

Return Reference	Explanation
FORM 990, PART III, LINE 3	THE XTENSION PROGRAM WAS TRANSFERRED TO THE XTENSION FOUNDATION FROM APLU AT THE END OF 2014

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ASSOCIATION SHALL HAVE ONE CLASS OF MEMBERS, UNLESS OTHERWISE DETERMINED BY THE BOARD MEMBERS SHALL NOT HAVE THE RIGHT TO VOTE, EXCEPT AS PART OF THEIR MEMBERSHIP ON ASSOCIATION BOARDS, COMMISSIONS, COMMITTEES AND COUNCILS DESCRIBED BELOW ALL MEMBERS OF THE ASSOCIATION SHALL CONSIST OF INSTITUTIONS OF HIGHER EDUCATION, EACH OF WHICH QUALIFIES UNDER SECTION 115(A) OF THE INTERNAL REVENUE CODE OF 1986, OR IS EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION 501(A) OF SUCH CODES AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF SUCH CODE, AND IS AN ORGANIZATION DESCRIBED IN SECTION 509(A) (1), (2), OR (3) OF SUCH CODES (OR THE CORRESPONDING PROVISIONS OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW), AND WHICH MEET THE FOLLOWING ADDITIONAL CRITERIA 1 AUTOMATIC MEMBERSHIP PUBLIC UNIVERSITIES OR COLLEGES THAT MEET AT LEAST ONE OF THE FOLLOWING THREE CRITERIA ARE QUALIFIED FOR A PL U MEMBERSHIP WITHOUT FORMAL ACTION BY THE BOARD OF DIRECTORS (A) INSTITUTION IS A LAND GRANT INSTITUTION (1862, 1890, 1994) (B) INSTITUTION IS CLASSIFIED IN ONE OF TWO BASIC CLASSIFICATION CATEGORIES FROM THE 2005 CARNEGIE CLASSIFICATION OF INSTRUCTIONAL PROGRAMS (SOURCE 2005 CARNEGIE EDITION) RESEARCH (VERY HIGH) RESEARCH (HIGH) (C) INSTITUTION IS A CURRENT A PL U MEMBER IN GOOD STANDING 2 PRESUMPTIVE MEMBERSHIP INSTITUTIONS THAT DO NOT MEET THE CRITERIA ABOVE MAY QUALIFY FOR MEMBERSHIP BY MEETING THE RESEARCH CRITERIA BELOW (A) AND TWO OF THE THREE ADDITIONAL CRITERIA (B, C, OR D) INSTITUTIONS WILL THEN BE CONSIDERED FOR MEMBERSHIP BY THE A PL U BOARD OF DIRECTORS AND MUST BE APPROVED BY THE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	BOTH THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE DISTRIBUTED ELECTRONICALLY TO THE APLU AUDIT COMMITTEE MEMBERSHIP FOR REVIEW AND APPROVAL DURING THE DISTRIBUTION PROCESS, THE BOARD OF DIRECTORS ARE COPIED ON THE CORRESPONDENCE. AS REQUIRED, CONFERENCE CALLS ARE MADE WITH THE AUDIT COMMITTEE TO DISCUSS ANY QUESTIONS ON THE FORM 990

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CHIEF FINANCIAL OFFICER IS THE PRIMARY OFFICER RESPONSIBLE FOR MONITORING FOR POTENTIAL CONFLICT OF INTEREST TRANSACTIONS MONITORING INCLUDES RELIANCE ON APLU EMPLOYEES FOR REPORTING MATTERS OF CONCERN ALL APLU STAFF, REGARDLESS OF POSITION, ARE COVERED UNDER THE POLICY IN THE CASE OF THE PRESIDENT, IF SATISFACTORY CONCLUSION CANNOT BE REACHED BY THE CFO, THEN THE CFO IS EMPOWERED TO REFER THE MATTER TO THE CHAIR OF THE BOARD OF DIRECTORS IN ALL OTHER CASES, THE PRESIDENT IS THE ULTIMATE AUTHORITY FOR DETERMINING DISCIPLINARY AND CORRECTIVE ACTIONS FOR CONFLICT OF INTERESTS NOT RESOLVED BY THE CFO TO DATE, APLU HAS NOT HAD A CONFLICT OF INTEREST TRANSACTION

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE APLU BOARD OF DIRECTORS SETS THE CEO COMPENSATION DURING ITS NOVEMBER MEETING PRIOR TO THE MEETING, COMPARABILITY DATA IS PROVIDED TO THEM BY THE APLU CHIEF FINANCIAL OFFICER THE COMPARABILITY DATA IS AT THE DETAIL LEVEL AND ENCOMPASSES THE COMPENSATION PROVIDED TO THE CEOS OF THE SIX LEADING ASSOCIATIONS FOR HIGHER EDUCATION ALSO MADE AVAILABLE ARE THE RESULTS FROM VARIOUS SURVEYS ON CEO SALARIES SUCH AS WASHINGTON AREA EXECUTIVE SECRETARIAT AND THE HUMAN RESOURCE ASSOCIATION OF THE NATIONAL CAPITAL AREA'S ANNUAL "COMPENSATION SURVEY REPORT"

Return Reference	Explanation
	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES - OTHER PROGRAM SERVICE EXPENSES 65,228 MANAGEMENT AND GENERAL EXPENSES 60,340 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 125,568 TEMPORARY HELP PROGRAM SERVICE EXPENSES 60,757 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 60,757 CONSULTANTS PROGRAM SERVICE EXPENSES 1,796,808 MANAGEMENT AND GENERAL EXPENSES 665 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,797,473

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR