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DLN: 93493232003485

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)

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

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

OMB No 1545-0047

Open to Public Inspection

| A F | or the : | 2014 ca | lendar year, or tax year beginni | ng 01-01-2014 , an | d ending 12-31-201 | l 4 | | | |
|--|---|--|--|--|---|-----------------|-----------------------------|--------------|----------------------------|
| _ | | pplicable | C Name of organization AMERICAN ASSOCIATION OF COMM | MUNITY COLLEGES | | | D Empl | oyer ide | entification number |
| | ldress ch | - | | | | | 53-0 | 19656 | 9 |
| ∏ Na | ame cha | nge | Doing business as | | | | | | |
| ┌ In | ıtıal retu | rn | | | | | E Teleph | none nun | nber |
| | nal turn/terr | minated | Number and street (or P O box if ONE DUPONT CIRCLE NW NO 400 | mail is not delivered to s | treet address) Room/si | uite | (202 |)728- | 0200 |
| • | nended | | City or town, state or province, co | untry and ZID or foroign | nostal codo | | (202 | 7720- | 0200 |
| _ | | pending | WASHINGTON, DC 20036 | unitry, and zir of foreigh | postar code | | G Gross | receipts | \$ 24,634,555 |
| i Vi | plication | i penung | | | | 1 | | | |
| | | | F Name and address of pr RAMSAY R JOHNSON JR | incipal officer | | 1 | this a group bordinates? | | n for □ Yes 🔽 No |
| | | | ONE DUPONT CIRCLE NW | | | | iboramates. | | 1 1651 110 |
| | | | WASHINGTON, DC 20036 | 0 | | 1 | re all subord | lınates | ┌ Yes ┌ No |
| | ax-exem | npt status | 5 | (insert no.) |)(1) or \Box 527 | - | cluded? "No." attacl | h a list | (see instructions) |
| _ | | | WW AACC NCHE EDU | (| .,(-, , | 1 _ | | | |
| | | | | | | H(c) G | roup exemp | tion nu | mber ► |
| | | | Corporation Trust Associati | on Cother 🕨 | | L Year o | of formation 1 | 920 N | State of legal domicile DC |
| Pa | art I | Sun | nmary | | | | | | |
| Governance | | TO EXE THESE INDIVI | describe the organization's miss RT LEADERSHIP AND PROVIE INSTITUTIONS DELIVER ACC DUALS, ORGANIZATIONS AN | DE SERVICES IN SU CESSIBLE EDUCATI D COMMUNITIES F | JPPORT OF COMM IONAL OPPORTUN FORMING THEIR C | NITIES DE: | SIGNED TO ENCIES | ADDR | ESS THE NEEDS OF |
| ŝ | 2 (| Check t | his box 🚩 if the organization d | liscontinued its oper | ations or disposed | of more tha | n 25% of its | s net a | ssets |
| නර ග | 3 1 | Number | of voting members of the gover | ning body (Part VI, I | ıne 1a) | | | з | 32 |
| Activities & | | | of independent voting members | | | | | 4 | 32 |
| Į. | 5 | Total nu | ımber of ındıvıduals employed ın | calendar year 2014 | (Part V, line 2a) | | | 5 | 62 |
| ∢ | 6 | Total nu | ımber of volunteers (estımate ıf | necessary) | | | | 6 | 32 |
| | | | related business revenue from l | | | | | 7a | 462,031 |
| | b | Net unre | elated business taxable income | from Form 990-T, li | ne 34 | | | 7b | 0 |
| | | | | | | F | Prior Year | C 4 4 | Current Year |
| ā | 8 | | ibutions and grants (Part VIII, | • | | | 6,673 9,645 | _ | 7,605,649 9,283,206 |
| Rayenue | 10 | Program service revenue (Part VIII, line 2g) | | | | | | ,603 | 326,070 |
| Щ. | 11 | | revenue (Part VIII, column (A) | | | | | ,336 | 191,905 |
| | 12 Total revenue—add lines 8 through 11 (| | | 1 (must equal Part V | III, column (A), lın | | | | |
| | 1- | | | | | | 16,665 | _ | 17,406,830 |
| | 13 14 | | s and similar amounts paid (Par its paid to or for members (Part | | | | 1,751 | ,588 | 1,499,090 |
| | 15 | | its paid to of for members (Part les, other compensation, employ | | • | • | | | |
| 8 | 13 | 5-10 | | oo benemis (r are 17. | , co.a (11,, 111.00 | | 6,904 | ,261 | 6,670,090 |
| Expenses | 16a | Profes | ssional fundraising fees (Part IX | , column (A), line 11 | .e) | | | 0 | 0 |
| ភិ | Ь | Total fu | undraising expenses (Part IX, column (| D), line 25) 🕨 179,728 | | | | | |
| _ | 17 | Other | expenses (Part IX, column (A) | , lınes 11a–11d, 11f | f-24e) | | 9,385 | ,994 | 8,441,169 |
| | 18 | Total | expenses Add lines 13-17 (m | ust equal Part IX, co | lumn (A), line 25) | | 18,041 | ,843 | 16,610,349 |
| | 19 | Rever | nue less expenses Subtract line | e 18 from line 12 . | | | -1,376 | | 796,481 |
| Net Assets or Fund Balances | | | | | | Begin | ning of Curre Year | ent | End of Year |
| Page Page | 20 | Total | assets (Part X, line 16) | | | | 15,698 | .491 | 17,503,640 |
| 4. A. B. | 21 | | liabilities (Part X, line 26) | | | | 7,837 | | 8,814,087 |
| žÏ | 22 | Net a | ssets or fund balances Subtrac | t line 21 from line 20 | | | 7,860 | ,947 | 8,689,553 |
| Und my k | nowled | lties of dge and | nature Block perjury, I declare that I have ex belief, it is true, correct, and co | | | | | | |
| | | 1. | - | | | | 2015-08-20 | | |
| C - | _ | ****** Signature of officer | | | | | | | |
| Sig Her | | [] | | | | | Date | | |
| | - | | ISAY R JOHNSON JR SENIOR VP & CFO e or print name and title | | | | | | |
| | | | Print/Type preparer's name | Preparer's signature | | | Check If | PTIN | 4222 |
| Pai | d | - ⊢ | WILLIAM A SEYMOUR Firm's name SB & COMPANY LLC | WILLIAM A SEYMOUR | | | self-employed | | |
| | pare e Onl | r | Firm's address > 200 INTERNATIONAL | CIRCLE SUITE 5500 | | | Phone no (41 | | |

HUNT VALLEY, MD 21030

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

✓ Yes ☐ No

| Form | 90 (2014) | age 2 |
|------|---|----------|
| Par | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | <u>.</u> |
| 1 | Briefly describe the organization's mission | |
| BUIL | ING A NATION OF LEARNERS BY ADVANCING AMERICA'S COMMUNITY COLLEGES | |
| | old the organization undertake any significant program services during the year which were not listed on | |
| 2 | he prior Form 990 or 990-EZ? | |
| | f "Yes," describe these new services on Schedule O | |
| 3 | old the organization cease conducting, or make significant changes in how it conducts, any program ervices? | |
| | f "Yes," describe these changes on Schedule O | |
| 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, he total expenses, and revenue, if any, for each program service reported | |
| 4a | (Code) (Expenses \$ 5,875,486 including grants of \$ 1,499,090) (Revenue \$) | |
| | GRANTS AND CONTRACTS - ACTING AS A FOCAL POINT FOR FUNDS USED TO PROVIDE OPPORTUNITIES FOR MEMBER COLLEGES, AACC PARTICIPATES IN A VARIETY OF PROJECTS THAT STRENGTHEN VARIOUS ELEMENTS OF THE NATION'S COMMUNITY COLLEGE SYSTEM | |
| 4b | (Code) (Expenses \$ 1,175,461 including grants of \$) (Revenue \$) | |
| | COMMUNITY COLLEGES POLICY DEVELOPMENT - THE PRESIDENT'S OFFICE IS THESTRATEGIC AND PROGRAMMATIC HUB OF AACC THE PRESIDENT IS DEEPLYINVOLVED IN LEADING AACC'S SERVICE AND ADVOCACY AGENDA TRAVELING UP TO50% OF THE TIME, THE PRESIDENT IS AACC'S PRIMARY REPRESENTATIVE TO ALLOF ITS INTERNAL AND EXTERNAL CONSTITUENCIES AND THE "FACE" OF AACCWITHIN HIGHER EDUCATION AND TO POLICYMAKERS BOARD OF DIRECTORS AND FIVE COMMITTEES OF THE BOARD ARE ENGAGED THROUGHOUT THE YEAR TO DISCUSSISSUES RELATED TO KEY COMMUNITY COI ISSUES AND TRENDS AND HIGHEREDUCATION IN GENERAL THEIR PRIMARY FUNCTION IS TO PROVIDE DIRECTION TOTHE PRESIDENT IN THE AREAS OF LEGISLATIVE ADVOCACY AND MEMBER SERVICES IN ADDITION, THEY PROVIDE GENERAL OVERSIGHT TO THE BUSINESS OPERATIONSOF AACC | |
| | (Code) (Expenses \$ 1,446,124 including grants of \$) (Revenue \$ 2,189,910) | |
| | ANNUAL CONVENTION - THE AACC ANNUAL CONVENTION IS THE LARGEST ANNUAL CONVENING OF COMMUNITY COLLEGE LEADERS AND SUPPORTS AACC'S M OF "BUILDING A NATION OF LEARNERS BY ADVANCING AMERICA'S COMMUNITY COLLEGES " THE EVENT IS THE MOST VISIBLE ACTIVITY FOR BEST PRACTICES NETWORKING, TRENDS AND POLICY DISCUSSION AMONG PRESIDENTS AND SENIOR ADMINISTRATORS, BUSINESS SUPPORTERS, AND POLICY PROFESSIONALS | 5, |
| | See Additional Data | |
| | | |
| 4d | Other program services (Describe in Schedule O) (Expenses \$ 4,986,465 including grants of \$) (Revenue \$ 6,821,546) | |
| | Total program service expenses ► 13,483,536 | |
| | | |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{\circ}$ | 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 I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$ | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| 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 | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$ | 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? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| 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

| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | <u> </u> | <u>.,</u> |
|-------|--|---------|----------|-----------|
| | Estable number was stated in Paul 2 of Estable 1006 Estable 1006 Estable 1100 Estab | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 115 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | | | |
| | gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 26 | V | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Νο |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Νο |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | |
| | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | 6a | | N o |
| _ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | N o |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| · | file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as | | | |
| | required? | 7g | | |
| п | Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | ļ | No |
| | If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O | 14b | | |

Section A. Governing Body and Management

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.

| Check if Schedule C | contains a respo | nse or note to an | v line in this Pa | art V I | | _ | | | | | |
|---------------------|------------------|-------------------|-------------------|---------|--|---|--|--|--|--|--|
| | | | | | | | | | | | |

| | <u> </u> | | | | Yes | No | | | |
|------------|---|--------------|----------------------------------|-------|-----|----|--|--|--|
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 32 | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 32 | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | | • | 2 | | No | | | |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co | | | 3 | | Νo | | | |
| 4 | Did the organization make any significant changes to its governing documents since filed? | e the p | orior Form 990 was | 4 | | No | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the o | rganız | ation's assets? . | 5 | | Νo | | | |
| 6 | Did the organization have members or stockholders? | | | 6 | Yes | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the pow more members of the governing body? | | elect or appoint one or | 7a | Yes | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body? | | - | 7b | | No | | | |
| 8 | Did the organization contemporaneously document the meetings held or written activear by the following | ons ur | ndertaken during the | | | ī: | | | |
| а | The governing body? | | | 8a | Yes | | | | |
| b | f b Each committee with authority to act on behalf of the governing body? | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i> | | | 9 | | No | | | |
| Se | ction B. Policies (This Section B requests information about policies not | requi | ired by the Internal R | evenu | | • | | | |
| | | | | | Yes | No | | | |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | No | | | |
| | 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? | | | | | | | | |
| | Has the organization provided a complete copy of this Form 990 to all members of it the form? | | | 11a | Yes | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this F | orm 9 | 90 | | | | | | |
| 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 annual rise to conflicts? | ly inte | rests that could give | 12b | Yes | | | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done | the p | olicy? <i>If "Yes," describe</i> | 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 revindependent persons, comparability data, and contemporaneous substantiation of the | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Yes | | | | |
| b | O ther officers or key employees of the organization $\ldots \ldots \ldots \ldots$ | | | 15b | Yes | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture taxable entity during the year? | orsım • • | ılar arrangement wıth a | 16a | | No | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and tak organization's exempt status with respect to such arrangements? | e step | s to safeguard the | 16b | | | | | |
| Se | ection C. Disclosure | | | 100 | | | | | |
| 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 | e), 990 | 0, and 990-T (501(c) | | | | | | |
| | | | | | | | | | |

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon 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 ►RAMSAY RJOHNSON JR CPA

| Form 990 (2014) | |
|-----------------|--|
|-----------------|--|

|) | a | g | e | 7 |
|---|---|---|---|---|
|---|---|---|---|---|

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 VII 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 | more than one box, unless compensation compensation person is both an officer and a director/trustee) compensation from the organizations | | | | | | | 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) | ► | 1,900,803 | 0 | 373,838 |
| | | | | | |

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►10

| | _ | | Yes | NO |
|---|---|---|-----|-----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee | | | |
| | on line 1a? If "Yes," complete Schedule J for such individual | 3 | Yes | |
| 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 | | | |
| | ındıvıdual | 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 I for such person | 5 | | N o |

Section B. Independent Contractors

\$100,000 of compensation from the organization >5

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 |
|--|---|---------------------|
| MCMURRYTMG LLC 1129 20TH STREET NW SUITE 710 WASHINGTON, DC 20036 | EDITORIAL, DESIGN, AND PRODUCTION SERVIC | 525,756 |
| TOWNSEND GROUP INC 2 WISCONSIN CIRCLE SUITE 900 CHEVY CHASE, MD 20815 | MANAGEMENT SERVICES FOR ANNUAL EVENT | 229,093 |
| FENTON COMMUNICATIONS INC 1010 VERMONT AVENUE NW SUITE 1100 WASHINGTON, DC 20036 | SOCIAL MEDIA COMMUNICATIONS SERVICES | 228,676 |
| SHOWCORE 2015 SILVER BELL ROAD SUITE 110 EAGAN, MN 55122 | EVENT STAGING AUDIO VISUAL | 212,844 |
| CONFERENCE DIRECT PO BOX 69777 LOS ANGELES, CA 69777 | EVENT MANAGEMENT SERVICES | 162,947 |
| 2 Total number of independent contractors (including but not limited to those listed above |) who received more than | |

| Siffs, Grants lar Amounts | 1a |
|--|---|
| Contributions, Gifts, Grants and Other Similar Amounts | f c |
| Program Serwice Revenue Contributions, Giffs, Grants and Other Similar Amounts | 1a t c c f f 2a t c c f f c t c c t c t c t c t c t c t |
| | 3 4 5 |
| | 66 E |
| | 7á |
| evenue | 6 8 |
| Other R | t 0 |
| | 10a |
| | t c |
| | 11a |
| | c e |

| VIII | Statement of Check of Schedo | o f Revenue ule O contains a respo | nse or note to anv lir | ne in this Part VIII | | | ୮ |
|----------------|---|--|------------------------|----------------------|--|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| 1a | Federated cam | paigns 1a | | | | | |
| b | Membership du | es 1b | | | | | |
| c | Fundraising eve | ents 1c | | | | | |
| d | Related organiz | zations 1d | | | | | |
| e | Government grant | s (contributions) 1e | 1,204,211 | | | | |
| f | All other contribute | ons, gifts, grants, and 1f ot included above | 6,401,438 | | | | |
| g | | ons included in lines | | j | İ | | |
| h | 1a-1f \$ Total. Add lines | s 1 a - 1 f | | 7,605,649 | | | |
| " | | | · · · • | , , | | | |
| 2a | MEMBERSHIP DUE | c | Business Code | 5 005 605 | 5 005 605 | | |
| _ | | - | 900099 | 5,895,695 | 5,895,695 | | |
| b | ANNUAL CONVENT | - | 900099 | 2,189,910 | 2,189,910 | | |
| C | PROF DEV WORKS | 11013 | 900099 | 681,845 | 681,845 | 460.05 | |
| d | PUBLICATIONS | EDVICES | 541800 | 515,516 | 53,485 | 462,031 | |
| e • | All other progra | | 900099 | 240 | 240 | | |
| f | An other progra | am service revenue | | | | | |
| g | Total. Add lines | s 2a – 2f | | 9,283,206 | | | |
| 3 | and other simil | ome (including dividen ar amounts) stment of tax-exempt bond | • | 192,327 | | | 192,327 |
| 5 | | | ` <u>` </u> | | | | |
| | , | (ı) Real | (II) Personal | | | | |
| 6a | Gross rents | 39,672 | | | | | |
| ь | Less rental expenses | 38,048 | | | | | |
| c | Rental income | 1,624 | | | | | |
| d | or (loss) Net rental inco | L me or (loss) | | 1,624 | | | 1,624 |
| | | (ı) Securities | (II) Other | | | | |
| 7a | Gross amount from sales of assets other | 7,323,420 | | | | | |
| ь | than inventory Less cost or other basis and | 7,189,677 | | | | | |
| c | sales expenses Gaın or (loss) | 133,743 | | | | | |
| d | Net gain or (los | s) | | 133,743 | | | 133,743 |
| 8a | Gross income f | | | | | | |
| | \$of contributions See Part IV , lir | s reported on line 1c) | | | | | |
| | | a | | | | | |
| b c | | penses b (loss) from fundraising | events | | | | |
| | Gross income f | rom gaming activities ie 19 | events p- | | | | |
| ь | | a penses b | | | | | |
| c | Net income or | (loss) from gamıng actı | vities | | | | |
| 10a | Gross sales of returns and allo | owances . | | | | | |
| Ь | less costofa | a oods sold b | | | | | |
| | | oods sold b (loss) from sales of inv | entory | | | | |
| | Miscellaneous | · · · · | Business Code | | | | |
| 11a | MISCELLANEC | | 900099 | 190,281 | 190,281 | | |
| ь | | _ | | | | | |
| С | | | | | | | |
| d | All other reven | ue | | | | | |
| e | Total. Add lines | s 11a-11d | 🕨 | 190,281 | | | |
| 12 | Total revenue. | See Instructions . | 🗼 | | a - · · · - | | |
| 1 | | | | 17,406,830 | 9,011,456 | 462,031 | 327,694 |

| | 990 (2014) | | | | Page 10 |
|----------|---|-----------------------|-----------------------------|---------------------------------|-------------------------|
| | Statement of Functional Expenses | | | 1-t l (A) | |
| section | on 501(c)(3) and 501(c)(4) organizations must complete all columns All | _ | | • | |
| | Check if Schedule O contains a response or note to any line in this | | (B) | (c) | <u> </u> |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 1,499,090 | 1,499,090 | | |
| 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 | 1,484,172 | 706,567 | 777,605 | |
| 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 | 3,259,723 | 2,850,262 | 303,635 | 105,826 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 132,577 | | 132,577 | |
| 9 | Other employee benefits | 362,400 | 349,412 | | 12,988 |
| 10 | Payroll taxes | 1,431,218 | 1,394,678 | | 36,540 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 135,323 | | 135,323 | _ |
| С | Accounting | 44,077 | | 44,077 | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 98,483 | | 98,483 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 2,122,542 | 2,014,344 | 107,136 | 1,062 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 1,293,671 | 907,961 | 374,977 | 10,733 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 586,215 | 823 | 585,392 | |
| 17 | Travel | 623,999 | 609,659 | 12,958 | 1,382 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 958,978 | 950,855 | 64 | 8,059 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 151.022 | | 454.022 | |
| 22 | Depreciation, depletion, and amortization | 151,032 | | 151,032 | |
| 23 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% | 40,470 | 5,124 | 35,346 | |
| а | of line 25, column (A) amount, list line 24e expenses on Schedule O) MISCELLANEOUS | 1,080,970 | 920,151 | 158,076 | 2,743 |
| a b | PUBLISHING | 399,475 | 399,475 | 138,070 | 2,743 |
| | STAFF DEVELOPMENT | 35,717 | 4,918 | 30,404 | 395 |
| d | - SEVELOTTIENT | 33,717 | 4,316 | 30,404 | |
| e | All other expenses | 870,217 | 870,217 | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 16,610,349 | 13,483,536 | 2,947,085 | 179,728 |
| 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) | 10,010,549 | 13,703,330 | 2,341,003 | 173,720 |

Part X Balance Sheet

| Par | 't X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X | | | _ |
|--------------|------|--|-----------------------|-------------|---------------------------------------|
| | | eneck in Schedule S contains a response of note to any line in this fare X | (A) Beginning of year | • | (B) End of year |
| | 1 | Cash-non-interest-bearing | 4,841,038 | | 3,126,953 |
| | 2 | Savings and temporary cash investments | 2,293,141 | 2 | 6,045,043 |
| | 3 | Pledges and grants receivable, net | 1,271,688 | 3 | 405,000 |
| | 4 | Accounts receivable, net | 767,863 | 4 | 266,295 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | , | - | , , , , , , , , , , , , , , , , , , , |
| ts | 6 | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 5 | |
| 9 | _ | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| _ | 8 | Inventories for sale or use | 23,809 | 8 | 20,579 |
| | 9 | Prepaid expenses and deferred charges | 440,748 | 9 | 784,799 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 2,113,311 | | | |
| | b | Less accumulated depreciation 10b 958,655 | 628,010 | 10 c | 1,154,656 |
| | 11 | Investments—publicly traded securities | 5,381,121 | 11 | 5,631,801 |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 51,073 | 15 | 68,514 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 15,698,491 | 16 | 17,503,640 |
| | 17 | Accounts payable and accrued expenses | 1,254,244 | 17 | 1,098,034 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 6,505,227 | 19 | 7,082,482 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| S | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| Liabilitie | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | _ |
| ąе | | persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | 529,057 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule | | | |
| | | D | 78,073 | 25 | 104,514 |
| | 26 | Total liabilities. Add lines 17 through 25 | 7,837,544 | 26 | 8,814,087 |
| ري d) | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34. | | | |
| Ë | 27 | Unrestricted net assets | 4,590,327 | 27 | 4,335,706 |
| <u>छ</u> | 28 | Temporarily restricted net assets | 3,165,755 | 28 | 4,248,982 |
| Fund Balance | 29 | Permanently restricted net assets | 104,865 | 29 | 104,865 |
| ŭ | 23 | Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and | 104,000 | 29 | 104,000 |
| | | complete lines 30 through 34. | | | |
| S O. | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| \$ \$ | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Net / | 33 | Total net assets or fund balances | 7,860,947 | 33 | 8,689,553 |
| Ź | 34 | Total liabilities and net assets/fund balances | 15,698,491 | 34 | 17,503,640 |
| | | | 1 .5,555,451 | - | ,555,546 |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | | | | ୮ |
|-----|--|----------|--------------|------|---------|
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 17,4 | 106,830 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 16,6 | 510,349 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 796,481 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 32,125 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 8,6 | 589,553 |
| Par | t XII Financial Statements and Reporting | | | | |
| | 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 | | | | |
| С | 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: 53-0196569

Name: AMERICAN ASSOCIATION OF COMMUNITY COLLEGES

| (Code |) (Expenses \$ | 915,264 | including grants of \$ |) (Revenue \$ | 53,485) |
|------------------|----------------|---------|------------------------|---------------|-----------|
| PUBLICATIONS | | | | | |
| (Code |) (Expenses \$ | 865,736 | including grants of \$ |) (Revenue \$ | 681,845) |
| WORKSHOPS AND SE | MINARS | | | | |

| i orini 990, Part | III - Lille +c. Frogra | III Sel Vice A | accompnishments (see the | mstructions) | |
|-------------------|------------------------|----------------|--------------------------|---------------|---|
| (Code |) (Expenses \$ | 741,220 | including grants of \$ |) (Revenue \$ |) |
| RESEARCH | | | | | |
| (Code |) (Expenses \$ | 669,128 | ıncludıng grants of \$ |) (Revenue \$ |) |
| GOVERNMENT RE | LATIONS | | | | |

| Form 990, Part | III - Lille 4C. Progra | III SEI VICE A | accompnishments (See the | mstructions) | |
|----------------|------------------------|----------------|--------------------------|---------------|---|
| (Code |) (Expenses \$ | 615,043 | including grants of \$ |) (Revenue \$ |) |
| COMMUNICATION | N AND PUBLIC RELATION | NS | | | |
| (Code |) (Expenses \$ | 410,680 | including grants of \$ |) (Revenue \$ |) |
| ACADEMIC AND S | TUDENT AFFAIRS | | | | |

| . 01111 330, 1 arc | III Line lettrogra | 56. 1.66 . | tecomphishments (see the | Instructions, | |
|--------------------|----------------------|------------|--------------------------|---------------|-------------|
| (Code |) (Expenses \$ | 331,339 | including grants of \$ |) (Revenue \$ | 5,895,695) |
| MEMBERSHIP ANI | D INFORMATION SERVIC | ES | | | |
| (Code |) (Expenses \$ | 222,591 | including grants of \$ |) (Revenue \$ | 240) |
| INTERNATIONAL | SERVICES | | | | |

| Т | | | | |
|----------------|----------------------|------------------------|---------------|-----------|
| | | | | |
|) (Expenses \$ | | ıncludıng grants of \$ |) (Revenue \$ | 190,281) |
| |) (Expenses \$ JE | , , , | | |

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

| Compensated Employees, and Inde | ependent Cor | ntracto | rs | | | | | I | 1 | 1 1 |
|-------------------------------------|---|---|-----------------------|---------|------------------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | Position (do more than one person is bot and a directo | | | ox, ι an o ⁄trus | inless fficer tee) | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Ke) emplojee | Highest compensated employee | Former | 2/1099-MI3C) | 2/1099-M13C) | related organizations |
| (1) KENNETH ATWATER | 2 00 | x | | × | | | | 0 | 0 | 0 |
| BOARD CHAIR (1) CHARLENE DUKES | 2 00 | | | | | | | | | |
| | | x | | | | | | 0 | 0 | 0 |
| BOARD CHAIR ELECT (2) JANE KARAS | 2 00 | | | | | | | | | |
| PAST CHAIR | | X | | | | | | 0 | 0 | 0 |
| (3) CHRISTAL ALBRECHT | 2 00 | x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | | _ ^ | | | | | | 0 | 0 | 0 |
| (4) CARRIE BILLY | 2 00 | l x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | | | | | | | | - | _ | |
| (5) RONNIE BOOTH | 2 00 | × | | | | | | 0 | 0 | 0 |
| BOARD MEMBER (6) LEAH BORNSTEIN | 2 00 | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | 0 | 0 | 0 |
| (7) QUINTIN BULLOCK | 2 00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| (8) CHRIS BUSTAMANTE | 2 00 | х | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | | _ ^ | | | | | | Ů | Ů | 0 |
| (9) DEBRA DERR | 2 00 | × | | | | | | 0 | 0 | 0 |
| BOARD MEMBER (10) KENNETH ENDER | 2 00 | | | | | | | | | |
| | | x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER (11) EUGENE GIOVANNINI | 2 00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| (12) MARY S GRAHAM | 2 00 | x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | | _ ^ | | | | | | 0 | 0 | 0 |
| (13) ERMA JOHNSON HADLEY | 2 00 | × | | | | | | 0 | 0 | 0 |
| BOARD MEMBER (14) ANNE KRESS | 2 00 | | | | | | | | | |
| | | х | | | | | | 0 | 0 | 0 |
| BOARD MEMBER (15) LEE LAMBERT | 2 00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| (16) MIRTA MARTIN | 2 00 | , , , | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| (17) E ANN MCGEE | 2 00 | l x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | 2.00 | | | | | | | | | _ |
| (18) WILFREDIO NIEVES | 2 00 | х | | | | | | 0 | 0 | 0 |
| BOARD MEMBER (19) ELOY OAKLEY | 2 00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (20) ANNETTE PARKER | 2 00 | ,, | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0 | 0 | 0 |
| (21) DANIEL PHELAN | 2 00 | x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | | | | | | | | | | |
| (22) SHIRLEY REED | 2 00 | x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER (23) MARY RITTLING | 2 00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| (24) CHERYL ROBERTS | 2 00 | l , | | | | | | _ | - | _ |
| BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | |

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

| Compensated Employees, and Inde | ependent Cor | ntracto | rs | | | | | 1 | I | 1 |
|--|---|--|-----------------------|---------|--------------|--|---|--|--------------|--------------------------|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | ; | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and | | |
| | organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099-MI3C) | 2/1099-M13C) | related organizations |
| (26) JACKSON SASSER BOARD MEMBER | 2 00 | x | | | | | | 0 | 0 | 0 |
| (1) CHRISTINE SOBEK BOARD MEMBER | 2 00 | х | | | | | | 0 | 0 | 0 |
| (2) CAROL SPALDING BOARD MEMBER | 2 00 | х | | | | | | 0 | 0 | 0 |
| (3) LORI SUNDBERG BOARD MEMBER | 2 00 | х | | | | | | 0 | 0 | 0 |
| (4) RICARDO TORRES BOARD MEMBER | 2 00 | х | | | | | | 0 | 0 | 0 |
| (5) L MARSHALL WASHINGTON BOARD MEMBER | 2 00 | х | | | | | | 0 | 0 | 0 |
| (6) GREGORY WILLIAMS | 2 00 | х | | | | | | 0 | 0 | 0 |
| BOARD MEMBER (7) WALTER BUMPHUS | 35 00 | | | х | | | | 536,977 | 0 | 90,330 |
| PRESIDENT (8) ANGEL ROYAL | 35 00 | | | X | | | | 152,028 | 0 | 26,764 |
| CHIEF OF STAFF (9) RAMSAY JOHNSON | 35 00 | | | х | | | | 165,709 | 0 | 34,803 |
| SVP & CHIEF FINANCIAL OFFICER (10) DAVID BAIME | 35 00 | | | | | | | | | |
| SVP GOVERNMENT RELATIONS (11) KATHRYN JO MANNES | 35 00 | | | | Х | | | 224,933 | 0 | 49,165 |
| SVP WORKFORCE & ECONOMIC DEVELOPMENT | | | | | х | | | 166,707 | 0 | 36,756 |
| (12) CHARISSE ASH ASSOC VP HUMAN RESOURCES | 35 00 | | | | | х | | 127,793 | 0 | 15,628 |
| (13) KENT PHILLIPPE ASSOC VP RESEARCH & STUDENT SUCCESS | 35 00 | | | | | х | | 126,781 | 0 | 32,540 |
| (14) MARY HEISS SVP ACADEMIC AND STUDENT AFFAIRS | 35 00 | | | | | х | | 138,914 | 0 | 33,976 |
| (15) JONATHAN NELSON | 35 00 | | | | | х | | 137,725 | 0 | 15,202 |
| CHIEF TECHNOLOGY OFFICER (16) JAMES HERMES | 35 00 | | | | | х | | 123,236 | 0 | 38,674 |
| DIRECTOR GOVERNMENT RELATIONS | | | | | | | | · | | <u> </u> |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493232003485

Employer identification number

OMB No 1545-0047

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

| AMERI | CAN AS | SSOCIATION OF COMMUNITY | COLLEGES | | | | | | |
|-------|--|--|-----------------------------------|--|---------------------------------------|--|--|----------------------------|--|
| | | | | | | | 53-0196569 | | |
| Pai | rt I | Reason for Publi | c Charity S | Status (All organiza | tions must co | mplete this p | oart.) See instruction | ns. | |
| The o | rganı | zation is not a private fo | | | | | · · · · · · · · · · · · · · · · · · · | | |
| 1 | \sqcap | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | |
| 2 | Γ | A school described in | section 170(b |)(1)(A)(ii). (Attach S | chedule E) | | | | |
| 3 | Ē | A hospital or a cooper | | | | tion 170(b)(1) | (A)(iii). | | |
| 4 | , | A medical research or | | _ | | | |). Enter the | |
| - | • | hospital's name, city, | • | | | | | , | |
| 5 | Γ | An organization opera | | nefit of a college or uni | versity owned o | r operated by | a governmental unit d | escribed in | |
| | | section 170(b)(1)(A) | (iv). (Complet | e Part II) | | | | | |
| 6 | Γ | A federal, state, or loc | al governmen | t or governmental unit | described in se | ction 170(b)(1 | l)(A)(v). | | |
| 7 | | An organization that n described in section 1 | 70(b)(1)(A)(v | vi). (Complete Part II |) | - | ental unit or from the g | jeneral public | |
| 8 | <u> </u> | A community trust de | | | | | | | |
| 9 | 굣 | An organization that n | | | | | | | |
| | | receipts from activitie | | | | | | | |
| | | its support from gross | | | | | | n businesses | |
| | | acquired by the organi | ızatıon after Ju | ıne 30, 1975 See sec | tion 509(a)(2). | (Complete Par | rt III) | | |
| 10 | Г | An organization organ | ized and opera | ited exclusively to tes | t for public safe | ty See sectio | n 509(a)(4). | | |
| 11 | Γ | An organization organ one or more publicly s the box in lines 11a th | upported orga | nızatıons described in | section 509(a | (1) or section | 509(a)(2) See sectio | on 509(a)(3). Check | |
| а | Γ | Type I. A supporting of supported organization You mus | organization op n(s) the power | perated, supervised, or to regularly appoint o | r controlled by 1 r elect a majori | ts supported o | rganization(s), typical | lly by giving the | |
| b | Γ | Type II. A supporting management of the su | organization s pporting organ | upervised or controllenization vested in the | d in connection | | | = | |
| c | Г | must complete Part IV Type III functionally | • | | n operated in c | onnection with | and functionally inter | grated with its | |
| • | ' | supported organization | | | | | | gracea men, res | |
| d | Γ | Type III non-function not functionally integr | | | | | | | |
| | _ | (see instructions) Yo | | | | | | | |
| е | ı | Check this box if the c | | | | | s a Type I, Type II, T | ype III functionally | |
| f | Integrated, or Type III non-functionally integrated supporting organization F Enter the number of supported organizations | | | | | | | | |
| g | | | | | | | | | |
| 9 | | | | | 24 (10)(0) | | | | |
| | | ame of supported organization | (ii) EIN | (iii) Type of organization listed in your governing document? 1 - 9 above or IRC section (see | | (v) A mount of monetary support (see instructions) | (vi) A mount of other support (see instructions) | | |
| | | | | instructions)) | Yes | No | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Sch | edule A (Form 990 or 990-EZ) 2014 | | | | | | Page 2 |
|-----|---|--------------------------|--------------------|----------------------|----------------------|-----------------|----------------------|
| Pa | Support Schedule for (Complete only if you c | hecked the bo | x on line 5, 7, | or 8 of Part I o | r if the organiza | ation failed | to qualify under |
| | Part III. If the organiza ection A. Public Support | tion fails to qu | alify under the | tests listed bel | ow, please com | ipiete Part I | 11.) |
| | endar year (or fiscal year beginning | (-) 2010 | (1) 2011 | (-) 2012 | (4) 2012 | (-) 201 | (6) T. t. l |
| | in) 🟲 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not include any "unusual | | | | | | |
| | grants ") | | | | | | |
| 2 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either | | | | | | |
| | paid to or expended on its | | | | | | |
| 3 | behalf The value of services or facilities | | | | | | |
| , | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly supported organization) included on | | | | | | |
| | line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, column | | | | | | |
| | (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| S | ection B. Total Support | 1 | l | | | 1 | |
| | endar year (or fiscal year beginning | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| | in) ► | (a) 2010 | (0) 2011 | (6) 2012 | (d) 2013 | (e) 2014 | (I) Total |
| 7 | A mounts from line 4 | | | | | | |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar | | | | | | |
| | sources | | | | | | |
| 9 | Net income from unrelated | | | | | | |
| | business activities, whether or not the business is regularly carried | | | | | | |
| | on | | | | | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI) | | | | | | |
| 11 | Total support Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities | es, etc (see inst | ructions) | | • | 12 | <u> </u> |
| 13 | First five years. If the Form 990 is f | or the organizati | on's first, second | l, thırd, fourth, or | fifth tax year as a | section 501 | (c)(3) |
| | organization, check this box and sto | | | | | <u> </u> | <u> </u> |
| | ection C. Computation of Pub | | | 4.4 1 (5) | | | |
| 14 | Public support percentage for 2014 | · · | | 11, column (f)) | | 14 | |
| 15 | Public support percentage for 2013 | • | • | | | 15 | |
| 16a | 33 1/3% support test—2014. If the | | | | line 14 is 33 1/3% | ∕o or more, ch | |
| h | and stop here. The organization qua 33 1/3% support test—2013. If the | | | | and line 15 is 3 | 3 1/3% or mo | re check this |
| | box and stop here. The organization | | | | , and fine 13 is 3. | 3 1/3/0 01 1110 | re, check this ▶□ |
| 17a | 10%-facts-and-circumstances test- | -2014. If the org | anızatıon dıd not | check a box on li | | | , |
| | is 10% or more, and if the organizat | | | | | | |
| | in Part VI how the organization mee | ts the "facts-and | d-circumstances' | test The organi | zation qualifies as | s a publicly s | |
| h | organization 10%-facts-and-circumstances test- | -2013. If the ora | anization did not | check a hov on li | ne 13 16a 16b | or 17a and b | ▶ ┌ |
| | 15 is 10% or more, and if the organ | | | | | | |
| | Explain in Part VI how the organizat | | | | | | ublicly |
| | supported organization | | | | 471 | | ▶ ┌ |
| 18 | Private foundation. If the organizations | on ala not check | ca box on line 13 | , 16a, 16b, 1/a, | or 1 / b, check this | s pox and see | • ▶ □ |

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

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

| | ction A. Public Support | | | | | | |
|----------|--|--|--|------------------------|---------------------|---|------------------|
| Cale | ndar year (or fiscal year beginning in) ► | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not include any "unusual | 5,124,375 | 12,805,937 | 9,870,642 | 6,673,611 | 7,605,649 | 42,080,214 |
| 2 | grants ") Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services | | | | | | |
| | performed, or facilities furnished | 9,538,071 | 9,267,811 | 9,577,788 | 9,645,776 | 9,283,206 | 47,312,652 |
| | in any activity that is related to | 3,330,071 | 3,207,011 | 3,377,700 | 3,013,770 | 3,203,200 | 17,312,032 |
| | the organization's tax-exempt | | | | | | |
| _ | purpose Gross receipts from activities that | | | | | | |
| 3 | are not an unrelated trade or | | | | | | |
| | business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| _ | organization's benefit and either | | | | | | |
| | paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit | | | | | | |
| | to the organization without | | | | | | |
| _ | charge | 14.662.446 | 22.072.740 | 10 110 120 | 16 210 207 | 16 000 055 | 00 202 066 |
| 6 | Total. Add lines 1 through 5 | 14,662,446 | 22,073,748 | 19,448,430 | 16,319,387 | 16,888,855 | 89,392,866 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified | | | | | | C |
| | persons | | | | | | O |
| b | Amounts included on lines 2 and | | | | | | |
| _ | 3 received from other than | | | | | | |
| | disqualified persons that exceed | | | | | | C |
| | the greater of \$5,000 or 1% of | | | | | | |
| | the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | C |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | 89,392,866 |
| Se | ction B. Total Support | | | <u>I</u> | <u> </u> | | |
| | ndar year (or fiscal year | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| | beginning in) 🟲 | | | - ' ' | | | |
| 9 | A mounts from line 6 | 14,662,446 | 22,073,748 | 19,448,430 | 16,319,387 | 16,888,855 | 89,392,866 |
| L0a | Gross income from interest, | | | | | | |
| | dividends, payments received | 310,252 | 301,781 | 280,518 | 204,267 | 231,999 | 1,328,817 |
| | on securities loans, rents, royalties and income from | 310,232 | 301,701 | 200,310 | 204,207 | 231,999 | 1,320,017 |
| | similar sources | | | | | | |
| b | Unrelated business taxable | | | | | | |
| | ıncome (less section 511 | | | | | | |
| | taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | 240.252 | 204 704 | 200 540 | 204.267 | 224 000 | 4 220 047 |
| C | Add lines 10a and 10b | 310,252 | 301,781 | 280,518 | 204,267 | 231,999 | 1,328,817 |
| 11 | Net income from unrelated business activities not included | | | | | | |
| | in line 10b, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 12 | Other income Do not include | | | | | | |
| | gain or loss from the sale of | 47,834 | 59,029 | 105,827 | 45,472 | 190,281 | 448,443 |
| | capital assets (Explain in Part VI) | , | | , | , | , l | , |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 15,020,532 | 22,434,558 | 19,834,775 | 16,569,126 | 17,311,135 | 91,170,126 |
| 14 | First five years. If the Form 990 is | for the organization | n's first second | third fourth or f | ifth tax vear as a | section 501(c)(3 | 3) organization |
| | check this box and stop here | Tor the organization | on a mat, accond | , cilira, loaren, or i | Titil tax year as a | 300000000000000000000000000000000000000 | > |
| | ction C. Computation of Pub | | | | | | |
| 15 | Public support percentage for 2014 | 1 (line 8, column (| f) divided by line | 13, column (f)) | | 15 | 98 050 % |
| 16 | Public support percentage from 20 | | | | | 16 | 98 190 % |
| _ | | estment Inco | me Percentae | ae | | | |
| | Investment uncome percentage for | | | | n (f)) | 4.7 | 1 160 0 |
| 17 | Investment income percentage for | 2014 (line 10c, co | olumn (f) dıvıded | by line 13, colum | n (f)) | 17 | 1 460 % |
| 17 18 | | 2014 (line 10c, co m 2013 Schedule <i>l</i> | olumn (f) divided A , Part III , line 1 | by line 13, colum 7 | | 18 | 1 470 % |

b 33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

18 is not more than 33 1/3%, check this box and **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 | plish exempt purposes | | | | | |
| 2 A mounts paid to perform activity that directly furthexcess of income from activity | ported organizations, in | | | | | |
| 3 Administrative expenses paid to accomplish exemp | 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 33 and 4c | | | | | | |
| 8 Breakdown of line 7 | | | | | | |
| a From 2010 | | | | | | |
| b From 2011 | | | | | | |
| c From 2012 | | | | | | |
| d From 2013 | | | | | | |

Part VI 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 (Form 990 or 990-EZ) 2014

DLN: 93493232003485

OMB No 1545-0047

Open to Public 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. ► 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
- 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 AMERICAN ASSOCIATION OF COMMUNITY COLLEGES | | | | | Employer identification number | | | | | | |
|---|--|--|---|--|--------------------------------|---|--|--|--|--|--|
| AITI | ERICAN ASSOCIATION OF COMPONITY | 53-019 | 6569 | | | | | | | | |
| Par | t I-A Complete if the or | ganization is exempt under s | section 501(c |) or is a section | า 527 | organization. | | | | | |
| 1 | Provide a description of the or | ganızatıon's dırect and ındırect politic | al campaign acti | vities in Part IV | | | | | | | |
| 2 | Political expenditures | | | 1 | • | \$ | | | | | |
| 3 | Volunteer hours | | | | | | | | | | |
| _ | | | 504/ | \(\frac{1}{2}\) | | | | | | | |
| | | ganization is exempt under s | | :)(3). | | | | | | | |
| 1 | · | e tax incurred by the organization und | | | | \$ | | | | | |
| 2 | · | e tax incurred by organization manage | | 4955 | - | \$ | | | | | |
| 3 | _ | section 4955 tax, did it file Form 472 | O for this year? | | | ☐ Yes ☐ No | | | | | |
| 4a | Was a correction made? | | | | | Yes No | | | | | |
| b | If "Yes," describe in Part IV | | | \ | - FC | 14(-)(2) | | | | | |
| | | ganization is exempt under s | | - | | <u>(C)(3).</u> | | | | | |
| 1 | | ended by the filing organization for sec | | | | \$ | | | | | |
| 2 | exempt function activities | organization's funds contributed to oth | ner organizations | for section 527 | > | \$ | | | | | |
| 3 | Total exempt function expendi | tures Add lines 1 and 2 Enter here a | and on Form 1120 | D-POL, line 17b | F | \$ | | | | | |
| 4 | Did the filing organization file F | Form 1120-POL for this year? | | | | ┌ Yes ┌ No | | | | | |
| 5 | organization made payments f amount of political contribution | nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a | e amount paid fro rectly delivered t | m the filing organiza to a separate politica | tıon's al orga | funds Also enter the anization, such as a tion in Part IV | | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid filing organization funds If none, ent | n's | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter - 0- | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | I and the second se | I | 1 | | 1 | | | | | |

| 5 c | hedule C (Form 990 or 990-EZ) 2014 | | | | | Page 2 |
|-----|--|---------------------------|------------------------|-----------------|--|-----------------------------|
| Ρ | art II-A Complete if the organization under section 501(h)). | is exempt under | section 501(c | :)(3) and file | d Form 5768 | |
| | Check If the filing organization belongs to a expenses, and share of excess lobb | ying expenditures) | | _ | p member's nam | e, address, EIN, |
| | Limits on Lobbying E (The term "expenditures" means an | xpenditures | | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influence public o | pinion (grass roots lob | bying) | | | |
| b | Total lobbying expenditures to influence a legisla | ative body (direct lobby | ying) | | | |
| c | Total lobbying expenditures (add lines 1a and 1b | o) | | | | |
| d | Other exempt purpose expenditures | | | | | |
| е | Total exempt purpose expenditures (add lines 1 | c and 1d) | | | | |
| f | Lobbying nontaxable amount Enter the amount fo | rom the following table | ın both | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontax | | | | |
| | Not over \$500,000 | 20% of the amount on lir | ne 1e | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the | e excess over \$500,00 | 00 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the | e excess over \$1,000, | 000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the | excess over \$1,500,0 | 00 | | |
| | Over \$17,000,000 | \$1,000,000 | | | | |
| g | Grassroots nontaxable amount (enter 25% of lin | e 1f) | | | | |
| h | Subtract line 1g from line 1a If zero or less, ente | er-0- | | | | |
| i | Subtract line 1f from line 1c If zero or less, ente | r-0- | | | | |
| j | If there is an amount other than zero on either lin section 4911 tax for this year? | ne 1h or line 1ı, did the | organızatıon file F | Form 4720 repo | rtıng | ┌ Yes ┌ No |
| | 4-Year Av (Some organizations that made a s columns below. See t | | ection do not | have to com | | ne five |
| | Lobbying Expe | enditures During | 4-Year Avera | ging Period | | |
| | Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | |
| ь | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c | Total lobbying expenditures | | | | | |
| d | Grassroots nontaxable amount | | | | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |

Grassroots lobbying expenditures

| - G | art II-B Complete if the organization is ex filed Form 5768 (election under se | empt under section 501(c)(3) and has I ection 501(h)). | | | | | |
|---|--|---|-----------|--------|--|-------|--------|
| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | | Part IV a detailed description of the lobbying | (; | a) | 1 | (b) | |
| activ | ivity. | | Yes | No | A | mour | nt |
| 1 | During the year, did the filing organization attempt to i legislation, including any attempt to influence public o | | | | | | |
| а | through the use of Volunteers? | | | l No | | | |
| a b | | nenses reported on lines 1 c through 1 i \2 | Yes | 140 | - | | |
| c | | penses reported on mies to timough try. | 1 03 | No | 1 | | |
| d | | | Yes | 110 | | 12 | 20,000 |
| e | | ŀ | | No | | | |
| f | | | | No | | | |
| g | | nt officials, or a legislative body? | | No | | | |
| h | | | | No | | | |
| i | | , , , , , , , , , , , , , , , , , , , | | No | | | |
| j | Total Add lines 1c through 1: | | | | | 12 | 20,000 |
| 2a | | e not described in section 501(c)(3)? | | No | | | |
| ь | | L. L | | | 1 | | |
| С | | | | | | | |
| d | If the filing organization incurred a section 4912 tax, o | | | | | | |
| Pai | rt III-A Complete if the organization is ex 501(c)(6). | empt under section 501(c)(4), section ! | 501(c |)(5), | or se | ectio | n |
| | | | | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received no | ondeductible by members? | | | 1 | | |
| 2 | Did the organization make only in-house lobbying expe | enditures of \$2,000 or less? | | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and i | political expenditures from the prior year? | | | 3 | | |
| Par | | empt under section 501(c)(4), section ! art III-A, lines 1 and 2, are answered " | | | | | |
| 1 | Dues, assessments and similar amounts from member | rs | 1 | | | | |
| 2 | Section 162(e) nondeductible lobbying and political exempenses for which the section 527(f) tax was paid). | penditures (do not include amounts of political | | | | | |
| a | • | | 2a | | | | |
| b | , | | 2b | | | | |
| C | | | 2c | | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) | , , | 3 | | | | |
| 4 | If notices were sent and the amount on line 2c exceed does the organization agree to carryover to the reasor | • | | | | | |
| | political expenditure next year? | able estimate of nondeddetible lobbying and | 4 | | | | |
| 5 | Taxable amount of lobbying and political expenditures | (see instructions) | 5 | | | | |
| P | Part IV Supplemental Information | | | | | | |
| | rovide the descriptions required for Part I-A, line 1, Part (see instructions), and Part II-B, line 1 Also, complete t | | ıp lıst), | Part I | I-A, lı | nes 1 | and |
| | Return Reference | Explanation | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Part IV Supplemental Info | ormation (continued) |
|---------------------------|----------------------|
| Return Reference | Explanation |
| | |
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| | |

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493232003485

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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.

Open to Public

| nal Revenue Service | Information about Schedule D (Form | 1990) and its instructions is at <u>www.irs</u> | s.gov/1 | <u>orm 990</u> . | Inspecti | on |
|--|---|--|----------------|---------------------|---------------------|----------|
| ame of the organ | | | Emp | loyer ident if | ication numbe | r |
| MERICAN ASSOCIATIO | ON OF COMMUNITY COLLEGES | | 53-0 | 196569 | | |
| art I Organ | nizations Maintaining Donor Adv | vised Funds or Other Similar Fo | | | ts. Complete | e if the |
| organ | ızatıon answered "Yes" to Form 990 | · · · · · · · · · · · · · · · · · · · | | | · | |
| | | (a) Donor advised funds | - | (b) Funds an | d other accour | nts |
| Total number | | | - | | | |
| | ue of contributions to (during year) | | - | | | |
| | ue of grants from (during year) | | + | | | |
| | ue at end of year | | | | | |
| | ization inform all donors and donor advisor organization's property, subject to the or | | ior advi: | sed | ☐ Yes | ┌ No |
| used only for a conferring imp | ization inform all grantees, donors, and do charitable purposes and not for the benef permissible private benefit? | it of the donor or donor advisor, or for a | ny othe | r purpose | ┌ Yes | ┌ No |
| rt III Conse | ervation Easements. Complete If | the organization answered "Yes" t | o Form | <u>1 990, Part</u> | IV, line 7. | |
| Preservati Protection Preservati Complete line | conservation easements held by the org ion of land for public use (e g , recreation i of natural habitat ion of open space is 2 a through 2d if the organization held a | or education) Preservation of an Preservation of a G | certified | d historic str | ucture | |
| easement on t | the last day of the tax year | | | Held at t | he End of the ' | Vear |
| Total number | of conservation easements | | 2a | Tiola at t | ne Liiu or the | · cui |
| Total acreage | restricted by conservation easements | | 2b | | | |
| _ | nservation easements on a certified histo | oric structure included in (a) | 2c | | | |
| | nservation easements included in (c) acq ture listed in the National Register | uired after 8/17/06, and not on a | 2d | | | |
| Number of cor | nservation easements modified, transferr | ed, released, extinguished, or terminate | ed by th | e organizatio | on during | |
| the tax year 🕨 | <u> </u> | | | | | |
| Number of sta | ites where property subject to conservati | on easement is located 🕨 | | | | |
| Does the orga | inization have a written policy regarding to fixe the conservation easements it holds? | | —— dling of | violations, a | nd res | ┌ No |
| Staff and volu | nteer hours devoted to monitoring, inspe | cting, and enforcing conservation easer | nents d | uring the yea | ar | |
| _ | penses incurred in monitoring, inspecting | , and enforcing conservation easements | s durıng | the year | | |
| | nservation easement reported on line 2(o 70(h)(4)(B)(ii)? | d) above satisfy the requirements of sec | tion 17 | ′0(h)(4)(B)(ı |) 「Yes | ┌ No |
| balance sheet | describe how the organization reports con t, and include, if applicable, the text of the on's accounting for conservation easeme | e footnote to the organization's financial | | | | |
| | nizations Maintaining Collection lete if the organization answered "Y | | or Oth | ner Simila | r Assets. | |
| works of art, h | ation elected, as permitted under SFAS 1 historical treasures, or other similar asse de, in Part XIII, the text of the footnote t | ts held for public exhibition, education, | or rese | arch in furthe | | с |
| works of art, h | ation elected, as permitted under SFAS 1 historical treasures, or other similar asse de the following amounts relating to thes | ts held for public exhibition, education, | | | | с |
| (i) Revenue II | ncluded in Form 990, Part VIII, line 1 | | | ► \$ | | |
| (ii) Assets ind | cluded in Form 990, Part X | | | ► \$ | | |
| If the organiza | ation received or held works of art, histor unts required to be reported under SFAS | | or financ | cial gain, pro | vide the | |
| Revenue inclu | ided in Form 990, Part VIII, line 1 | | | ► \$ | | |

b Assets included in Form 990, Part X

| b If "Yes," explain the arrangement in Part XIII and complete the following table Complete the following table | Part | •••• Organizations Maintaining Co | llections of Art | <u>, His</u> | storic | <u>al Tr</u> | easu | ires, or O | <u>the</u> | <u>r Similar A</u> | sset | t s (co | ntınued) |
|--|-------------|---|-----------------------|--------------|----------|--------------|-----------|---------------|---------------|--------------------|----------|----------------|-----------|
| b Scholarly research e Other c Preservation for future generations Part XII Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII During the year, did the organization solicit or receive denations of art, instanced treasures or other similar assets to be sold to reise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Inte 9, or reported an amount on Form 990, Part X, line 21. Is the organization an seent, trustee, custodian or other intermediary for contributions or other assets not included an Form 990, part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an seent, trustee, custodian or other intermediary for contributions or other assets not included an Form 990, Part X, line 21. Is the organization and seent that the organization and seen provided in Port 30 Amount Is a line Amount Is Amount Is Amount Is If "Yes," explain the arrangement in Part XIII and complete the following table If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning by year balance 197,800 194,800 | 3 | | ion, and other recor | ds, cl | heck a | ny of t | the foll | owing that a | are a | sıgnıfıcant us | e of i | ts | |
| c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990. Part XII Jine 9, or reported an amount on Form 990, Part XII, line 21. In earl. 1a Is the organization an appeal, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XII Jine 21. In earl. 5 Beginning balance Adultions during the year Id Id Id Id Id Id Id I | а | Public exhibition | | d | Γ | Loan | orexc | hange progi | ams | | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Pert XIII Pert XIII During the year, did the organization solicit or receive donations of art, historical treasures or other similar sixets to be sold to raise funds rother than to be mentained as part of the organization's collection? Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an apear, frustee, fusication or other intermediary for contributions or other assets not included on Form 990, Part X? Is If Yes, "explain the arrangement in Part XIII and complete the following table Part V Fire, Part | b | Scholarly research | | e | Γ | Other | - | | | | | | |
| Part XIII Summer the year, did the organization solicit or receive denations of art, historical treasures or other similar species to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is 1s the organization an agent, however, and the amount on Form 990, Part X, line 21. Is 1s the organization an agent, however, and the amount on Form 990, Part X, line 21. Is 1s the organization an agent, however, and the amount on Form 990, Part X, line 21. Is 1s the organization an agent, however, and the amount on Form 990, Part X, line 21. Is 1s the organization an agent, however, and the amount on Form 990, Part X, line 21. Is 1s the organization and the amount on Form 990, Part X, line 21. Is 1s the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? If 1s 1s 2s, explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Is 1s 2s, explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. In 1s 1s 2s | c | Preservation for future generations | | | | | | | | | | | |
| Bart V Endowment Part XIII Check here if the explanation has been provided in Part XIV, line 10. Beginning of year balance Contributions Contribut | 4 | | ollections and expla | ın hov | w they | furthe | er the o | organization | 's ex | empt purpose | ın. | | |
| Part IV. Ine 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, outside an ordinary of the following table 1b [f'ves," explain the arrangement in Part XIII and complete the following table 2 Beginning balance 4 Additions during the year 5 Distributions during the year 6 Distributions during the year 7 Ending balance 9 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? | 5 | | | | | | | | | nılar | | _ | |
| Part IV, line 9, or reported an amount on Form 990, Part X, line 21. a Is the organization an apent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year f Ending balance 1 | Dav | | | | | | | | | aall ta Farma | , | | l No |
| 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? FYes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII. C Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. C Part No b Contributions c Not investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and of year balance e Other expenditures for facilities and programs f Administrative expenses f Administrative expenses g End of year balance 100,865 104,865 | Раг | | | | | | | n answere | u r | es to Form | 990, | , | |
| C Beginning balance | 1a | Is the organization an agent, trustee, custod | | | | | | or other ass | ets | not | Γ١ | es/ | ┌ No |
| Additions during the year Ending balance If If If If If If If I | b | If "Yes," explain the arrangement in Part XII | I and complete the | follov | wing ta | ble | | | | | | | |
| d Additions during the year Distributions during the year 1e 1e 1e 1e 1e 1e 1e 1 | | | | | | | | | | А | mou | nt | |
| Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 7 Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 2a Beginning of year balance (a)Current year (b)Prior year b (c)Two years back (d)Three years back (e)Four years back (d)Three years back (e)Four | C | Beginning balance | | | | | | | 1c | | | | |
| Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance . (a)Cument year (b)Prior year b (c)Two years back (d)Three years back (e)Four years back (e)Four years back (d)Three years back (e)Four years back (d)Three years back (e)Four | d | Additions during the year | | | | | | | 1d | | | | |
| Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization has been provided in Part XIII | е | Distributions during the year | | | | | | | 1e | | | | |
| b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII | f | Ending balance | | | | | | | 1f | | | | |
| Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current year (b)Phory year back (d)Three years back (e)Four years back (o)Current year (b)Phory year back (d)Three years back (e)Four yea | 2a | Did the organization include an amount on Fo | orm 990, Part X, line | e 21, | for es | crow o | rcust | odıal accou | nt lıa | ıbılıty? | Γ, | es/ | ┌ No |
| (a) Current year (b) Prior year b (c) Two years back (d) Three years back (e) Four years (e) | b | If "Yes," explain the arrangement in Part XII | I Check here if the | expl | anatıo | n has | been p | orovided in f | art | XIII | | | Γ |
| Beginning of year balance 104,865 104 | Pai | rt V Endowment Funds. Complete | | n ans | swere | d "Ye | | | _ | | | | |
| b Contributions | | | | (b) | | | | | | | _ | Four ye | |
| d Grants or scholarships | _ | | 104,865 | | 1 | 04,865 | | 104,863 | <u> </u> | 104,863 | <u>'</u> | | 104,865 |
| d Grants or scholarships | _ | | | | | | | | - | | \vdash | | |
| e Other expenditures for facilities and programs | С | Net investment earnings, gains, and losses | | | | | | | | | | | |
| and programs | d | Grants or scholarships | | | | | | | | | | | |
| pend of year balance . 104,865 104,86 | е | | | | | | | | | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as Board designated or quasi-endowment ▶ Permanent endowment ▶ 100 000 % C Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations | f | Administrative expenses | | | | | | | | | | | |
| a Board designated or quasi-endowment ► b Permanent endowment ► 100 000 % c Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations | g | End of year balance | 104,865 | | 1 | 04,865 | | 104,865 | 5 | 104,865 | 5 | | 104,865 |
| b Permanent endowment ▶ 100 000 % c Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations | 2 | Provide the estimated percentage of the curi | rent year end baland | ce (lır | ne 1g, | colum | n (a)) | held as | | | | | |
| Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations | а | Board designated or quasi-endowment 🕨 | | | | | | | | | | | |
| The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings C Leasehold improvements 498,893 294,316 204,515 d Equipment Other Other Other | b | Permanent endowment ► 100 000 % | | | | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations | c | · | | | | | | | | | | | |
| Ves No | 2- | | | at.an | +6-+- | ده اما | d a a d a | dministors | d f or | th a | | | |
| (ii) related organizations | Ja | · · · · · · · · · · · · · · · · · · · | ssion of the organiza | ation | tiiat a | ie nero | u allu a | iuiiiiiistere | 101 | tile | Γ | Yes | No |
| b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? | | (i) unrelated organizations | | | | | | | | 3 | a(i) | Yes | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Buildings (b) Land (c) Accumulated depreciation (d) Book value (e) Buildings (f) Book value (g) Accumulated depreciation (h) Book value (h) Boo | | · · | | | | | | | | | - | Yes | |
| Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b)Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land 453,815 284,515 169,30 c Leasehold improvements 498,893 294,316 204,50 d Equipment 1,160,603 379,824 780,70 e Other 1,160,603 379,824 780,70 | | | • | | | | | | • | [3 | 3b | | No |
| 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land 453,815 284,515 169,30 c Leasehold improvements 498,893 294,316 204,515 d Equipment 1,160,603 379,824 780,73 e Other Other 10,160,603 379,824 780,73 | | | | | | | | wared Wee | 1 40 | Fa 000 F |) ob 1 | r) / l | |
| Ca Cost or other basis (investment) Ca Cost or other basis (other) Ca Cost or other basis (other) Ca Cost or other basis (other) Ca Ca Ca Ca Ca Ca Ca C | Раг | | | tile o | organi | Zatioi | i alist | wereu res | ιο | FOITH 990, P | 'art I | .v, III | ie |
| b Buildings | | | | | | | | | | | | (d) Bo | ok value |
| c Leasehold improvements | 1a l | and | | | | | | | | | | | |
| d Equipment 1,160,603 379,824 780,77 e Other | b i | Buildings | | | | | | 453 | ,815 | 284, | 515 | | 169,300 |
| e Other | c l | _easehold improvements | | | | | | 498 | ,893 | 294,3 | 316 | | 204,577 |
| | | | | | | | | 1,160 | ,603 | 379,8 | 824 | | 780,779 |
| | | | | • | <u> </u> | | | | | | \perp | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | Tota | I. Add lines 1a through 1e (Column (d) must e | qual Form 990, Part | X, colu | umn (B |), line | 10(c)., |) | • | | | | 1,154,656 |

| Part VII Investments—Other Securities. Co | mplete if the organization | answered 'Yes' to Form 990, Part IV, line 11b. |
|--|------------------------------|--|
| See Form 990, Part X, line 12. (a) Description of security or category | (b)Book value | (c) Method of valuation |
| (including name of security) | | Cost or end-of-year market value |
| (1)Financial derivatives | | |
| (2)Closely-held equity interests Other | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | ₽ . | |
| Part VIII Investments—Program Related. C | omplete if the organization | on 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) Description of investment | (b) Book value | Cost or end-of-year market value |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | + | |
| Part IX Other Assets. Complete if the organization | on answered 'Yes' to Form 99 | 0, Part IV, line 11d See Form 990, Part X, line 15 |
| (a) Desc | ription | (b) Book value |
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line | | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. | anization answered 'Yes' | to Form 990, Part IV, line 11e or 11f. See |
| 1 (a) Description of liability | (b) Book value | |
| Federal income taxes | | 1 |
| DEFERRED COMPENSATION | 104,514 | |
| | <u>'</u> | |
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| | | 1 |
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| | | 1 |
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| | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 104 514 | 1 |
| The holds for the extension of the property of | 104,514 | |

| Part | | Revenue per Audited Financial Stat wered 'Yes' to Form 990, Part IV, line 1 | | ts With Revenue p | er R | eturn Complete if |
|--------|--|---|---|--|---|--|
| 1 | | er support per audited financial statements | | | 1 | 17,338,848 |
| 2 | Amounts included on line 1 b | ut not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains (losses | on investments | 2a | 32,125 | | |
| b | Donated services and use of | facilities | 2b | · | | |
| С | Recoveries of prior year gran | ts | 2c | | | |
| d | Other (Describe in Part XIII |) | 2d | | | |
| e | Add lines 2a through 2d | · | · · · | | 2e | 32,125 |
| 3 | Subtract line 2e from line 1 | | | | 3 | 17,306,723 |
| 4 | Amounts included on Form 9 | 90, Part VIII, line 12, but not on line 1 | | | | |
| a | Investment expenses not inc | luded on Form 990, Part VIII, line 7b . | 4a | 98,483 | | |
| b | Other (Describe in Part XIII |) | 4b | 1,624 | | |
| С | Add lines 4a and 4b | · | | | 4 c | 100,107 |
| 5 | Total revenue Add lines 3 ar | d 4c. (This must equal Form 990, Part I, line | 12) | | 5 | 17,406,830 |
| Part 2 | Reconciliation of I | expenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line | teme | | per | Return. Complete |
| 1 | Total expenses and losses pe | er audited financial statements | | | 1 | 16,510,242 |
| 2 | Amounts included on line 1 b | ut not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of | facilities | 2a | | | |
| b | Prior year adjustments . | | 2b | | | |
| c | Other losses | | 2c | | | |
| d | Other (Describe in Part XIII |) | 2d | | | |
| e | Add lines 2a through 2d . | | | | 2e | 0 |
| 3 | Subtract line 2e from line 1 . | | | | 3 | 16,510,242 |
| 4 | Amounts included on Form 99 | 90, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not inc | luded on Form 990, Part VIII, line 7b | 4a | 98,483 | | |
| b | Other (Describe in Part XIII |) | 4b | 1,624 | | |
| C | Add lines 4a and 4b | | | | 4c | 100,107 |
| 5 | Total expenses Add lines 3 a | and 4c. (This must equal Form 990, Part I, lin | e 18) | | 5 | 16,610,349 |
| Part | XIII Supplemental In | formation | | | • | |
| | \prime , line 4 , Part X , line 2 , Part X | r Part II, lines 3, 5, and 9, Part III, lines 1a I, lines 2d and 4b, and Part XII, lines 2d and | | | | de any additional |
| | Return Reference | Explanation | | | | |
| PART) | K, LINE 2 | AACC IS EXEMPT FROM THE PAYMENT BUSINESS INCOME UNDER SECTION 56 RECEIVES UNRELATED BUSINESS INCOME TAX F AACC DID NOT INCUR ANY TAX LIABIL TAXES THE PROVISIONS INCLUDED IN IN THE UNITED STATES OF AMERICA P ACCOUNTING FOR UNCERTAINTY IN II FINANCIAL STATEMENTS AND PRESCR RECOGNITION OF TAX POSITIONS TAK AACC PERFORMED AN EVALUATION OF 2014, AND DETERMINED THAT THERE N RECOGNITION IN THE FINANCIAL STA TAX-EXEMPT STATUS AS OF DECEMBE YEARS 2011 THROUGH 2014 REMAINS | D1(C)(; DME FF OR THI ITIES N ACCC ROVIE NCOME IBE A KEN OF F UNCE WERE N TEMEN R 31, 2 | B) OF THE INTERNAL IOM ADVERTISING THE YEARS ENDED DECE RELATED TO UNRELADUNTING PRINCIPLES TAXES RECOGNIZED THRESHOLD OF "MORE EXPECTED TO BE TAKED T | REVEI HAT IS EMBER TED E S GEN O IN A E LIK KEN NS AS O ULD AVE A | NUE CODE AACC S SUBJECT TO THE R 31,2014 AND 2013, BUSINESS INCOME ERALLY ACCEPTED E FOR THE IN ENTITY'S ELY THAN NOT" FOR IN A TAX RETURN OF DECEMBER 31, REQUIRE ANY EFFECT ON ITS |

RETURNS

RENT INCOME 1,624

RENT INCOME 1,624

PART XI, LINE 4B - OTHER

PART XII, LINE 4B - OTHER

ADJUSTMENTS

ADJUSTMENTS

VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE FOUNDATION FILES TAX

| Jenedale 2 (1 31111 33 3) 23 13 | | r age 3 | | |
|------------------------------------|----------------|----------------|--|--|
| Part XIII Supplemental Information | on (continued) | | | |
| Return Reference | Explanation | | | |
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Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

DLN: 93493232003485

2014

OMB No 1545-0047

(Form 990)

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

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

| epartment of the Treasury nternal Revenue Service | | | | en to Public Inspection | | | | | |
|--|-------------------|-------------------|----------------------------------|------------------------------|---|---|------------|--------------|---------------------------------------|
| ame of the organization | | | , | · | | | Employer i | dentificatio | n number |
| MERICAN ASSOCIAT | ION OF COMMU | NITY COLLEGES | 5 | | | | 53-0196 | 569 | |
| Part I General | Information o | n Grants and | Assistance | | | | | | |
| the selection crite | rıa used to award | the grants or ass | istance? | | grantees' eligibility for d States | | | | ▽ Yes ̄ N |
| | | | | | Governments. Com rt II can be duplicate | | | | s" to |
| (a) Name and addre organization or government | ss of | (b) EIN | (c) IRC 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) Descri | | (h) Purpose of grand or assistance |
| See Additional Data | Table | | | | | | | | |
| | | | | | | | | | |

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 | | | | | | | | |
| PART I, LINE 2 | ALL EXPENDITURES ARE REVIEWED BY THE ACCOUNTING MANAGER TO DETERMINE THE COST MEET THE CRITERIA ESTABLISHED UNDER CIRCULAR A-122 FOR REASONABLENESS, ALLOCABILITY, AND ALLOWABILITY, AS WELL AACC INTERNAL POLICIES AND PROCEDURES THIS IS AFTER THE PAYMENT DOCUMENT IS SUBMITTED BY TO ACCOUNTING FOR PAYMENT IF THE ACCOUNTING MANAGER BELIEVES ANY OF THE SPECIAL CONDITIONS OF THE GRANT AWARD ARE NOT BEING ADHERED TO, OR SOME VIOLATIONS OF THE COST PRINCIPLES IS DISCOVERED, THE ISSUE IS DISCUSSED WITH THE CFO IF THE CFO SUSTAINS THE PARTICULAR ISSUE, THE APPROPRIATE GRANTS OFFICER IS CONTACTED AND AN EXPLANATION IS PROVIDED FOR WHY APPROPRIATED ACTIONS ARE NECESSARY AND WHAT THE CORRECTED ACTIONS WILL BE PAYROLL COSTS AND TIME ALLOCATIONS ARE REVIEWED BY THE ACCOUNTING MANAGER AS WELL AS THE APPROPRIATE SUPERVISOR IN CHARGE OF THE AACC SECTION RECEIVING THE FEDERAL AWARD BOTH EXPENDITURES ON AWARDS AND PAYROLL ALLOCATIONS ARE REVIEWED BY THE CFO PRIOR TO PROCESSING | | | | | | | | |

Additional Data

Software ID:

Software Version:

EIN: 53-0196569

Name: AMERICAN ASSOCIATION OF COMMUNITY COLLEGES

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) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|------------------------------------|--------------------------------------|--|--|--|---------------------------------------|
| ANNE ARUNDEL COMMUNITY COLLEGE101 COLLEGE PARKWAY ARNOLD,MD 210121895 | 52-0905706 | 501(C)(3) | 5,000 | | | | PLUS 50- DEERBROOK |

| 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 | | | |
| ARAPAHOE COMMUNITY COLLEGE5900 SOUTH SANTA FE DRIVE PO BOX 9002 LITTLETON,CO 80160 | 90-0501944 | 501(C)(3) | 5,000 | | | | PLUS 50- DEERBROOK | | | |

| Form 990,Schedule 1, Pa | Form 990,Schedule 1, Part 11, 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 | | |
| ALBANY TECH COLLEGE 1704 S SLAPPY BLVD ALBANY,GA 31701 | 58-1788487 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | |

| <u>Form 990,Schedule I, Pa</u> r | 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 | | |
| BLACK RIVER TECH1410 HWY 304 E POCAHONTAS,AR 72455 | 71-0416918 | 501(C)(3) | 5,000 | | | | PLUS 50- DEERBROOK | | |

| 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) 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 | | |
| BROOKDALE765 NEWMAN SPRINGS ROAD LINCROFT,NJ 07738 | 22-1849485 | 501(C)(3) | 7,500 | | | 1 | PLUS 50- DEERBROOK | | |

| 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 | |
| BRUNSWICKPO BOX 30 SUPPLY,NC 28462 | 58-1493463 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | |

| <u> Form 990,Schedule I, Pa</u> | 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 | | |
| CAPE FEAR411 NORTH FRONT STREET WILMINGTON,NC 28401 | 56-0792881 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | |

| <u> Form 990,Schedule I, Pa</u> | 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 | | |
| CAPITAL COMMUNITY COLLEGE950 MAIN STREET HARTFORD,CT 06103 | 06-1398052 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | |

| Form 990,Schedule 1, Pa | Form 990,Schedule 1, Part 11, 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 | | |
| CEDAR VALLEY COLLEGE 3030 N DALLAS AVENUE LANCASTER,TX 75134 | 75-1213149 | 501(C)(3) | 5,000 | | | 1 | PLUS 50- DEERBROOK | | |

| Form 990,Schedule 1, Part 11, 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 | | |
| CENTRAL AZ8470 N OVERFIELD ROAD COOLIDGE,AZ 85128 | 86-0180838 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | |

| 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 | | |
| CLARK COLLEGE1933 FT VANCOUVER WAY VANCOUVER, WA 98663 | 91-0824167 | 501(C)(3) | 5,000 | | | 1 | PLUS 50- DEERBROOK | | |

| 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 | | |
| CLARK ST COMMUNITY COLLEGE570 EAST LEFFEL LANE SPRINGFIELD,OH 45501 | 31-0734597 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | |

| 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 | | |
| CLOVER PARK TECH4500 STILACOOM BLVD SW LAKEWOOD, WA 98499 | 91-1523641 | 501(C)(3) | 5,000 | | | 1 | PLUS 50- DEERBROOK | | |

| 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 | | |
| COLLEGE OF DUPAGE425 FAREWELL BLVD GLEN ELLYN,IL 60137 | 36-2594972 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | |

| 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 | | |
| COMMUNITY COLLEGE ALLEGHENY CNTY8080 RIDGE AVENUE PITTSBURGH,PA 15212 | 25-6075057 | 501(C)(3) | 5,000 | | | | PLUS 50- DEERBROOK | | |

| 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 | |
| CUYAHOGA COMMUNITY COLLEGE FOUNDATION 700 CARNEGIE AVENUE CLEVELAND,OH 44115 | 23-7320719 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | |

| 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 | |
| DAVIDSON297 DCDD ROAD LEXINGTON,NC 27293 | 56-0792247 | 501(C)(3) | 7,500 | | | 1 | PLUS 50- DEERBROOK | |

| 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) 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 | | |
| DELAWARE TECH COMMUNITY COLLEGE 21179 COLLEGE DRIVE GEORGETOWN, DE 19947 | 51-6000279 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | |

| 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 | | |
| EASTERN IOWA COMMUNITY COLLEGED 306 WEST RIVER DRIVE DAVENPORT,IA 52801 | 42-0924364 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | |

| 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 | | |
| EDGECOMBE2009 WEST WILSON STREET TARBORO,NC 27886 | 56-0897301 | 501(C)(3) | 7,500 | | | 1 | PLUS 50- DEERBROOK | | |

| 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 | | |
| EL CAMINO16007 CRENSHAW BLVD TORRANCE,CA 90506 | 95-6001060 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | |

| 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 | | | |
| GATEWAY CT790 THOMAS MORE PARKWAY EDGEWOOD,KY 41017 | 61-1320380 | 501(C)(3) | 7,500 | | | 1 | PLUS 50- DEERBROOK | | | |

| Form 990,Schedule 1, Part 11, 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 | | | |
| GRAYS COLLEGE1620 EDWARD P SMITH DRIVE ABERDEEN,WA 98563 | 91-0589346 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | | |

| 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 | | |
| GREENFIELDONE COLLEGE DRIVE GREENFIELD,MA 01301 | 23-7090085 | 501(C)(3) | 7,500 | | | 1 | PLUS 50- DEERBROOK | | |

| 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 | | | |
| GREEN RIVER COMMUNITY COLLEGE12401 SE 320TH STREET AUBURN,WA 98092 | 91-0814013 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | | |

| 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 | | | |
| HENDERS COMMUNITY COLLEGE300 NORTH MAIN STREET HENDERSON,KY 42420 | 61-1320380 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | | |

| Form 990,Schedule 1, Part 11, 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 | | |
| HIGHLAND COMMUNITY COLLEGE606 WEST MAIN HIGHLAND,KS 66035 | 48-6025822 | 501(C)(3) | 7,500 | | | 1 | PLUS 50- DEERBROOK | | |

| 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 | | | |
| JACKSON SC2046 NORTH PARKWAY JACKSON,TN 38301 | 62-0762815 | 501(C)(3) | 7,500 | | | I i | PLUS 50- DEERBROOK | | | |

| 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 | | |
| JEFCOMMTEC109 EAST BROADWAY LOUISVILLE,KY 40202 | 61-1320380 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | |

| 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 | | | |
| JFDRAKE TECH COLLEGE 3421 MERIDIAN STREET NORTH HUNTSVILLE,AL 35811 | 63-0439942 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | | |

| 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 | | |
| KINGSBORO2001 ORIENTAL BLVD BROOKLYN,NY 11235 | 13-1988190 | 501(C)(3) | 7,500 | | | 1 | PLUS 50- DEERBROOK | | |

| 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 | | | |
| LAGUARDIA COMMUNITY COLLEGE31-10 THOMSON AVENUE LONG ISLAND CITY,NY 11101 | 11-3623769 | 501(C)(3) | 5,000 | | | | PLUS 50- DEERBROOK | | | |

| 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 |
| MADISONVILLE COMMUNITY COLLEGE 2000 COLLEGE DRIVE MADISONVILLE,KY 42431 | 61-1320380 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK |

| 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 | | |
| MILWAUKEE AREA TECH COLLEGE700 WEST STATE STREET MILWAUKEE,WI 53233 | 39-6003459 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | |

| 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 | | |
| NAUGATUCK VALLEY COMMUNITY COLLEGE750 CHASE PARKWAY WATERBURY,CT 06708 | 06-1307006 | 501(C)(3) | 5,000 | | | | PLUS 50- DEERBROOK | | |

| 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 | | | |
| NORTH CENTRAL MICHIGAN1515 HOWARD STREET PETOSKEY,MI 49770 | 38-1586760 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | | |

| 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 | | |
| OAKTON COMMUNITY COLLEGE1600 EAST GOLF ROAD DES PLAINES,IL 60016 | 36-2681999 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | |

| 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 | | | |
| PANOLA COLL1109 W PANOLA CARTHAGE,TX 75633 | 75-1854775 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | | |

| 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 | | |
| PASCO HERNANDO COMMUNITY COLLEGE 10230 RIDGE ROAD NEW PORT RICHEY,FL 34654 | 59-1385831 | 501(C)(3) | 5,000 | | | | PLUS 50- DEERBROOK | | |

| 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 | | | |
| PHOENIX1202 WEST THOMAS ROAD PHOENIX,AZ 85013 | 02-1649017 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | | |

| 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 | | |
| PIEDMONT COMMUNITY COLLEGE1715 COLLEGE DRIVE LOCKBOX 1197 ROXBORO,NC 27573 | 56-0990351 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | |

| 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 | | |
| PIEDMONT TECH COLLEGE 620 N EMERALD ROAD GREENWOOD,SC 29646 | 57-0476862 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | |

| Form 990,Schedule 1, Part 11, 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 COMMUNITY COLLEGEPO BOX 19000 PORTLAND,OR 97280 | 93-0811291 | 501(C)(3) | 5,000 | | | 1 | PLUS 50- DEERBROOK | | |

| 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 | | |
| PRINCE GEORGES COMMUNITY COLLEGE301 LARGO ROAD LARGO,MD 20774 | 23-7011243 | 501(C)(3) | 5,000 | | | | PLUS 50- DEERBROOK | | |

| 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 | | | |
| ROANOKE-CHOWAN COMMUNITY COLLEGE109 COMMUNITY COLLEGE ROAD AHOSKIE,NC 27910 | 56-0891591 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | | |

| 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 ARKANSAS COMMUNITY COLLEGE300 SOUTH WEST AVENUE EL DORADO,AR 71730 | 71-0718948 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | | | |

| 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 | | | |
| SOUTHSIDE VA COMMUNITY COLLEGE109 CAMPUS DRIVE ALVERTA,VA 23821 | 54-1268539 | 501(C)(3) | 5,000 | | | | PLUS 50- DEERBROOK | | | |

| 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 TEXAS COMMUNITY COLLEGE 3201 WEST PECAN BLVD PO BOX 9701 MCALLEN,TX 78501 | 74-2683499 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | | | |

| 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 | | | |
| SPOON RIVER COLLEGE 23235 NORTH COUNTY 22 HIGHWAY CANTON,IL 61520 | 37-0895488 | 501(C)(3) | 5,000 | | | | PLUS 50- DEERBROOK | | | |

| 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 | | | |
| ST LOUIS COMMUNITY COLLEGE300 S BROADWAY ST LOUIS,MO 63102 | 43-0786590 | 501(C)(3) | 5,000 | | | | PLUS 50- DEERBROOK | | | |

| 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 | | | |
| STATE COLLEGE OF FLA MANATEE5840 26TH STREET W BRADENTON,FL 34207 | 59-1843274 | 501(C)(3) | 5,000 | | | | PLUS 50- DEERBROOK | | | |

| Form 990, Schedule 1, Part 11, 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 | | | |
| TALLAHASSEE444 APPLEYARD ROAD TALLAHASSEE,FL 32304 | 59-1141270 | 501(C)(3) | 7,500 | | | 1 | PLUS 50- DEERBROOK | | | |

| 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 | | | | |
| TULSA COMMUNITY COLLEGE6111 EAST SKELLY DRIVE TULSA,OK 74135 | 73-6017987 | 501(C)(3) | 7,500 | | | | PLUS 50- DEERBROOK | | | | |

| 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 | | | |
| WESTECH COLLEGEHESTER COMMUNITY COLLEGE75 GRASSLANDS ROAD VALHALLA,NY 10595 | 13-6608356 | 501(C)(3) | 5,000 | | | | PLUS 50- DEERBROOK | | | |

| 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 | | |
| GATEWAY TECH COLLEGE 3520 30TH AVENUE KENOSHA,WI 53144 | 39-6002792 | 501(C)(3) | 7,500 | | | | CLEAN & RESILIENT ECON | | |

| 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 | | | |
| GREENFIELDONE COLLEGE DRIVE GREENFIELD,MA 01301 | 23-7090085 | 501(C)(3) | 7,500 | | | | CLEAN & RESILIENT ECON | | | |

| 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 | | | | |
| LANE COMMUNITY COLLEGE101 W 10TH AVENUE EUGENE,OR 97401 | 93-0546223 | 501(C)(3) | 7,500 | | | | CLEAN & RESILIENT ECON | | | | |

| 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 | | |
| MCHENRY COMMUNITY COLLEGE8900 US HWY 14 CRYSTAL LAKE,IL 60012 | 36-2640702 | 501(C)(3) | 7,500 | | | | CLEAN & RESILIENT ECON | | |

| 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 | | | |
| MORAINE9000 W COLLEGE PARKWAY PALOS HILLS,IL 60465 | 36-2614971 | 501(C)(3) | 7,500 | | | | CLEAN & RESILIENT ECON | | | |

| 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 | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| LEWCLAR COMMUNITY COLLEGE5800 GODFREY ROAD GODFREY,IL 62035 | 37-0919339 | 501(C)(3) | 7,417 | | | | COMMUNITY PARTNERSHIPS | | |

| 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 | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| DELGADO COMMUNITY COLLEGE615 CITY PARK AVENUE NEW ORLEANS, LA 70119 | 72-6012995 | 501(C)(3) | 7,417 | | | | COMMUNITY PARTNERSHIPS | | |

| 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 | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| MIDSOUTH COMMUNITY COLLEGE2000 WEST BROADWAY WEST MEMPHIS,AR 72301 | 71-0533838 | 501(C)(3) | 7,417 | | | | COMMUNITY PARTNERSHIPS | | |

| 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 | | |
| ST LOUIS COMMUNITY COLLEGE300 S BROADWAY ST LOUIS,MO 63102 | 43-0786590 | 501(C)(3) | 7,417 | | | | COMMUNITY PARTNERSHIPS | | |

| 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 | | | |
| SW TENN COMMUNITY COLLEGE5983 MACON COVE MEMPHIS,TN 38134 | 62-1834818 | 501(C)(3) | 7,417 | | | | COMMUNITY PARTNERSHIPS | | | |

| 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 | | |
| KCTECH COLLEGES300 N MAIN STREET VERSAILLES,KY 40383 | 61-1320380 | 501(C)(3) | 7,417 | | | | COMMUNITY PARTNERSHIPS | | |

| 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 | | | |
| ARKANSAS NORTHEASTERNPO BOX 1109 SO HWY 61 BLYTHEVILLE,AR 72316 | 71-0460696 | 501(C)(3) | 60,000 | | | | JOB READY | | | |

| 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 | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| COMMUNITY COLLEGE AURORA16000 E CENTRE TECH PKWY S203 AURORA,CO 80011 | 38-3721881 | 501(C)(3) | 50,000 | | | | JOB READY | | | |

| 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 | | | |
| CUYAHOGA COMMUNITY COLLEGE700 CARNEGIE AVENUE CLEVELAND,OH 44115 | 34-0896630 | 501(C)(3) | 50,000 | | | | JOB READY | | | |

| 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 | | | |
| GROSSMONT8800 GROSSMONT COLLEGE DRIVE EL CAJON,CA 92020 | 95-6006652 | 501(C)(3) | 50,000 | | | | JOB READY | | | |

| 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 | | | |
| IVY TECH50 W FALL CREEK PARKWAY N DRIVE INDIANAPOLIS,IN 46208 | 35-1180631 | 501(C)(3) | 50,000 | | | | JOB READY | | | |

| 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 | | |
| JAMESTO WN525 FALCONER STREET JAMESTO WN, NY 14701 | 16-6002650 | 501(C)(3) | 50,000 | | | | JOB READY | | |

| Form 990,Schedule 1, Part 11, 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 | | | |
| KIRKWOOD COMMUNITY COLLEGE6301 KIRKWOOD BLVD SW CEDAR RAPIDS,IA 52404 | 42-0924685 | 501(C)(3) | 50,000 | | | | JOB READY | | | |

| 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 | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| KCTECH COLLEGES300 N MAIN STREET VERSAILLES,KY 40383 | 61-1320380 | 501(C)(3) | 50,000 | | | | JOB READY | | | |

| 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 | | | |
| MONTGOMERY CTY COMMUNITY COLLEGE340 DEKALB PIKE BLUE BELL,PA 19422 | 23-1670325 | 501(C)(3) | 50,000 | | | | JOB READY | | | |

| 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 | | | |
| NORTHEAST STATE COMMUNITY COLLEGE 2425 HIGHWAY 75 PO BOX 246 BLOUNTVILLE,TN 37617 | 62-1033870 | 501(C)(3) | 50,000 | | | | JOB READY | | | |

