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DLN: 93493123011066

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 <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Inspection

A F	or the	2014 ca	llendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015				
		pplicable	C Name of organization		D Employe	r iden	itification number
	dress ch		THE AMERICAN COLLEGE OF GREECE		04-230	6054	1
┌ Na	ıme cha	nge	% KELLY MORRA Doing business as				
┌ In	tıal retu	rn		⊢	F.T.I.		
FII			Number and street (or P O box if mail is not delivered to street address) Room/suite 10 LIBERTY SQUARE 2ND FL		E Telephone		
		mınated			(857)2	84-7	908
_	nended	return n pendina	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02109		<b>G</b> Gross rece	eipts \$	39,154,511
j Ap	plicatioi	ı penuni					_
			DR DAVID G HORNER	<b>H(a)</b> Is this subord	a group re inates?	turn	for
			10 LIBERTY SQUARE 2ND FLOOR BOSTON,MA 02109				
			20010N,11A 02103	H(b) Are all include		tes	Γ Y es Γ No
I Ta	ax-exen	npt statu	s			lıst	(see instructions)
J W	/ebsite	e: <b>-</b> W	WW ACG EDU	H(c) Group	exemptio	n nun	nber ►
<b>K</b> For	m of or	ganızatıo	n	L Year of form	nation 1961	М	State of legal domicile CO
	rt I		nmary			-	<u>,                                      </u>
	1	Briefly	describe the organization's mission or most significant activities				
		the am	erican college of greece is an independent, not for profit, nonsectarian, co-e	educational a	<u>cademic i</u>	nstiti	ution
ည် မ	.						
至							
Governance	2	Check	this box $lacktriangledown$ if the organization discontinued its operations or disposed of n	more than 25	% of its n	et as:	sets
		NI			1	ا ہ	2.2
Activities &	1		r of voting members of the governing body (Part VI, line 1a) r of independent voting members of the governing body (Part VI, line 1b)		<b>—</b>	3	23
¥	1		umber of individuals employed in calendar year 2014 (Part V., line 2a)		<b>⊢</b>	5	6
Ę.			umber of volunteers (estimate if necessary)		·	6	23
₫,			nrelated business revenue from Part VIII, column (C), line 12		·	7a	0
	1		related business taxable income from Form 990-T, line 34			7b	
				Prior	Year		Current Year
	8	Cont	ributions and grants (Part VIII, line 1h)		1,292,40	5	666,310
Rayenue	9	Prog	ram service revenue (Part VIII, line 2g)	1	. 2,690,70	4	37,353,359
9	10	Inve	stment income (Part VIII, column (A ), lines 3, 4, and 7d)		425,05	6	58,508
ш	11		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		510,77	2	510,502
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	1	.4,918,93	7	38,588,679
	13		ts and similar amounts paid (Part IX, column (A), lines 1–3)		3,220,99	1	6,022,993
	14	Bene	fits paid to or for members (Part IX, column (A), line 4)			0	0
	15		ries, other compensation, employee benefits (Part IX, column (A), lines		6,615,13	5	21,094,289
&	16-	5-10	·			0	0
Expenses	16a		essional fundraising fees (Part IX, column (A), line 11e)			<u> </u>	0
ठ	Ь		fundraising expenses (Part IX, column (D), line 25) • 159,874				
	17		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		.0,988,52		17,578,364
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		20,824,65	_	44,695,646
	19	Reve	nue less expenses Subtract line 18 from line 12	Beginning (	-5,905,71	_	-6,106,967
Net Assets or Fund Balances				ведіппінд ( Ye			End of Year
35.00 19.00 10.00	20	Tota	l assets (Part X, line 16)	$\epsilon$	8,601,27	1	55,981,153
충	21	Tota	l liabilities (Part X, line 26)		6,684,63	6	11,436,415
	22	_	essets or fund balances Subtract line 21 from line 20	$\epsilon$	1,916,63	5	44,544,738
	rt II	_	nature Block				
my k	nowled	dge and	f perjury, I declare that I have examined this return, including accompanyir I belief, it is true, correct, and complete Declaration of preparer (other than knowledge				
		***	***	2010	6-02-14		
Sig	n	Sigi	nature of officer	Date			
Her			LY A MORRA VP OF FINANCE & CFO				
		Тур	e or print name and title				
			Print/Type preparer's name Preparer's signature Date Robert J Butler Jr Robert J Butler Jr 2016	COS 44   CHECK		TIN 00037	953
Pai			Firm's name FGRANT THORNTON LLP		EIN 🟲		
	pare		Firm's address ► 75 STATE STREET	Phone	eno (617) 7	23-79	000
US	e On	ıy	BOSTON, MA 02109		, ,		
				1			

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part $I^{\bullet}$	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	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V^{\bullet}$	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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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	Yes	
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	Yes	
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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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		No
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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? If "Yes," complete Schedule L, Part III	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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
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? If "Yes," complete Schedule R, Part 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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> (	(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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 5  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?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
<b>3</b> -	Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		N.o.
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		No
	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	Yes	
b	If "Yes," enter the name of the foreign country    GR, UK  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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	20		
		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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
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		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	_		
<b>.</b>	required?	7g		
п	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	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			
	Section 501(c)(12) organizations. Enter			
	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 )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	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		_	
_	mi which the organization is incensed to issue qualified fleathi plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	   14a	 	No
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14a 14b		IN U

Section A. Governing Body and Management

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

Check if Schedule O contains a response or note to any line in this Part VI														.[~
---	--	--	--	--	--	--	--	--	--	--	--	--	--	-----

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	- I game and the manning and the control of the con			
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	
Se		evenu	ue Cod Yes	
		evenu 10a		e.)
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			e.) <b>No</b>
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		e.) <b>No</b>
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) <b>No</b>
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) <b>No</b>
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) <b>No</b>
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  Lif "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 its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	e.) No No

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►MA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records
  ▶KELLY MORRA

10 LIBERTY SQUARE 2ND FL

Form 990 (2014	)
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# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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 for related	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)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director	,		related organizations

Form 990 (2014)

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n ıs l	ne l both	box, an	heck unless officer stee)	;	(D) Reportable compensation from the organization (W-	<b>(E)</b> 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	<b> </b>			
C	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	►	953,944	464,826	403,410
	·			·	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶6

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual	2		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	3		
	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 J for such person	5		No

#### Section B. Independent Contractors

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

(A) Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation				
THE OPEN UNIVERSITY, PO BOX 77 WALTON HALL MILTON KEYN LONDON, 0 MK7 6BT UK	U S ACCREDITATION	1,000,259				
LOWE COMMUNICATIONS SA, 54 KAPODISTRIOU AVEYAKINTHOU STR FILOTHEI, ATHENS 151 23 GR	MARKETING	966,134				
SIMOU E MEPE, 52 K VARNALI STR - N IONIA ATHENS, 0 142 31 GR	TRAVEL AGENCY	730,019				
LYPARAKIS A DIMITRIOS, 50A STRATIGOU VELISSARIOU STR KALYVIA, ATTIKI 190 10 GR	TECHNICAL SUPPORT	330,153				
MICHIGAN STATE UNIVERSITY, A-714 WELLS HALL EAST LANSING, MI 488241027	ENGLISH PROFICIENCY	260,526				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5						

art VIII	Statement o		nse or note to any lim	ne in this Dart VIII			
	CHECK II SCRED	ule O contains a respo	nse of note to any lif	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
. (A) 1a	Federated cam	paigns 1a					
and Other Similar Amounts	Membership du	ıes <b>1b</b>					
	·						
γ. PH .	_						
	Related organiz	zations 1d					
<i>i</i> .E e	Government grant	s (contributions) <b>1e</b>	88,773				
[일 f		ons, gifts, grants, and <b>1f</b>	577,537	i	i		
i e i	sımılar amounts no			!	!		
[주   g	1a-1f \$	ons included in lines					
in part	Total. Add lines	s 1 a - 1 f	📦	666,310			
			Business Code				
Program Service Revenue  Ta b c d e f	TUITION & FEES		611710	37,353,359	37,353,359		
e b			011710	3.7333,333	37,333,333		<u> </u>
ன்   с ⊈   _							
Ser q							+
33   °		_					-
E e	<u> </u>						
ਹੈ   f	All other progra	am service revenue					
在 g	Total. Add lines	s 2a-2f		37,353,359			
3		ome (including dividen		81,280			81,280
		ar amounts) stment of tax-exempt bond		0			01,200
5			. h	0			+
	Noyalties .	(ı) Real	(II) Personal	-			
6a	Gross rents	416,274	(II) F ersonar				
Ь	Less rental						
	expenses Rental income	416,274					
c	or (loss)						
d	Net rental inco	me or (loss)	·	416,274			416,274
	Cross amount	(ı) Securities	(II) O ther				
7a	Gross amount from sales of assets other than inventory	543,060					
ь	Less cost or other basis and	565,832					
c	sales expenses Gain or (loss)	-22,772					
d		ss)	<u> </u>	-22,772			-22,772
	Gross income f		· · · · · · · · · · · · · · · · · · ·	,			,
	events (not inc	luding					
<u> </u>	Less direction	penses b					
		(loss) from fundraising	events L	0			
		rom gaming activities					1
		ne 19					
		а					
ь		penses <b>b</b>					
c		(loss) from gaming acti	vities	0			
10a	Gross sales of returns and allo						
	. Diamis and and	a a					
Ь	Less costofg	oods sold <b>b</b>					
		(loss) from sales of inv	entory 🛌	0			
	Miscellaneou	s Revenue	Business Code				
11a	OTHER INCOM	ME	900099	94,228			94,228
ь							
С	-						
d	All other reven	ue					
e		s 11a-11d	🕨				
12		See Instructions .	-	94,228			-
12	rocar revenue.	Sec Instructions .	· · · · •	38,588,679	37,353,359		569,010

orm 9	990 (2014)				Page <b>10</b>
	IX Statement of Functional Expenses				
ectio	n 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	Part IX			
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	6,022,993	6,022,993		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	327,439		327,439	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	66,127		66,127	
7	Other salaries and wages	16,552,485	5,425,165	11,018,851	108,469
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,212	13,835	28,100	277
9	Other employee benefits	478,521	311,953	159,556	7,012
10	Payroll taxes	3,627,505	1,141,623	2,457,184	28,698
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	165,631	152,173	13,458	
c	Accounting	21,600	21,600		
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,875,153	1,508,213	366,861	79
12	Advertising and promotion	2,047,515	1,854,031	188,160	5,324
13	Office expenses	878,767	718,256	156,501	4,010
14	Information technology	427,017	391,497	35,520	
15	Royalties	0			
16	Occupancy	2,934,485	2,142,174	792,311	
17	Travel	638,194	359,514	278,225	455
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,031,001	2,541,926	1,489,075	
23	Insurance	224,138	224,078	60	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	STUDENT TRANSPORT	803,631	773,192	30,439	
b	PUBLICATIONS	704,678	112,597	589,194	2,887
c	GENERAL	2,826,554	2,461,185	362,706	2,663
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	44,695,646	26,176,005	18,359,767	159,874
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	τχ	Check if Schedule O contains a response or note to any line in	thıs P	art X			
					(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash-non-interest-bearing			451,688	1	306,974
	2	Savings and temporary cash investments		17,513,328	2	17,359,352	
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			342,569	4	2,833,467
	5	Loans and other receivables from current and former officers, employees, and highest compensated employees Complete P Schedule L	art II	of	0	5	0
ş	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	buting employers			0	
Assets	7	Notes and loans receivable, net			0	<u> </u>	
Ą	8	Inventories for sale or use			0		
	9	Prepaid expenses and deferred charges			433,301	<b>⊢</b>	828,060
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		81,399,220	,	9	
	ь	Less accumulated depreciation	10b	50,295,250	39,726,703	10c	31,103,970
	11	Investments—publicly traded securities	·		1,189,387	11	462,513
	12	Investments—other securities See Part IV, line 11	0	12	0		
	13	Investments—program-related See Part IV, line 11	0	13	0		
	14	Intangible assets			576,319	14	486,259
	15	Other assets See Part IV, line 11			8,367,976	15	2,600,558
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .			68,601,271	16	55,981,153
	17	Accounts payable and accrued expenses			1,459,040	17	4,258,851
	18	Grants payable			0	18	0
	19	Deferred revenue			1,935,064	19	3,070,747
	20	Tax-exempt bond liabilities			0		0
	21	Escrow or custodial account liability Complete Part IV of Sch			0	21	0
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	tors, tı				
ар		persons Complete Part II of Schedule L	0	22	0		
	23	Secured mortgages and notes payable to unrelated third partie		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	f Schedule	2 202 522		4 400 047	
		D			3,290,532		4,106,817
<u>ب</u> م	26	Total liabilities. Add lines 17 through 25			6,684,636	26	11,436,415
or Fund Balance	27	lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	56,194,128	27	38,852,571		
<u>ಣ</u>	28			• •	994,555		833,048
<u> </u>	29	Temporarily restricted net assets	4,727,952	29	4,859,119		
ŭ	29				4,727,932	29	4,059,119
표		Organizations that do not follow SFAS 117 (ASC 958), check I complete lines 30 through 34.	iere 🟲	and			
0	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ASS	32	Retained earnings, endowment, accumulated income, or other				32	
Net 1	33	Total net assets or fund balances			61,916,635		44,544,738
Ż	34	Total liabilities and net assets/fund balances			68,601,271	34	55,981,153
	1	. I I I I			1 30,001,271		Form 000 (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		38,!	588,679
2	Total expenses (must equal Part IX, column (A), line 25)	2		44 6	595,646
3	Revenue less expenses Subtract line 2 from line 1			77,	333,040
		3		-6,3	106,967
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		61,9	916,635
5	Net unrealized gains (losses) on investments	_			47.530
6	Donated services and use of facilities	5			17,578
U	Donated services and use of lacinities	6			
7	Investment expenses	7			
8	Prior period adjustments				
		8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-11,	282,508
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			544,738
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. Г</u>
				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 on			
	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 sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
За	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?	<b>e</b>	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: Software Version:

**EIN:** 04-2306054

Name: THE AMERICAN COLLEGE OF GREECE

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) A verage hours per week (list any hours for related	(B)  verage  vurs per  vek (list  y 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- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1055 111307	2/1033 111307	related organizations
(1) DR WILLIAM ANTHOLIS	2 0	x						0		o
TRUSTEE (1) DR KENYON C BOLTON III	1 0									
TRUSTEE	1 0	Х						0	0	0
(2) ANN W CALDWELL	2 0	×						0	0	0
TRUSTEE	1 0	^							•	
(3) DR CHARLES M COOK	2 0	х		х				0		0
SECRETARY (4) NIKOS M EBEOGLOU	10									
TRUSTEE	1 0	Х						0		0
(5) DR MATT GLENDINNING	2 0	V						0		0
TRUSTEE	1 0	Х						0		0
(6) PHILIP C KOROLOGOS ESQ	2 0	X		×				0	0	0
CHAIR (7) NIKOLAOS KOUMETTIS	1 0			-	-					
TRUSTEE	1 0	х						0		0
(8) DR ANTHONY T KRONMAN	2 0									_
TRUSTEE	1 0	Х						0		0
(9) ULYSSES A KYRIACOPOULOS	2 0	X						0		0
TRUSTEE (10) VANA LAVIDAS	1 0			_	-	_				
		х						0		0
TRUSTEE (11) LEE ANN C LEAHY	2 0									
TRUSTEE	1 0	X						0		0
(12) HAROLD LEVY	2 0	x		Х				0		0
VICE CHAIR & TREASURER	1 0	^		_^				0		<u> </u>
(13) DEMETRIOS LOGOTHETIS	2 0	х						0		0
TRUSTEE (14) ALEXANDER MACRIDIS	10						$\vdash$			
TRUSTEE	1 0	Х						0		0
(15) ANGELO MANIOUDAKIS	2 0	V						0		0
TRUSTEE	1 0	X						0		0
(16) DR DAN MILLER	2 0	X						0		0
TRUSTEE (17) LISA O'DONNELL	1 0									
TRUSTEE	1 0	Х						0		0
(18) ANASTASIOS PARAFESTAS	2 0	<u> </u>								
TRUSTEE	1 0	Х						0	0	0
(19) JOHN PYROVOLAKIS	2 0	X						0		0
TRUSTEE (20) MILTON SIPP	1 0			-	-					
TRUSTEE	1 0	х						0		0
(21) DR CONCETTA M STEWART	2 0	<u> </u>								
TRUSTEE	1 0	Х		L				0	0	0
(22) LENA G TRIANTOGIANNIS	2 0	х						0	0	0
TRUSTEE	1 0	<u> </u>		_			<u> </u>			
(23) DR DAVID G HORNER	40 0			×				264,709	187,186	124,244
PRESIDENT (24) KELLY A MORRA	10 0 30 0			$\vdash$						
VICE PRES OF FINANCE & CFO	10 0	<u> </u>		Х				0	211,032	50,147
ATCE LIVED OF LINAMICE & CLO	1 100	1		1	1	1	1	<u> </u>	1	<u> </u>

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

(A) Name and Title	(B) A verage hours per week (list any hours	Posit more th persoi and a	ion (d nan o n is b	ne bo	ox, u an of	nless ficer		( <b>D)</b> Reportable compensation from the organization (W-	<b>(E)</b> 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	
(26) THIMIOS D ZAHAROPOULOS	40 0				х			172,468	66,608	75,470	
PROVOST (1) GABRIEL ALEXOPOULOS	0 0 40 0										
CONTROLLER	0 0					x		130,733	0	32,342	
(2) ANDREOU DIMITRIOS  VP OF ENROLLMENT & ADMIN	40 0					х		133,739	0	33,141	
(3) ILIANA LAZANA VP FOR HR & CAMPUS SVCS	40 0					х		118,556	0	54,278	
(4) NIKI BOUTARI VP OF MARKETING	40 0					х		133,739	0	33,788	

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#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

		he organization			Employer identification number							
INEA	MERICA	AN COLLEGE OF GREECE					04-2306054					
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this r		ons.				
		zation is not a private fo										
1	Ī	A church, convention		· ·	= -	· ·	•					
2	<u></u>	A school described in				•	,,,,,,,					
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	ļ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	_	section 170(b)(1)(A)										
6	<u> </u>	A federal, state, or loc										
7		An organization that n				om a governme	ental unit or from the o	jeneral public				
8	$\vdash$	described in <b>section 1</b> A community trust des				+						
9	<u>'</u>	An organization that n					hutions mambarshin	fees and aross				
,	'	receipts from activitie										
		its support from gross										
		acquired by the organi				•	•	i businesses				
10	_	An organization organ										
11	<u>'</u>	An organization organ	•	•	•	•		out the nurnoses of				
11	'	one or more publicly s										
		the box in lines 11a th			•							
а	Γ	<b>Type I.</b> A supporting o										
		supported organization				ty of the direct	ors or trustees of the	supporting				
ь	$\vdash$	organization You mus Type II. A supporting				with ite euroo	rted organization(c)	ay haying control or				
b	'	management of the su	=	•		• •	•	•				
		must complete Part I			'		3 11	3 ( )				
C	Γ	Type III functionally						grated with, its				
لہ	_	supported organization										
d	ı	Type III non-function not functionally integr										
		(see instructions) <b>Yo</b>					ement and an accentiv	eness requirement				
е	Γ	Check this box if the o	organization re	eceived a written deter	mination from t	he IRS that it is	s a Type I, Type II, T	ype III functionally				
_		integrated, or Type II										
f		Enter the number of si										
g		Provide the following i	nformation ab	out the supported orga	anization(s)							
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	ganization	(v) A mount of	(vi) A mount of				
		organization		organization	listed in your	governing	monetary support	other support (see				
				(described on lines	docume	nt?	(see instructions)	ınstructions)				
				1-9 above or IRC section (see								
				instructions))								
					Yes	No						
<del></del>			1	<u> </u>								

Sch	edule A (Form 990 or 990-EZ) 2014						Page <b>2</b>
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>(b)</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	<b>Total.</b> 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	<b>Public support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 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	<b>Total support</b> 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				<del></del>	<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		<del> </del>	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	<b>33 1/3% support test—2014.</b> 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 <b>stop here.</b> The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	<b>-2014.</b> 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	<b>▶</b> ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		<b>▶</b> ┌
18	<b>Private foundation.</b> 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	• <b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

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

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

Section D. Computation of Investment Income Percentage

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

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

18

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

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

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

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

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

#### Part IV Supporting Organizations

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

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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	<b>Type I or Type II only.</b> 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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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>b</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 <b>Part VI</b> 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	<b>Discount</b> 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	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> 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>b</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)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> 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

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#### DLN: 93493123011066

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

emal R	evenue Service	Information about Schedule D (Form	990) and its instructions is at <u>www.irs</u>	<u>s.gov/form990</u> .	Inspection
	e of the organi MERICAN COLLEG			Employer identi	fication number
пЕА	IMEKICAN CULLEG	SE OF GREECE		04-2306054	
ar		izations Maintaining Donor Adv			<b>nts.</b> Complete if the
	organiz	zation answered "Yes" to Form 990,	, Part IV, line 6.  (a) Donor advised funds	(b) Funds a	nd other accounts
Т	otal number a	at and of year	(a) Donor advised funds	(b) Fullus a	nd other accounts
		ue of contributions to (during year)			
		ue of grants from (during year)			
		ue at end of year			
		zation inform all donors and donor adviso	ors in writing that the assets held in don	or advised	
		organization's property, subject to the or		or advised	┌ Yes ┌ No
	_	zation inform all grantees, donors, and do			
		haritable purposes and not for the benef ermissible private benefit?	it of the donor or donor advisor, or for ar	ny other purpose	□ Yes □ No
		rvation Easements. Complete if	the organization answered "Yes" to	o Form 990. Par	, ,
		conservation easements held by the orga		<u> </u>	117/111071
	_ ' ' '	on of land for public use (e g , recreation		historically impor	tant land area
ſ	— Protection	of natural habitat	☐ Preservation of a c	ertified historic st	ructure
ļ	Preservation	on of open space			
(	Complete lines	s 2a through 2d ıf the organızatıon held a	qualified conservation contribution in t	he form of a conse	rvation
(	easement on t	he last day of the tax year	r		
					the End of the Year
		of conservation easements		2a	
	_	restricted by conservation easements		2b	
		servation easements on a certified histo	` ′	2c	
		servation easements included in (c) acq ure listed in the National Register	uired after 8/1//06, and not on a	2d	
ı	Number of con	servation easements modified, transferr	- ed, released, extinguished, or terminate	d by the organizat	ion during
1	the tax year ►				
	Number of stat	tes where property subject to conservati	on easement is located 🕨		
		nization have a written policy regarding t		— lling of violations	and
	_	f the conservation easements it holds?	me periodic monitoring, inspection, name	anny or violations,	☐ Yes ☐ No
9	Staff and volun	nteer hours devoted to monitoring, inspec	cting, and enforcing conservation easen	nents during the ye	ear
ı	<b>-</b>				
,	A mount of exp	enses incurred in monitoring, inspecting	, and enforcing conservation easements	during the year	
ı	<b>►</b> \$				
ı	Does each con	nservation easement reported on line 2(d	l) above satisfy the requirements of sec	tion 170(h)(4)(B)(	
i	and section 17	70(h)(4)(B)(II)?			│ Yes │ No
		escribe how the organization reports con			
		, and include, if applicable, the text of the on's accounting for conservation easeme		statements that d	lescribes
rt		izations Maintaining Collection		or Other Simil	ar Assets.
		ete if the organization answered "Y			
		tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse			
		de, in Part XIII, the text of the footnote t			, a,
		tion elected, as permitted under SFAS 1			
		istorical treasures, or other similar asse de the following amounts relating to these		or research in furth	nerance of public
		icluded in Form 990, Part VIII, line 1	- ····· <del>-</del>	<b>b</b> #	
		·			
		luded in Form 990, Part X			
		tion received or held works of art, histori ints required to be reported under SFAS		or financial gain, pr	ovide the
١	Revenue includ	ded ın Form 990, Part VIII, lıne 1		<b>►</b> \$	
,	Accete include	ad in Form 990 Part V		<b>.</b> ¢	

Par	<b>TITE</b> Organizations Maintaining Co	<u>llections of Art, H</u>	<u>listori</u>	cal Tre	easu	<u>res, or O</u>	<u>ther</u>	Similar As	sets (d	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	check	any of th	ne follo	owing that a	re a s	significant use	of its	
а	Public exhibition	C	:	Loan o	rexch	nange progr	ams			
b	Scholarly research	•	e ┌	Other						
c	✓ Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain h	how the	y further	r the o	rganızatıon	's exe	empt purpose i	n	
5	During the year, did the organization solicit	or receive donations of	art, his	storical t	reasu	res or othe	sımı			
	assets to be sold to raise funds rather than t								☐ Yes	✓ No
Par	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					answere	d "Ye	es" to Form 9	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermedia	ary for o	ontribut	ions o	r other ass	ets no		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fol	lowing	table		_				
						_	_	An	nount	
С	Beginning balance						1c			
d	Additions during the year					_	1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for e	scrow or	custo	dıal accoui	nt liab	oility?	☐ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the ex	planati	on has b	een p	rovided in F	art X	III		Γ
Pa	rt V Endowment Funds. Complete									
			<b>(b)</b> Prior		<b>b (c)</b> Tw			hree years back	(e)Four	years back
<b>1</b> a	Beginning of year balance	24,750,162		,740,387		22,138,187	-	3,353,998		3,273,391
b	Contributions	182,438	1	,084,250		1,577,506	<u> </u>	19,003,671		71,832
С	Net investment earnings, gains, and losses	50,394		412,382		188,042		17,494		31,215
d	Grants or scholarships	289,821		486,857		163,348		236,976		22,440
e	Other expenditures for facilities and programs	1,709,838								
f	Administrative expenses									
g	End of year balance	22,983,335	24	,750,162		23,740,387		22,138,187		3,353,998
2	Provide the estimated percentage of the cur	rent year end balance (	(lıne 1g	, column	n (a)) h	neld as				
а	Board designated or quasi-endowment 🕨	76 300 %								
b	Permanent endowment ► 21 200 %									
c	Temporarily restricted endowment > 2 5 The percentages in lines 2a, 2b, and 2c show	00 % uld equal 100%								
За	Are there endowment funds not in the posses		on that	are held	and a	dmınıstered	l for t	he		
	organization by	_							Yes	+
	(i) unrelated organizations						•	3a(		No
L	(ii) related organizations							3a(	_	No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second or the seco	· ·					•	3t	<u>,   </u>	
	rt VI Land, Buildings, and Equipme				answ	ered 'Yes	' to F	orm 990 Pa	rt IV	ine
	11a. See Form 990, Part X, line		organ	nzacion	411511	rered res				
	Description of property			o) Cost or o		<b>(b)</b> Cost or ot basis (othei		(c) Accumulated depreciation	( <b>d)</b> Bo	ook value
1a	Land			3,09	97,949		$\top$			3,097,949
	Buildings				89,862		$\top$	35,526,130	1	25,863,732
	Leasehold improvements			· · ·				. ,	1	<u> </u>
	Equipment			16,37	77,842		$\top$	14,496,751		1,881,091
e	Other				33,567		$\top$	272,369		261,198
	ıl. Add lınes 1a through 1e <i>(Column (d) must e</i>		olumn (	B), line 1	10(c).)				+	31,103,970
		·						Schedule D	(Form	990) 2014

Part VII Investments—Other Securities. Co	omplete if the organization	answered 'Yes' to For	rm 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of v	
(Including name of security) (1)Financial derivatives		Cost or end-of-year	market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>*</b>		
Part VIII Investments—Program Related. (	Complete if the organization	n answered 'Yes' to Fo	orm 990, Part IV, line 11c.
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of v	aluation
(a) Bescription of investment	(b) Book value	Cost or end-of-year	
		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>		
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
	cription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. Complete if the org	janization answered 'Yes'	to Form 990, Part IV,	line 11e or 11f. See
Form 990, Part X, line 25.  1 (a) Description of liability	(b) Book value		
Federal income taxes  EMPLOYEE RETIREMENT & SEVERANCE	3 119 994		
OTHER ACCOUNTS PAYABLE	3,119,994		
DUE TO RELATED PARTIES	760,698 226,125		
TOT TO REDITED FARITED	220,125		
	+		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	4 4 0 0 0 1 7		
2 Liability for uncortain tay positions. In Part VIII. provi	4,106,817	<u></u>	-1 -1-1

Part XI		evenue per Audited Financial Statements With Revenue prered 'Yes' to Form 990, Part IV, line 12a.	er Re	<b>eturn</b> Complete If
1 T	-	r support per audited financial statements	1	
	· - ·	t not on Form 990, Part VIII, line 12		
		on investments   2a		
		acilities 2b		
		2c		
		· · · · · · · · · · · · · · · · · · ·	2e	
	_		3	_
		0, Part VIII, line 12, but not on line <b>1</b>		
		uded on Form 990, Part VIII, line 7b . 4a		
	•	4b		
			4c	
		4c. (This must equal Form 990, Part I, line 12)	5	
		kpenses per Audited Financial Statements With Expenses	_	Return. Complete
IGICAL		swered 'Yes' to Form 990, Part IV, line 12a.	PCI	retarm complete
<b>1</b> To		audited financial statements	1	
<b>2</b> A	mounts included on line 1 but	t not on Form 990, Part IX, line 25		
a D	onated services and use of fa	icilities		
<b>b</b> Pr	rıor year adjustments	2b		
<b>c</b> 0	therlosses	2c		
<b>d</b> 0	ther (Describe in Part XIII )		1	
e A	dd lines <b>2a</b> through <b>2d</b>		2e	
<b>3</b> St	ubtract line <b>2e</b> from line <b>1</b> .		3	
<b>4</b> A	mounts included on Form 990	D, Part IX, line 25, but not on line 1:		
<b>a</b> In	nvestment expenses not inclu	ided on Form 990, Part VIII, line 7b   4a		
<b>b</b> 0	ther (Describe in Part XIII )	4b		
c A	dd lines <b>4a</b> and <b>4b</b>		4c	
<b>5</b> To	otal expenses Add lines <b>3</b> an	nd <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	
	Supplemental Info			
		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		e any additional
ınformat			·	·
	Return Reference	Explanation		
Works of a	art, historical treasures, or	PART III, LINE 1A THE COLLEGE HAS RECEIVED OVER THE YEARS	DONA	TED WORKS OF ART
othersim	ılar assets	FROM VARIOUS ARTISTS AS WELL AS BENEFACTORS THE DONATI		
		EXCLUDED FROM THE FINANCIAL STATEMENTS AS PER ASC 958 C FURTHERANCE OF EXEMPT PURPOSE PART III, LINE 4 The art work h		
		comprised of multiple mediums such as paintings, drawings, artifacts, coi	ns, pho	otographs, and
		sculptures While the collection is particularly strong in art works originat with the College's mission of supporting its global community, works from		
		the US) are well represented. Works are on display on a rotating basis at		•
		and sculptures and other works are on display throughout the campus		
INTENDE FUND	D USES OF ENDOWMENT	Part V, Line 4 THE ENDOWMENT FUNDS ARE HELD TO SUPPORT THE SCHOLARSHIPS TO DESERVING STUDENTS THE COLLEGE MATCHE		
FUND		IN THE ENDOWMENT FUNDS BY GIVING ADDITIONAL AMOUNTS TO		
FIN 48 FC	OOTNOTE	Part X, Line 2 GREEK LAW DOES NOT SUBJECT NOT-FOR-PROFIT ED		
		INSTITUTIONS TO INCOME TAX ON TUITION REVENUES THE COL		
		SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMEND GENERALLY EXEMPT FROM INCOME TAXES PURSUANT TO SECTION	•	• •
		ACG-DC IS A GREEK NOT-FOR-PROFIT ASSOCIATION AND DESCRI	BED I	N SECTION 501(C)
		(3) OF THE CODE, AND IS GENERALLY EXEMPT FROM INCOME TAXE SECTION 501(A) OF THE CODE AUG WAS ORGANIZED TO SUPPOR		
		ACG AND IS DESCRIBED IN SECTION 501(C)(3) OF THE CODE, AND		
		FROM INCOME TAXES PURSUANT TO SECTION 501(A) OF THE COD	E THE	E COLLEGE IS
		REQUIRED TO ASSESS UNCERTAIN TAX POSITIONS AND HAS DETI WERE NO SUCH POSITIONS THAT ARE MATERIAL TO THE FINANCI		
		THE RESIDENT CONTINUES THAT ARE PLATERIAL TO THE TINANCI	12 317	TI EITEN I O

Jenedale 2 (1 31111 33 3) 23 13		i age <b>S</b>
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE E** 

(Form 990 or 990-EZ)

## **Schools**

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

	Name of the organization THE AMERICAN COLLEGE OF GREECE  Employer identific		ion number			
		04-2306054				
Pa	rtI	_		YES	NO	
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?		1	Yes		
2	Does the organization include a statement of its racially nondiscriminatory policy toward students brochures, catalogues, and other written communications with the public dealing with student admiprograms, and scholarships?	nissions,	2	V		
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadce the period of solicitation for students, or during the registration period if it has no solicitation progethat makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain If you need more space use Part II	gram, in a way	3	Yes Yes		
4 a	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes		
Ł	• Records documenting that scholarships and other financial assistance are awarded on a racially r basis?	· I	4b	Yes		
Ċ	Copies of all catalogues, brochures, announcements, and other written communications to the pu with student admissions, programs, and scholarships?	- I	4c	Yes		
c	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes		
5	Does the organization discriminate by race in any way with respect to					
ā	students' rights or privileges?	<u></u>	5a	<u> </u>	Νo	
t	Admissions policies?	-	5b		No	
c	Employment of faculty or administrative staff?	_	5c		No	
c	Scholarships or other financial assistance?	_	5d		Νo	
•	Educational policies?	_	5e		Νo	
f	Use of facilities?	_	5f		No	
ç	Athletic programs?	L	5g		Νo	
ŀ	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		Νo	
	If you answered it es to any of the above, please explain If you need more space, use Part II					
	n Does the organization receive any financial aid or assistance from a governmental agency? Thas the organization's right to such aid ever been revoked or suspended?	_	6a 6b	Yes	No	
	If you answered "Yes" to either line 6a or line 6b, explain on Part II  Does the organization certify that it has complied with the applicable requirements of sections 4 ( of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pai	01 through 4 05		Yes	.,,,	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)

Return Reference	Explanation
PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY	Schedule E, Part I, Line 3 the formally adopted racially nondiscriminatory policy is provided to students and the general public in the college's mailings, brochures, and other publications, as well as being provided to employees. A summary of the policy is also available on the college's website
EXPLANATION OF AID OR ASSISTANCE FROM GOVERNMENTAL AGENCY	Schedule E, Part I, Line 6a DURING THE FISCAL YEAR ENDED 6/30/15 A GRANT IN THE AMOUNT OF \$66,802 WAS AWARDED BY THE US AGENCY FOR INTERNATIONAL DEVELOPMENT ("US AID") FOR THE PROCUREMENT OF HARDWARE, SOFTWARE AND OTHER COMMODITIES FOR THE MASTER'S IN BUSINESS ADMINISTRATION PROGRAM, THE DEREE COLLEGE COMMUNICATION PROGRAM LABORATORIES AND THE PIERCE COLLEGE MULTIMEDIA LABORATORIES

Schedule E (Form 990 or 990-EZ) (2014)

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SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization THE AMERICAN COLLEGE OF GREE	CE			Employer identi	fication number	
				04-2306054		
Part I General Information "Yes" to Form 990, Par			ne United States. C	omplete if the organiza	ation answered	
1 For grantmakers. Does the cand other assistance, the grants or a used to award the grants or a	ntees' eligibili	ty for the grar	nts or assistance, and	the selection criteria	▽ Yes □ No	
2 For grantmakers. Describe in assistance outside the United	n Part V the or d States.	ganızatıon's p	rocedures for monitori	ng the use of its grant	, ,	
3 Activites per Region (The follow	ing Part I, line 3	table can be d	uplicated if additional spa	ace is needed )		
(a) Region	( <b>b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region	
(1) Europe (Including Iceland and Greenland)	1	651	Program Services	EDUCATION	20,664,378	
( 2) Europe (Including Iceland and Greenland)			Grantmakıng		6,022,993	
(3) Europe (Including Iceland and Greenland)			Investments		116,136	
(4)						
(5)						
<ul> <li>3a Sub-total</li> <li>b Total from continuation sheets to Part I</li> </ul>	1	651			26,803,507	
<b>c Totals</b> (add lines 3a and 3b)	I 1	651			26,803,507	

Schedule F (Form 990) 2014

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
(	1)		Europe (Including Iceland and Greenland)	EDUCATION	1,506,458	wire			
(	2)								
(	3)								
(	4)								
2				sted above that are ree or counsel has pro					1
3	Enter total nu	ımber of other	organizations or ei	ntities				•	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.							
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIPS	Europe (Including Iceland and Greenland)	1,788	4,516,535				
( 2)							
(3)							
(4)							
(5)							
(6)							
(7)							
( 8)							
(9)							
( 10)							
(11)							
( 12)							
( 13)							
(14)							
( 15)							
( 16)							
( 17)							
( 18)							
		1			1	Sched	lule F (Form 990) 2014

#### Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Г	Yes	[~	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Г	Yes	<b>▽</b>	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	<b>~</b>	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	V	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	্ন	Νo

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Page **5** 

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

#### 990 Schedule F, Supplemental Information

Return Reference	Explanation
Procedures for monitoring use of grants outside the United States	Part I, Line 2 THE COLLEGE OFFERS SCHOLARSHIPS TO ITS STUDENTS IN ATHENS, GREECE BASED ON ACADEMIC PERFORMANCE AS WELL AS FINANCIAL NEEDS. THE SCHOLARSHIPS ARE DIRECTLY CREDITED TO THE RECIPIENT STUDENT'S ACCOUNT. THE STUDENT ACCOUNTS DEPARTMENT MONITORS THE SCHOLARSHIP FUNDS. THE SCHOLARSHIPS MAY BE REVOKED IF STUDENTS DO NOT ACHIEVE MINIMUM STANDARDS. STUD ENT GRADES ARE MONITORED ON A SEMESTER BASIS BY THE SCHOLARSHIP COMMITTEE.

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#### Schedule J (Form 990)

Department of the Treasury

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.

**Compensation Information** 

Open to Public Inspection

Internal Revenue Service Name of the organization

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

**Employer identification number** 

THE AMERICAN COLLEGE OF GREECE 04-2306054 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract ~ Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Nο If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
1 DR DAVID G HORNER, PRESIDENT	(i) (ii)	259,860 125,028	0 40,787	4,849 21,371	34,978 58,125	30,034 1,107	329,721 246,418	0
<b>2</b> GABRIEL ALEXOPOULOS, CONTROLLER	(i) (ii)	126,611	0	4,122 0	32,342 0	0 0	163,075 0	0
3 ANDREOU DIMITRIOS, VP OF ENROLLMENT & ADMIN	(i) (ii)	129,405	0	4,334 0	33,141	0 0	166,880 0	0 0
4 ILIANA LAZANA, VP FOR HR & CAMPUS SVCS	(i) (ii)	114,592 0	0	3,964 0	54,278 0	0	172,834 0	0
5 KELLY A MORRA, VICE PRES OF FINANCE & CFO	(i) (ii)	210,618	0	0 414	0 30,750	0 19,397	0 261,179	0
<b>6</b> NIKI BOUTARI, VP OF MARKETING	(i) (ii)	129,834 0	0	3,905 0	33,788	0	167,527 0	0
7 THIMIOS D ZAHAROPOULOS, PROVOST	(i) (ii)	167,751 66,608		4,717	34,285 15,750	9,764 15,671	216,517 98,029	

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 add	ditional information
Return Reference	Explanation
Schedule J, Part I, Line 1a	Housing Allowance DAVID HORNER RECEIVED A HOUSING ALLOWANCE DURING THE YEAR THE ALLOWANCE IS PROVIDED IN-KIND, AND TO SATISFY THE REQUIREMENT OF SERVICE THAT HE LIVE ON CAMPUS THE AMOUNT OF THE ALLOWANCE IS INCLUDED IN NONTAXABLE INCOME REPORTED IN PART II SOCIAL DUES ACG PROVIDES THE PRESIDENT WTIH A MEMBERSHIP TO THE HARVARD CLUB THE MEMBERSHIP IS CONSIDERED TAXABLE COMPENSATION TO THE PRESIDENT and is reported on Schedule J, Part II, Column (B)(III)
Schedule J, Part I, Line 3	Compensation of the president The Executive Committee of the Board undertakes an annual review of the chief executive performance. Once reviewed by HR and the executive committee, and in the absence of the President, the committee makes recommendations for action to the complete board. The executive committee's review is supported by a compensation review performed by an independent firm specializing in the field of compensation, as well as comparable compensation at other colleges in the U.S. and abroad. The review of the executive committee is documented in the board minutes. The president is responsible for the review of compensation for the CFO and provost. The review is based on performance and a comparative analysis of compensation paid at other colleges in the U.S. and abroad.
Schedule J, Part I, Line 4a	Severence Benefits All ACG employees are eligible for severance benefits per Greek labor regulations. Employees whose service is terminated under certain circumstances or who retire are entitled to severance payments determined in accordance with their status and length of service.

Schedule J (Form 990) 2014

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OMB No 1545-0047

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Open to Public Inspection

	ss Benefit Tra											
Comple									06054			
	ete if the organizat											
1 (a) Name										V , line		
	or disqualified per	son (b) F		hip between and organiza		(c) Desc	ription	or trai	nsaction	-	(d) Corr	
		-+-		rana organiza	2011					-+	Yes	No
					1							
? Entartha an	mount of tax incurr	rad by argan	ization m	anagare ar d	icaualified per	conc during t	ha yası	rundai	coction			
4958		ed by organi		ialiagers of u		sons during t	ne year		<b>F</b> \$			
3 Enterthe an	nount of tax, if any	v. on line 2 . z	above re	imbursed by	the organizati	on	_		<b>F</b> \$			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and organizati				. 4			
art II												
	d/or From Int											
	organization answ				t V, line 38a, c	or Form 990, I	art IV	, line 2	26, or if t	the org	anızatıor	1
eported an amo	ount on Form 990,	Part X, line	5, 6, or 2	2.2								
a) Nama of	(b) Relationship	(c)	(d) Loa	n to	(e)Original	(f)Balance	(g)	In	(h)			
an wame or r	` '	Purpose of			principal	due	defa				l (i)Wri	tten
· •	with organization	loan	organization?		amount	due	deldate		Approv	/ed	(i)Wrı agreem	
· •	with organization	loan		CIOII.	amount			u	Approv			
interested \	with organization	loan			amount					d or		
nterested \	with organization	loan	То	From	amount		Yes	No	by boar	d or		
interested	with organization	loan	То		amount —		Yes		by board committ	d or tee?	agreen	nent?
interested \	with organization	loan	То		amount		Yes		by board committ	d or tee?	agreen	nent?
interested \	with organization	loan	То		amount		Yes		by board committ	d or tee?	agreen	nent?
interested \	with organization	loan .	То		amount		Yes		by board committ	d or tee?	agreen	nent?
interested \	with organization	loan	То		amount —		Yes		by board committ	d or tee?	agreen	nent?
interested \	with organization	loan	То		amount		Yes		by board committ	d or tee?	agreen	nent?
interested v		loan	То		amount	0			by board committ	d or tee?	agreen	nent?
interested version version		<b>▶</b> \$		From		0			by board committ	d or tee?	agreen	nent?
tal		▶ \$ nce Benef	fiting I	From	Persons.				by board committ	d or tee?	agreen	nent?
tal	<b>nts or Assista</b> pplete if the orga	▶ \$ nce Benef	<b>fiting I</b> nswered	From  nterested "Yes" on F	Persons.	art IV, line 2	27.	No	by boar committ Yes	d or tee? <b>No</b>	agreen	No
tal  art III Grai	nts or Assistainplete of the orga	► \$ nce Benefanization a	<b>fiting I</b> nswered petween	From  nterested "Yes" on F	Persons.	art IV, line 2	27.	No	by boar committ Yes	d or tee? <b>No</b>	Yes	No

Complete if the organization			e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
• •	SPOUSE OF PROVOST	59,588	EMPLOYMENT		No

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part IV, Column B	The College engages a family member of a key employee in the ordinary course of business. The key
	employee does not participate in establishing the compensation of his spouse

Schedule L (Form 990 or 990-EZ) 2014

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## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization
THE AMERICAN COLLEGE OF GREECE

Employer identification number

04-2306054

Return Reference	Explanation
CHANGE IN REPORTING PROGRAM SERVICES	FORM 990, PART III, IINE 2 As of September 1, 2014 the College license for the operation of DEREE College was transferred from DEREE College to The American College of Greece. At that same time, all DEREE College employees were also transferred to The American College of Greece. Thus, the increase in revenue and expense reflected on the 990. NUMBER OF EMPLOYEES REPORTED ON FORM W-3, TRANSMITTAL OF WAGE AND TAX STMT FORM 990, PART V, LINE 2A THIS AMOUNT DOES NOT INCLUDE 645 INDIVIDUALS EMPLOYED IN GREECE, WHO DID NOT RECEIVE U.S. W-2'S EXECUTIVE COMMITTEE FORM 990. PART VI, LINE 1A THE BOARD OF TRUSTEES HAS A STANDING EXECUTIVE COMMITTEE COMPRISED OF THE CHAIRMAN (WHO SERVES AS THE COMMITTEE CHAIR), THE VICE CHAIR, TREASURER, SECRETARY, AND STANDING COMMITTEE CHAIRS THE COLLEGE PRESIDENT SERVES AS EX OFFICIO MEMBER OF THE COMMITTEE. HOWEVER, CURRENTLY, AS THE BY-LAWS ARE BEING REVIEWED BY THE GOVERNANCE COMMITTEE, THE BOARD VOTED TO APPROVE THE FORMATION OF AN AD HOC BOARD PLANNING COMMITTEE TO ACT IN LIEU OF THE EXEC COMMITTEE. THE AD HOC BOARD PLANNING COMMITTEE IS MADE UP OF THE CHAIR, VICE-CHAIR, TREASURER AND SECRETARY WITH THE COLLEGE PRESIDENT AS AN EX-OFFICIO MEMBER. THE COMMITTEE MEETS IN BETWEEN BOARD MEETINGS AND PROVIDES COPIES OF MINUTES TO ALL MEMBERS OF THE BOARD OF TRUSTEES. CHANGES TO GOVERNING DOCUMENTS FORM 990, PART VI, LINE 4 CHANGES TO THE BY LAWS OF THE ORGANIZATION WERE PROPOSED BY THE EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD OF TRUSTEES. SIGNIFICANT CHANGES TO THE BY-LAWS REFLECT A NUMBER OF MODIFICATIONS TO THE GOVERNING BODY'S VOTING MEMBERS, INCLUDING THE ELIMINATION OF VOTING RIGHTS OF THE PRESIDENT. PROMPTED BY A CHANGE IN GREEK LAW, THE PRESIDENT, WHILE CONTINUING TO BE AN EX OFFICIO MEMBER OF THE BOARD, NO LONGER HAS THE RIGHT TO VOTE AS SUCH, HE IS NO LONGER REPORTED AS A VOTING TRUSTEE ON FORM 990 PART VII

Return Reference	Explanation
REVIEW PROCESS	Form 990, Part VI, Line 11 THE FORM 990 IS PREPARED WITH INFORMATION PROVIDED BY MANAGEMENT TO THE COLLEGES ACCOUNTING FIRM INITIAL REVIEW OF THE COMPLETED FORM IS PERFORMED BY THE AUDIT COMMITTEE AFTER COMPLETE REVIEW BY THE AUDIT COMMITTEE AND PRIOR TO FILING THE FORM, A COPY OF THE FORM AS IT IS ULTIMATELY FILED IS PROVIDED TO ALL BOARD MEMBERS

Return Reference	Explanation
EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS	Form 990, Part VI, Line 12c PRACTICES FOR MONITORING PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICT OF INTEREST EACH BOARD MEMBER SIGNS AN ANNUAL STATEMENT THAT THEY ADHERE TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND DISCLOSES ANY POTENTIAL CONFLICTS PERSONS COVERED UNDER THE POLICY POLICY APPLIES TO THE BOARD OF TRUSTEES AS WELL AS THE PRESIDENT, CHIEF FINANCIAL OFFICER, AND PROVOST LEVEL AT WHICH DETERMINATION AS TO WHETHER A CONFLICT EXISTS ARE MADE THE AUDIT COMMITTEE MAKES THE DETERMINATION OF WHETHER A CONFLICT EXISTS LEVEL AT WHICH CONFLICTS ARE REVIEWED THE ANNUAL STATEMENTS ARE REVIEWED BY THE ORGANIZATION'S CFO AND DISCUSSED WITH THE AUDIT COMMITTEE WHEN A CONFLICT ARISES THE PRESIDENT'S OFFICE MONITORS ALL CONTRACTS AND ACTIONS OF ALL EMPLOYEES ON A REGULAR BASIS RESTRICTIONS IMPOSED ON PERSONS WITH A CONFLICT INTERESTED PERSONS ARE RECUSED FROM DISCUSSIONS AND VOTING ON ANY TOPIC THAT MAY CONSTITUTE A CONFLICT

Return Reference	Explanation
COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES	Form 990, Part VI, Line 15 THE EXECUTIVE COMMITTEE OF THE BOARD UNDERTAKES AN ANNUAL REVIEW OF THE CHIEF EXECUTIVE'S PERFORMANCE. ONCE REVIEWED BY HR AND THE EXECUTIVE COMMITTEE, AND IN THE ABSENCE OF THE PRESIDENT, THE COMMITTEE MAKES RECOMMENDATIONS FOR ACTION TO THE COMPLETE BOARD. THE EXECUTIVE COMMITTEE'S REVIEW IS SUPPORTED BY A COMPENSATION REVIEW PERFORMED BY AN INDEPENDENT FIRM SPECIALIZING IN THE FIELD OF COMPENSATION, AS WELL AS COMPARABLE COMPENSATION AT OTHER COLLEGES IN THE U.S. AND ABROAD. THE REVIEW OF THE EXECUTIVE COMMITTEE IS DOCUMENTED IN THE BOARD MINUTES. THE PRESIDENT IS RESPONSIBLE FOR THE REVIEW OF COMPENSATION FOR the cfo and provost. THE REVIEW IS BASED ON PERFORMANCE AND A COMPARATIVE ANALYSIS OF COMPENSATION PAID AT OTHER COLLEGES IN THE U.S. AND ABROAD.

Return Reference	Explanation
OTHER ORGANIZATIONAL DOCUMENTS PUBLICLY AVAILABLE	FORM 990, PART VI, LINE 19 THE GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE AMERICAN UNIVERSITY OF GREECE OFFICE

Return Reference	Explanation
other changes in net assets or fund balances	Form 990, Part XI, Line 9 Unrealized foreign exchange loss (Greece) (\$38,950) Unrealized foreign exchange gain (US) per P&L statement (\$702,523) Unrealized foreign exchange gain translation (\$7,314,697) Transfer of operations of DEREE College to acg (\$3,226,338)(\$11,282,508)

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**SCHEDULE R** 

**Related Organizations and Unrelated Partnerships** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

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

Name of the organization THE AMERICAN COLLEGE OF GREECE

(Form 990)

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

04-2306054

(a) Name, address, and EIN (if applicable) of disregarded entity  (b) Primary activity Legal domicile (state or foreign country)  (d) Total income End-of-year assets Direct controlling entity	art I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.												
	\ <del></del> /	<b>\-</b> /	,	<b>(d)</b> Total income	\ -,	,							

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) coi enti	512(b) ntrolled
						Yes	No
(1) The American University of Greece 10 Liberty Square  Boston, MA 02109 84-1217703	Support	СО	501(c)(3)	11 TYPE-I	ACG	Yes	
(2) The American College of Greece - Deree 6 Gravias St 153 42 Athens, Aghia Paraskevi GR 98-0611322	College	GR	501(c)(3)	2	ACG	Yes	
(3) The American College of Greece - Greece 6 Gravias St 153 42 Athens, Aghia Paraskevi GR	College	GR	NFP Assoc		ACG	Yes	

Part III	Identification of Related Organizations Taxable a	as a Partne	ership	Complete i	f the organiz	ation ansv	ered "Ye	s" on Form	990, Part 1	۷, line 3،	4
because it had one or more related organizations treated as a partnership during the tax year.											
											С

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	)	(i)	Ü	)	(k)
Name, address, and EIN of	Primary activity	Legal	Direct	Predominant	Share of	Share of	Dispropr	rtionate	Code V-UBI	Gener	al or	Percentage
related organization		domicile	controlling	ıncome(related,	total income	lend-of-year	allocati	ions?	amount in box	mana	iging	ownership
-		(state or	entity	unrelated,		assets			20 of	partr	ner?	
		foreign		excluded from		1			Schedule K-1			
		country)		tax under		1			(Form 1065)			
				sections 512-		1						
		1 1		514)		1	L			L		
				,		1	Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Name, address, and EIN of	Primary activity	Legal	Direct controlling	Type of entity	Share of total	Share of end-	Percentage	Section 512	
related organization		domicile	entity	(C corp, S	ıncome	of-year	ownership	(b)(13)	
		(state or foreign		corp,		assets		controlled	
		country)		or trust)				entity?	
								Yes	No

r Other transfer of cash or property to related organization(s)

**s** Other transfer of cash or property from related organization(s)

hedule R (Form 990) 2014		Рa	ige 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	,	Yes	No
During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
• Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q Reimbursement paid by related organization(s) for expenses	1q		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

2 If the distret to diffy of the above is feet, see the instructions for information on who must complete	tins inic, including co	verea relationships	and transaction timesholds
(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) The American University of Greece	m	1,884,088	FMV

No

No

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	' '
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	, , , , , , , , , , , , , , , , , , ,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	$\neg$	,		<b>⊣</b> '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	<del>                                     </del>				_
/		<b></b> .	<u> </u>							

Schedule R (Form 990) 2014

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2014

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