| 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 | | | |
| NORTHEAST COMM COLLEGE801 EAST BENJAMIN AVENUE PO BOX 469 469 NORFOLK,NE 68702 | 47-0524851 | 501(C)(3) | 60,000 | | | | JOB READY | | | |

| 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 | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | | |
| NO VA COMMUNITY COLLEGE3926 PENDER DRIVE FAIRFAX,VA 22030 | 54-1268263 | 501(C)(3) | 60,000 | | | | JOB READY | | | |

| 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 | | | |
| TARRANT COUNTY1500 HOUSTON STREET FORT WORTH,TX 76102 | 75-1217163 | 501(C)(3) | 50,000 | | | | JOB READY | | | |

| 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 | | | |
| ST JOHNS RIVER SC5001 ST JOHNS AVENUE PALATKA,FL 32177 | 59-1033399 | 501(C)(3) | 50,000 | | | | JOB READY | | | |

| 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 | | | |
| SNOW COLLEGE150 E COLLEGE AVENUE BOX 1033 EPHRAIM,UT 84627 | 87-6000517 | 501(C)(3) | 50,000 | | | | JOB READY | | | |

| 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 | | |
| UMPQUA COMMUNITY COLLEGEPO BOX 967 ROSEBURG,OR 97470 | 93-0519151 | 501(C)(3) | 60,000 | | | | JOB READY | | |

| Form 990,Schedule I, Par | 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 |
| WVAUNI300 CAMPUS DRIVE PARKERSBURG,WV 26104 | 55-0523820 | 501(C)(3) | 50,000 | | | | JOB READY |

| 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) 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 |
| PHI THETA KAPPA FDN 1625 EASTOVER DRIVE JACKSON,MS 39211 | 20-5469890 | 501(C)(3) | 100,000 | | | | NEW CENTURY SCHOLARS |

| <u>Form 990,Schedule I, Pa</u> | 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 |
| CUYAHOGA COMMUNITY COLLEGE700 CARNEGIE AVENUE CLEVELAND,OH 44115 | 34-0896630 | 501(C)(3) | 10,000 | | | | CLASP - FORD II |

| <u>Form 990,Schedule I, Pa</u> | 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 |
| NORTH HAMPTON3835 GREN POND ROAD BETHELEM,PA 18020 | 23-6417444 | 501(C)(3) | 15,000 | | | | CLASP - FORD II |

| <u>Form 990,Schedule I, Pa</u> | 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 | cash | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| GATEWAY CT790 THOMAS MORE PARKWAY EDGEWOOD,KY 41701 | 61-1320380 | 501(C)(3) | 10,000 | | | | CLASP - FORD II |

| Form 990,Schedule 1, Pa | orm 990,Schedule 1, Part 11, 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 |
| RES FDN CU230 W 41ST STREET 7TH FLOOR NEWYORK,NY 10036 | 11-3623769 | 501(C)(3) | 10,000 | | | | CLASP - FORD II |

| <u> Form 990,Schedule I, Pa</u> | 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 |
| SKYLINE COMMUNITY COLLEGE3300 COLLEGE DRIVE SAN BRUNO,CA 94066 | 94-3084147 | 501(C)(3) | 10,000 | | | | CLASP - FORD II |

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AMERICAN ASSOCIATION OF COMMUNITY COLLEGES

DLN: 93493232003485

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.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

| | | | 53-0196569 | | | |
|----|---|--|--|----|-----|----|
| Pa | rt I Questions Regarding Compensation | n | | | | |
| | | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II | | • | | | |
| | First-class or charter travel | 굣 | Housing allowance or residence for personal use | | | |
| | ▼ Travel for companions | Г | 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 | Γ | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses d | | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to | | · · · · · · · · · · · · · · · · · · · | | | |
| | directors, trustees, officers, including the CEO/Exe | ecutive D | rrector, regarding the items checked in line 1a? | 2 | Yes | |
| 3 | Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compen | that appl | | | | |
| | Compensation committee | 굣 | Written employment contract | | | |
| | ☐ Independent compensation consultant | ~ | Compensation survey or study | | | |
| | Form 990 of other organizations | ▽ | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, or a related organization | , Part VII | , Section A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-contro | l paymen | it? | 4a | Yes | |
| b | Participate in, or receive payment from, a suppleme | ental non | qualified retirement plan? | 4b | Yes | |
| c | Participate in, or receive payment from, an equity-l | based co | mpensation arrangement? | 4c | | No |
| | If "Yes" to any of lines 4a-c, list the persons and p | | | | | |
| | Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza | ations m | ust complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of | A, line 1a | , did the organization pay or accrue any | | | |
| а | The organization? | | | 5a | | Νo |
| b | Any related organization? | | | 5b | | Νo |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of | A, line 1a | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | No |
| b | Any related organization? | | | 6b | | Νo |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," | | | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III | | | | | |
| | | | | 8 | | Νo |
| 9 | If "Yes" to line 8, did the organization also follow th | he rebutt | able presumption procedure described in Regulations | | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of | f W-2 and/or 1099-MIS | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
|--|------|--------------------------|---|---|--------------------------------|------------------------|----------------------|--|
| | | (i) Base compensation | (ii) Bonus & ıncentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | column(B) reported as deferred in prior Form 990 |
| 1 WALTER BUMPHUS, PRESIDENT | (i) | 536,977 | 0 | 0 | 70,174 | 20,156 | 627,307 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 ANGEL ROYAL, CHIEF OF STAFF | (i) | 152,028 | 0 | 0 | 15,203 | 11,561 | 178,792 | 0 |
| 317111 | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 RAMSAY JOHNSON, SVP & CHIEF FINANCIAL OFFICER | (i) | 165,709 | 0 | 0 | 16,571 | 18,232 | 200,512 | 0 |
| (ii | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 DAVID BAIME, SVP GOVERNMENT RELATIONS | (i) | 224,933 | 0 | 0 | 22,493 | 26,672 | 274,098 | 0 |
| GOVERNMENT RELATIONS | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 KATHRYN JO MANNES, SVP WORKFORCE & | (i) | 166,707 | 0 | 0 | 16,671 | 20,085 | 203,463 | 0 |
| ECONOMIC DEVELOPMENT | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 KENT PHILLIPPE, ASSOC VP RESEARCH & STUDENT | (i) | 126,781 | 0 | 0 | 12,678 | 19,862 | 159,321 | 0 |
| SUCCESS | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 MARY HEISS, SVP ACADEMIC AND STUDENT | (i) | 138,914 | 0 | 0 | 13,891 | 20,085 | 172,890 | 0 |
| AFFAIRS | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 JONATHAN NELSON, CHIEF TECHNOLOGY OFFICER | (i) | 137,725 | 0 | 0 | 13,772 | 1,430 | 152,927 | 0 |
| TECHNOLOGI OFFICER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 JAMES HERMES, | (i) | 123,236 | 0 | 0 | 12,324 | 26,350 | 161,910 | 0 |
| DIRECTOR GOVERNMENT RELATIONS | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule J (Form 990) 2014

Part III 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

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

Schedule J (Form 990) 2014

Additional Data

Software ID: Software Version:

EIN: 53-0196569

Name: AMERICAN ASSOCIATION OF COMMUNITY COLLEGES

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

| (A) Name and Title | | (i) Base Compensation | W-2 and/or 1099-MIS (ii) Bonus & incentive compensation | C 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 WALTER BUMPHUS, PRESIDENT | (I) (II) | 536,977 0 | 0 0 | 0 | 70,174 0 | 20,156 | 627,307 0 | 0 |
| 1 ANGEL ROYAL, CHIEF OF STAFF | (I) (II) | 152,028 0 | 0 | 0 | 15,203 0 | 11,561 0 | 178,792 0 | 0 |
| 2 RAMSAY JOHNSON, SVP & CHIEF FINANCIAL OFFICER | (I) (II) | 165,709 0 | 0 0 | 0 | 16,571 0 | 18,232 0 | 200,512 | 0 |
| 3 DAVID BAIME, SVP GOVERNMENT RELATIONS | (I) (II) | 224,933 0 | 0 | 0 | 22,493 0 | 26,672 0 | 274,098 0 | 0 |
| 4 KATHRYN JO MANNES, SVP WORKFORCE & ECONOMIC DEVELOPMENT | (I) (II) | 166,707 0 | 0 0 | 0 | 16,671 0 | 20,085 0 | 203,463 0 | 0 |
| 5 KENT PHILLIPPE, ASSOC VP RESEARCH & STUDENT SUCCESS | (I) (II) | 126,781 0 | 0 0 | 0 | 12,678 0 | 19,862 0 | 159,321 0 | 0 |
| 6 MARY HEISS, SVP ACADEMIC AND STUDENT AFFAIRS | (I) (II) | 138,914 0 | 0 0 | 0 | 13,891 0 | 20,085 0 | 172,890 0 | 0 |
| 7 JONATHAN NELSON, CHIEF TECHNOLOGY OFFICER | (I) | 137,725 0 | 0 | 0 | 13,772 0 | 1,430 0 | 152,927 0 | 0 |
| 8 JAMES HERMES, DIRECTOR GOVERNMENT RELATIONS | (I) (II) | 123,236 0 | 0 | 0 | 12,324 0 | 26,350 0 | 161,910 0 | 0 |

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DLN: 93493232003485

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

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

| 990 Schedule O, Supplemental | |
|---|--|
| Return Reference | Explanation |
| FORM 990, PART VI, SECTION A, LINE $\boldsymbol{6}$ | THE ORGANIZATION HAS 1,100 MEMBER COLLEGES |
| FORM 990, PART VI, SECTION A, LINE 7A | MEMBERS (1,100 COMMUNITY COLLEGE PRESIDENTS) ELECT THE BOARD OF DIRECTORS (32) BY MAIL BAL LOT THE BOARD OF DIRECTORS ELECTS OR APPOINTS OFFICERS OF THE ASSOCIATION |
| FORM 990, PART VI, SECTION B, LINE 11 | THE BOARD OF DIRECTORS DELEGATES ITS RESPONSIBILITY FOR REVIEW OF THE FORM 990 TO THE AUDI |
| | T AND FINANCE COMMITTEE OF THE BOARD, DUE TO THE CONFLICTING NEEDS FOR TIMELINESS OF REPOR T SUBMISSION AND THE FACT THAT THE BOARD MEETS ONLY THREE TIMES PER YEAR. THE AUDIT |
| | AND FI NANCE COMMITTEE REVIEWS THE 990 WITH A MINIMUM OF ONE WEEK NOTICE TO FORWARD |
| | COMMENTS, QUE STIONS AND SUGGESTIONS TO OTHER COMMITTEE MEMBERS A COMMITTEE TELECONFERENCE MAY BE CALLE |
| | D AT THE DISCRETION OF THE COMMITTEE CHAIR TO REVIEW THE 990 ALL MEMBERS OF THE BOARD OF |
| | DIRECTORS RECEIVE A COPY OF THE 990 SUBSEQUENT TO ACCEPTANCE OF THE REPORT BY THE AUDIT AN DEFINANCE COMMITTEE AND PRIOR TO FILING THE FORM |
| FORM 990, PART VI, SECTION B, LINE 12C | COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED BY BOTH THE PRESIDENT/CEO AND CFO THE CFO REVIEWS ALL FINANCIAL TRANSACTIONS AND IS THE KEY POINT OF IDENTIFICATION |
| | OF POTENTIAL CONFLICTS IF A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED, THE PARTICULAR SI TUATION IS DISCUSSED WITH OUTSIDE LEGAL COUNSEL TO DETERMINE IF FURTHER REVIEW AND ACTIONS |
| | ARE WARRANTED IF SO, THE MATTER IS THEN TAKEN TO THE CHAIRPERSON OF THE EXECUTIVE COMMIT |
| | TEE (CHAIRPERSON OF THE BOARD) FOR SUBSEQUENT RESOLUTION |
| FORM 990, PART VI, SECTION B, LINE 15 | OUTSIDE LEGA |
| | L COUNSEL, FOLLOWING BEST PRACTICES INCLUDING FORMAL PERFORMANCE EVALUATION AND REVIEW OF |
| | COMPARATIVE DATA FOR CEO POSITIONS IN SIMILAR ORGANIZATIONS ALL OTHER OFFICERS, SENIOR MA NAGEMENT AND KEY EMPLOYEES RECEIVE PERFORMANCE EVALUATIONS AND ARE SUBJECT TO |
| | THE SAME COM PENSATION POLICIES AND PROCEDURES AS ALL NON-CEO POSITIONS IN THE ASSOCIATION |
| FORM 990, PART VI, SECTION C, LINE 19 | |
| FORM 990, PART XII, LINE 2C | THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |