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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047



<u>A</u>	For the	2015 calend	dar year, or tax ye	ar begin	ning			, 2015, ar	nd endln	g			,
В	Check if ap	plicable	C Name of organization	on AMER	ICAN MATHE	MATICAL A	SSOCIATI	ON OF TW	O YEAR	COLLEGES	D Employ	er Iden	itification number
	Addre	ss change	Doing business as								11-	2531	1258
	Name	change	Number and street	(or P O, bo)	if mail is not de	elivered to stree	et address)		Room/s	sulte	E Telepho	מעת פחכ	nber
	Initial	return	5983 MACON	COVE							(90)	1) 3	33-6243
	Final re	turn/terminated	City or town, state o		country, and ZII	or foreign pos	stal code				(50)	=/=	
	Amen	ded return	MEMPHIS					TN 3	8134-	7642	G Gross r	eceints	\$2,880,976.
	H	ation pending	F Name and address	of principal	officer			- 111	,0131	H(a) Is this a			
		outer portaing	DAVID TANNOR			VE MEMDI	итс	ייית ז	8134-7642	H(b) Are all if 'No,' a	-		⊟
1	Tax-exe	mpt status		01(c) ((insert no)		(a)(1) or	527	If 'No,'	attach a list. (see Inst	ructions)
j	Websi			50 1(c) ((III.SCITTIO)	1 13/3/	(4)(1) 01		H(c) Group	evemation au	mher I	•
ĸ		organization	1	Frust	Association	Other >		I Vaa	r of formation				legal domicile TN
		Summar		i i ust	Association	Other	<u>-</u> -	L I Ca	- Or Iomauc	197	1 100 5	State Of	T [V
1. 0			e the organization's	s mission	or most sig	nificant act	ivities:	TO	DROMO'	רוג אור	TNCPE	ACE	AWARENESS
			OLE OF TWO-								THORE	U 2F	. AWANEMESS
Activities & Governance	=:	<u></u>	244 25 300		20111201	_ <u> </u>	*****		20011	-+			
E													
o.	2 Ch	eck this bo	x If the orga	anization	discontinue	ed its opera	tions or d	isposed c	of more th	nan 25% o	f its net as	ssets.	
Ğ	3 Nu	ımber of vot	ing members of the	governi	ng body (Pa	art VI, line 1	a)					3	13
SS			ependent voting me									4	13
/itie			of individuals emplo									5	1
ਚਿੰ	t .		of volunteers (estim									6	128
⋖			d business revenue									7a 7b	0.
—	b Ne	t unrelated	business taxable in	come ire	om Porm 99	0-1, line 34		· · · · ·	· · · · ·		rior Year	70	Current Year
	8 Co	nteibutions	and grants (Part VI	li lina 1h	.,							E 0	
e			ce revenue (Part Vi								237,5 529,1		242,351. 514,747.
Revenue		-	come (Part VIII, coli								102,5		67,685.
æ	i e		(Part VIII, column			•					10,0		9,035.
			- add lines 8 throu								879,2		833,818.
\neg			nilar amounts paid								<u> </u>		
			•							-			
											15,1	63	29,629.
ses			undraising fees (Pa				(,,						237023.
WEXPERSES										清:19:50		200	
\$ చ			ng expenses Par						0.				
氢	17 Otl	her expense	es (Part IX, column s. Add lines 18-17	(A),U(B)	019 1190	11-240)					770,7		711,929.
爲し										<u> </u>	785,8		741,558.
3.	19 Re	venue less	expenses. Subtrac			<u> </u>		· · · ·	• • • • •	-	93,3		92,260.
2 8					JEN, U						g of Currer		
		•	Part X, line 16)							2	<u>,172,6</u>		2,097,413.
TA E			(Part X, line 26) .							ļ 	102,0		50,144.
Z			fund balances Sub	tract line	21 from line	e 20		· · · · ·	• • • • •	2	<u>,070,6</u>	14.	2,047,269.
		Signatur											
- U nde	er penalties d	of perjury, I decl	are that I have examined or (other than officer) is ba	this return,	including according according to the contraction of	npanying sched	dutes and st	atements, an	d to the bes	t of my knowl	edge and bel	lef, it is	true, correct, and
205)		T.	C C AND	-						'	1.1.10	, 	
٠.		Signatur	e of officer							Da	te)	40	016
Sig	jn										•		
He	re		D TANNOR print name and title							TREAS	URER		
		ļ <u></u> .	eparer's name		Preparer's sig	nature -		- Ja	ale /		Cha !	T.,	PTIN
					The state of	indure 7	X	- Ch	Of .	.	Check _	ا ا ن	
Pai			W. DEWEESE,	CPA	uch.	.W.V	ma	re	7/13/	16	self-employe	ed	P00807523
Pre	parer	Firm's name			LL & AS		S, PC						
US	e Only	Firm's addres		PLAR A	AVE STE	415					Firm's EIN		-5349813
			Memphis					<u> 38157-</u>			Phone no	(90	
			return with the pre	`					<u></u>	<u></u>		<u> </u>	. X Yes No
BAA	A For Pa	perwork R	eduction Act Notic	ce, see t	he separate	e instructio	ons.		TEE	A0101 10/12	2/15		Form 990 (2015)

FORM 990 (2015) AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES	11-2531258	Page 2									
Part III Statement of Program Service Accomplishments											
Check if Schedule O contains a response or note to any line in this Part III	· · · · · · · · · · · · · · · · · · ·	X									
, 1 Briëfly describe the organization's mission:		-									
TO PROMOTE AND INCREASE AWARENESS OF THE ROLE OF TWO-YEAR COLL EDUCATION, AND TO 1) ENSURE THE PREPARATION OF SCIENTIFICALLY AND See Form 990, Page 2, Part III, Line 1 (continued)	TECHNOLOGICALLY I										
2 Did the organization undertake any significant program services during the year which were not listed on the	he pnor										
Form 990 or 990-EZ?		X No									
3 Did the organization cease conducting, or make significant changes in how it conducts, any program serving If 'Yes,' describe these changes on Schedule O.	ces? Yes	X No									
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.											
4a (Code:) (Expenses \$ 448,262. including grants of \$ 0. AMERICAN MATHEMATICAL ASSOCIATION OF TWO-YEAR COLLEGES ANNUAL		0,547.)									
CONFERENCE.											
4b (Code:) (Expenses \$19,075. including grants of \$0. DEVELOPMENTAL MATH REFORM AND PROFESSIONAL DEVELOPMENT											
An (Code) (Expenses \$ 0.2, 0.60 including groups of \$											
4 c (Code.) (Expenses \$ 82,860. Including grants of \$ 0. PUBLICATIONS AND LIAISON WITH OTHER ORGANIZATIONS TO PROMOTE EDUCATION IN MATHEMATICS) (Revenue \$	1,934.) 									
		_ _									
4 d Other program services. (Describe in Schedule O.)	_										
(Expenses \$ 7,118. including grants of \$ 0.) (Revenue	\$ 11,301.)									
4e Total program service expenses ► 557,315.											

AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A . . . 2 Х Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? Х Х 4 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 Х 5 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. Х 6 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, Х 8 Х 9 Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a Х Х 11 c Х Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e 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 . . . Х 11 f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and 12h Х If the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 14b Х 15 Х 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х 18 Х

<u> </u>	The deficient of Required Contention			
			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		X
t	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		х
1	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		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		x
t	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26		26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
28	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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ь	of 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (2	2015)

Form 990 (2015) AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES 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

	Check if Schedule O contains a response of note to any line in this fact v			للبت
٠	Section the number and state Day 2 of Ferry 4000. Enter 0, if not emiliable.		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ने च ३ व	143 17 74 17 75	基溢
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		ا ما الله الله الله الله الله الله الله	
·	(gambling) winnings to prize winners?	1 c	X	عالما
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	(1) (1)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3 de 100	ا بیرو ا	4
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		ļ
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
b	If 'Yes,' enter the name of the foreign country: ►		1 3 1 to	2
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	1, 7	2.75	2.3
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		ļ
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).	3 3 4	-3.25 () () () ()	\$13
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	3 12	, e (
_	services provided to the payor?	7 a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	6141 162 - 14 -	12.5	3 . A.
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		'حسنت	diame
	organization have excess business holdings at any time during the year?	8		2 ~ 3
9	Sponsoring organizations maintaining donor advised funds.		عَلَيْتُ .	S. V.
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	3 655	T 44.134
	Section 501(c)(7) organizations. Enter:		and the second	
	Initiation fees and capital contributions included on Part VIII, line 12	7	جائي پ روند ايس	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	٠. الله		
	Section 501(c)(12) organizations. Enter:		6 37	
	Gross income from members or shareholders		, 4, j	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	\?	يُرُونِ آن السياسية	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		77.4
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year [12b]	1	1, 12	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-	- 20-	
	Is the organization licensed to issue qualified health plans in more than one state?	13 a	. 1	
	Note. See the instructions for additional information the organization must report on Schedule O.	, ,	" _"	· ' · ' i
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	, , , , , , , , , , , , , , , , , , ,		
	Enter the amount of reserves on hand		11 15 2	X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		 ^
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b Form	gan /	2015)

Pa	rt VI; Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b belo a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes		d for	•
	Schedule O. See instructions.	"		
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	. X
Sec	tion A. Governing Body and Management			
		·	Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year 1a 13 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.			
ŀ	Enter the number of voting members included in line 1a, above, who are independent 1b			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
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		х
4	Did the organization make any significant changes to its governing documents			ĺ
_	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-;;	X
6	Did the organization have members or stockholders?	6	X	
7 2	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?	7 a	Х	1
_		- ' a		├
t	o Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 ь	х	
				44.4
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	8 a	X	
	Each committee with authority to act on behalf of the governing body?	8 b	$\frac{\hat{x}}{x}$	├ ──
9				
·	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		Х
t	o If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	<u>↓_</u> _
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	X	+
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			· ·
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7		
а	The organization's CEO, Executive Director, or top management official	15 a	X	
b	Other officers or key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	1	A TOP	1
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
t	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u></u>	organization's exempt status with respect to such arrangements?	16 b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed See Form 990, Page 6, Line 17 (continued)			· – – -
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) of for public inspection. Indicate how you made these available. Check all that apply. Own website Other (explain in Schedule O)	ivaliat	не	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the lax year	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	011		
	CHRISTY HUNSUCKER 5983 MACON ROAD MEMPHIS TN 38134-7642 (9	IJΙ)	333-	6243

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

Check this box it heither the organization not ar	, , , olatou o , gu			(C)						
(A) Name and Title	(B) Average hours per	l than	one b both a dire	an of ector/	inless fficer : truste	e)	n	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	l week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) NANCY SATTLER PRESIDENT	15.00	х		X				0.	0.	0.
(2) JAMES ROZNOWSKI PAST PRESIDENT	1.00	х		х				0.	0.	0.
(3) JANE TANNER PRESIDENT-ELECT	10.00	х		x				0.	0.	0.
_(4)_MARGIE_HOBBS TREASURER	1.00	Х		Х				0.	0.	0.
(5) MARY ORRANGE SECRETARY	1.00	х		х				0.	0.	0.
(6) DAN FAHRINGER VP	1.00	х		Х				0.	0.	0.
_(7)_LIZ_HYLTQN	1.00	Х		х				0.	0.	0.
(8) NANCY RIVERS	1.00	Х		Х				0.	0.	0.
(9) MARK HARBISON VP	1.00	Х		Х				0.	0.	0.
(10) JAMES HAM VP	1.00	Х		х				0.	0.	0.
(11) KATHRYN KOZAK VP	1.00	х		Х				0.	0.	0.
(12) NICOLE LANG VP	1.00	х		х				0.	0.	0.
(13) ERNIE DANFORTH VP	1.00	Х		Х				0.	0.	0.
(14) WANDA GARNER EXECUTIVE DIRECTOR	25.00					х		27,000.	0.	0.
DAA	TEEAO		40/40/	45						Form 990 (2015)

Partivila Section A. Officers, Directors, Ti	(B)	<u>ney</u>	En		oye C)	es,	an	a Hignest Con	pensated Emp	loyees (continued)
· (A) Name and title	Average hours per	box	, unle	Pos heck ss pe	itlon more irson directi	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
<u>(15)</u>		1					-			
(16)		<u> </u>								
(17)										
(18)										
(19)										
(20)										
(21)	 									
(22)									· · · · · · · · · · · · · · · · · · ·	
(23)										
(24)										
(25)										
1 b Sub-total							•	27,000.	0.	0.
d Total (add lines 1b and 1c)							► ived	27,000. d more than \$100,0	0.	0.
from the organization									•	Yes No
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such it										. 3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater such individual	portable co	mper 000?	nsati <i>If "</i> Ye	ion a	and (other	cor	mpensation from		4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compensati	on fro	om a	iny ι	 Inre	ated	org	anızation or ındıvıd	ual	4 X
Section B. Independent Contractors 1 Complete this table for your five highest compensations.	ted indeper	ndent	con	trac	tors	that	rece	eived more than \$1	00.000 of	
compensation from the organization. Report compensation from the organization. Report compensation (A) Name and business additional compensation from the organization.		tne d	caier	noar	yea	r end	ing	(B) Description of		(C) Compensation
								2200, p. 1011		
										Fig. 1 In the standard
2 Total number of independent contractors (including \$100,000 of compensation from the organization	out not lim	iited t	o the	ose	ııste	d abo	ove)) who received mor	e than	Form 900 (2015)

Part VIII Statement of Revenue

		Check if Schedule O	contains a respo	onse or note to any l	ne in this Part VIII .			
	A. A				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ons, Gifts, Grants Similar Amounts	ŀ	Federated campaigns . Membership dues Fundraising events	1a	213,483.				
Contributions, Gifts, Grants and Other Similar Amounts	•	d Related organizations . Government grants (contributions gifts or	ons) 1 e	 				
	و	f All other contributions, gifts, gr similar amounts not included a Noncash contributions include n Total. Add lines 1a-1f	d in lines 1a-1f. \$					
	- -	1 Total. Add lines 1a-11 .			242,351.	The state of the s	- Tally -e	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ž	١,,			Business Code			White the state of	
Program Service Revenue	l k	ANNUAL CONFEREN STUDENT MATH LE		611430	510,547. 4,200.	510,547. 4,200.	0.	0.
ogram Se	e f	All other program service	revenue					
4	ç	Total. Add lines 2a-2f .			514,747.	的"新"之"是"或		
	3	Investment income (inclu other similar amounts) . Income from investment	of tax-exempt b	ond proceeds · · ►	121331.	0.	0.	72,391.
	5	Royalties			the state of the discrete relation of the con-	The American State of the State of the		
	_	_	(I) Real	(ii) Personal		是学生的		
		Gross rents			通知的			A STATE OF THE STA
	t	Less: rental expenses						7
	C	Rental income or (loss)]				
	d	Net rental income or (loss	3)					
	7 a	Gross amount from sales of	(i) Secunties	(II) Other	· · · · · · · · · · · · · · · · · · ·	THE PROPERTY OF THE PARTY OF TH	智艺生活的	NEWS TOWN
	, .	assets other than inventory 2,042,452.						
		·		•			The second second	
		Less cost or other basis and sales expenses	2 047 150		建筑建筑			· 一
	_	Gain or (loss)	2,047,158					
		` '	-4,706		Addition of the second	The state of the s	Silver of the March	. Telephot Artin
		Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	-4,706.	0.		-4,706.
Other Revenue	8 a	Gross income from fundra (not including\$	_				the state of the s	
8		See Part IV, line 18	•	a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
9	h	Less: direct expenses .		b	STATE OF THE REAL PROPERTY.			
Ě		Net income or (loss) from		<u></u>		X 3-7 X 7 3-1	Large Large Control of the Control o	
		Gross income from gamir See Part IV, line 19	_	a				
	b	Less, direct expenses .		b				
	С	Net income or (loss) from	gaming activiti	es				
	10 s	Gross sales of inventory,	less returns		學是可以的問題	The state of the s		
- }	104	and allowances		а	A VOLUME CONTRACTOR	的主动和外侧		Control of the same of the sam
	b	Less. cost of goods sold		b				
		Net income or (loss) from		ory ▶	المستقدم المستقدين فالتمام المستقدم المستقدم المستقدين		N. Service and Ser	<u>,, , , , , , , , , , , , , , , , , , ,</u>
ŀ		Miscellaneous Revenue		Business Code	क्षा इद्धार हो। क्षा क्षा क्षा क्षा क्षा क्षा क्षा क्षा	·中·第二章 "一个"	こうないない。それの	
ŀ	11 a	ADVERTISING INC	OME	900099	8,294.	8,294.	0.	0.
Į	b	WAILDELD THE THE	~=	900099				0.
1		MISCELLANEOUS		<u> </u>	741.	741.	0.	U.
	ن	All other revenue	-				<u> </u>	
		All other revenue		· · · · · · · · · · · · · · · · · · ·		1 m 2 1 2 3 4 5 m 2 m	1. J. N. J. 18 15 15 1 1 1 1	Status Jan 18
ļ		Total. Add lines 11a-11d			9,035.	· · · · · · · · · · · · · · · · · · ·	上上於公司(100g)	
- 1	12	Total revenue. See instru	uctions		833,818.	523,782.	0.	67 <u>,</u> 685.

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX												
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21											
2	individuals. See Part IV, line 22											
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				新典學的教育的教育。							
4 5	Benefits paid to or for members	27,000.	0.	27,000.	0.							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	27,000.	0.	27,000.	<u>.</u>							
7	Other salanes and wages											
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).											
9	Other employee benefits											
10	Payroll taxes	2,629.	0.	2,629.	0.							
11	Fees for services (non-employees):				-							
	Management	84,187.	0.	84,187.	0.							
	Legal			F 000								
	Accounting	5,000.	0.	5,000.	0.							
	Lobbying			7.07 P. F.	<u> </u>							
	Investment management fees	14,047.	0.	14,047.	0.							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,047.	0.	14,047.								
	Advertising and promotion	10.050		10.070								
13	Office expenses	12,970.	0.	12,970.	0.							
14	Information technology	<u> </u>										
15 16	Royalties	524.	0.	524.	0.							
17	Travel	7,784.	5,099.	2,685.	0.							
	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,101.	3,033.									
19	Conferences, conventions, and meetings	463,252.	450,262.	12,990.	0.							
20	Interest											
21	Payments to affiliates		_									
22	Depreciation, depletion, and amortization	3,189.	0.	3,189.	0.							
23	Insurance	10,242.	0.	10,242.	0.							
24	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.)	والمراجع المراجع المرا	नामका स्टाइन्टर	。 等 為性等 查查额集	The state of the s							
á	PRINTING/POSTAGE	1,817.	160.	1,657.	0.							
	LIAISON	35,060.	35,060.		0.							
	PUBLICATIONS	47,800.	47,800	0.	0.							
	PARTICIPANT SUPPORT	15,000. 11,057.	15,000. 3,934.	7,123.	0.							
	All other expenses	741,558.	557,315.	184,243.	0.							
25	Total functional expenses Add lines 1 through 24e	/41,338.	557,315.	104,243.	 							
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)											
BAA		TEEA0110 10	<u> </u>		Form 990 (2015)							

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 2 Savings and temporary cash investments 2 263,609 211,966. 3 Pledges and grants receivable, net 3 4 6,261 2,655 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 8 Prepaid expenses and deferred charges 10,201 9 10 a 709 b Less accumulated depreciation 10 b 22,750 10 c 10,191 7.959 Investments - publicly traded securities 11 886,037 11 1,836,012 Investments - other securities See Part IV, line 11 12 Investments - program-related. See Part IV, line 11. 13 13 14 14 15 Other assets. See Part IV, line 11 . . . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,172,693 2,097,413. Accounts payable and accrued expenses 17 17 78,331 21,649. 18 18 19 19 23,748 28,495. 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons.

Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 26 102.079 50,144 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 806,229 27 786,952 28 Temporarily restricted net assets 28 176,491 <u>165,783.</u> Permanently restricted net assets 29 94,534 or Fund 87,894 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Assets Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Zet Zet 33 33 2,070,614 2,047,269. Total liabilities and net assets/fund balances 34 2,172,693 34 2,097,413.

BAA

Form 990 (2015)

Form	n 990 (2015) AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES	11-25	31258		Pag	ge 12
Pái	rt XI⊠ Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	· · · ·	<u></u>	<u> </u>		$\cdot \square$
,1	Total revenue (must equal Part VIII, column (A), line 12)	· · [_	1	83	33,8	18.
2	Total expenses (must equal Part IX, column (A), line 25)	🗀	2	74	1,5	58.
3	Revenue less expenses. Subtract line 2 from line 1	· · 📑	3	g	2,2	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	2,07	70,6	14.
5	Net unrealized gains (losses) on investments	[[5	-11	5,6	05.
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments	· · !	8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	0	2,04	17.2	69.
Pai	rt XII Financial Statements and Reporting		·!		. , ,	
	Check if Schedule O contains a response or note to any line in this Part XII					
	Check if Schedule O Contains a response of fole to any line in this Fart Air				Yes	No.
1	Accounting method used to prepare the Form 990:					7.3
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			-	1 100	
2 a	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	on a				
ŧ	Were the organization's financial statements audited by an independent accountant?			2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis			が変ま		
c	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,		2 c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	•				, ,
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?			3 a		Х
t	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required			_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	· · · ·	3 b		
BAA				Form	990 (2	2015)

SCHEDULE A (Form 990 or 990-EZ)

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

Name of the organization					Employer Identificat	don number						
AMERICAN MATHEMATICAL ASSOCIAT	ON OF TWO	YEAR COLLEC	SES		11-2531258	3						
Part Reason for Public Charity State	us (All organiz	zations must co	mplete	this p	art.) See instruction	S						
The organization is not a private foundation because												
1 A church, convention of churches, or asso	ciation of church	es described in sec	tion 17	0(b)(1)(<i>A</i>	\)(i).							
2 A school described in section 170(b)(1)(/	A)(ii). (Attach Sch	edule E (Form 990	or 990-l	EZ))								
3 A hospital or a cooperative hospital service	e organization de	escribed in section	170(b)(1)(A)(iii)	•							
4 A medical research organization operated	-					e hospital's						
name, city, and state:	•	•										
5 An organization operated for the benefit of 170(b)(1)(A)(Iv). (Complete Part II.)	f a college or univ	versity owned or op	erated b	y a gove	ernmental unit described	in section						
6 A federal, state, or local government or go	vernmental unit	described in sectio	n 170(b))(1)(A)(v).							
7 An organization that normally receives a sin section 170(b)(1)(A)(vi). (Complete P	art II.)	• •	governm	nental un	it or from the general pu	blic described						
	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
from activities related to its exempt function investment income and unrelated busines June 30, 1975. See section 509(a)(2). (C	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10 An organization organized and operated e												
An organization organized and operated or more publicly supported organizations lines 11a through 11d that describes the t	described in sect ype of supporting	i on 509(a)(1) or se i organization and d	ction 50 complete)9(a)(2). : lines 11	See section 509(a)(3). e, 11f, and 11g.	Check the box in						
a Type I. A supporting organization operate organization(s) the power to regularly app complete Part IV, Sections A and B.	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must											
b Type II. A supporting organization superv management of the supporting organization must complete Part IV, Sections A and	on vested in the s C.	same persons that	control o	r manag	e the supported organiza	ation(s). You						
c Type III functionally integrated. A support organization(s) (see instructions). You mit	ıst complete Pa	rt IV, Sections A, I	D, and E									
d Type III non-functionally integrated. A s functionally integrated. The organization of instructions) You must complete Part N	jenerally must sa	tisfy a distribution r	connecti equirem	on with i ent and a	ts supported organization an attentiveness require	n(s) that is not ment (see						
Check this box if the organization receive integrated, or Type III non-functionally into	egrated supportin	g organization.		is a Typ	e I, Type II, Type III fund	ctionally						
f Enter the number of supported organizations												
g Provide the following information about the si	apported organiza	ation(s).										
(i) Name of supported (ii) E organization	(lii) (de:	Type of organization scribed on lines 1-9 ve (see instructions))	(iv) Is organization in your go docum	on listed everning	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see instructions)						
			Yes	No								
(A)												
(B)						 						
(c)						-						
(D)												
(E)				12								
Total Total			がない									
BAA For Paperwork Reduction Act Notice, see	he Instructions	for Form 990 or 9	90-EZ.		Schedule A (Form	n 990 or 990-EZ) 2015						

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				-		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	membership fees received. (Do not include any 'unusual grants.')	190,882.	177,251.	216,117.	242,005.	246,551.	1,072,806.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	190,882.	177,251.	216,117.	242,005.	246,551.	1,072,806.
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)						
	Public support. Subtract line 5 from line 4						1,072,806.
	tion B. Total Support		-				
begii	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	190,882.	177,251.	216,117.	242,005.	246,551.	1,072,806.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45,881.	26,178.	97,439.	71,185.	72,391.	313,074.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			,	, 2000	72,0020	020,011
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	9,048.	8,321.	8,051.	10,004.	9,035.	44,459.
11	Total support. Add lines 7 through 10						1,430,339.
12	Gross receipts from related activition	es, etc. (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and st	for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 2015		•				75.00 %
15	Public support percentage from 20	14 Schedule A, Pa	irt II, line 14 · · ·		• • • • • • • • •	15	77.30 %
	33-1/3% support test — 2015. If t and stop here. The organization q	ualifies as a public	ly supported organ	nization	• • • • • • • • •		► X
b	33-1/3% support test — 2014. If the and stop here. The organization q						
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	ets the 'facts-and-	circumstances' tes	t, check this box ai	nd stop here. Exp	laın in Part VI how	_
	10%-facts-and-circumstances te or more, and if the organization me organization meets the facts-and-c	eets the 'facts-and- circumstances' test	circumstances' tes The organization	t, check this box ai qualifies as a publ	nd stop here. Exp icly supported orga	laın ın Part VI how anızation	the ►
18	Private foundation. If the organization	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ns ▶ 📋

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

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

Jec	tion A. Public Support							
Caler	idar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	5	(f) Total
1	Gifts, grants, contributions and membership fees		 			_ `_		
	received (Do not include						- 1	
	any 'unusual grants.')							
2	Gross receipts from admis-							
	sions, merchandise sold or services performed, or facilities							
	furnished in any activity that is							
	related to the organization's			1				
2	dax-exempt purpose							
3	that are not an unrelated trade	1						
	that are not an unrelated trade or business under section 513 .							
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on						İ	
	its behalf				:			
5	The value of services or							
	facilities furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
	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			ļ				
	for the year						ĺ	
С	Add lines 7a and 7b							
8	Public support. (Subtract line	Mary 10120	"你就是是我们是也是		ARRIVA TEACHERS	建设学成设定	166 Te	
	7c from line 6.)			[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	医面积性			
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	5	(f) Total
9	Amounts from line 6		-					
10 a	Gross income from interest, dividends,							
	payments received on securitles loans,							
	rents, royalties and income from similar sources							
b	Unrelated business taxable							
	income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b,							
		1			,			
	whether or not the business is regularly carried on				,			
12	whether or not the business is regularly carried on Other income. Do not include				,			
12	regularly carried on Other income. Do not include gain or loss from the sale of				,			
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in				, 			
	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				,			
13	regularly carried on				,			
13	regularly carried on	s for the organization	on's first, second, t	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)		
13 14	regularly carried on Other income. Do not include 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 organization, check this box and s	top here	· · · · · · · · · ·	hird, fourth, or fifth	tax year as a sect	ion 501(c)(3)		· • []
13 14 Sec	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	top here blic Support P	ercentage					
13 14 Sec 15	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	top here blic Support P 5 (line 8, column (f)	ercentage divided by line 13	3, column (f))			15	8
13 14 Sec 15 16	regularly carried on Other income. Do not include 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 organization, check this box and stion C. Computation of Pulpublic support percentage for 2019.	top here blic Support P 5 (line 8, column (f) 114 Schedule A, Pa	ercentage divided by line 13	3, column (f))				
13 14 Sec 15 16 Sec	regularly carried on Other income. Do not include 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 organization, check this box and stion C. Computation of Pulpublic support percentage for 2015. Public support percentage from 20 tion D. Computation of Inv	top here	ercentage divided by line 13 rt III, line 15	3, column (f))			15	<u>8</u> 8
13 14 Sec 15 16 Sec 17	regularly carried on Other income. Do not include 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 organization, check this box and stion C. Computation of Pull Public support percentage for 2011. Public support percentage from 20 tion D. Computation of Investment income percentage for	blic Support P 5 (line 8, column (f) 114 Schedule A, Pa estment Incon 2015 (line 10c, col	ercentage divided by line 13 rt III, line 15 ne Percentage umn (f) divided by	3, column (f)))		15 16	\& \& \&
13 14 Sec 15 16 Sec 17 18	regularly carried on Other income. Do not include 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 organization, check this box and stion C. Computation of Pull Public support percentage for 2019 Public support percentage from 2019 Total support percentage from 2019 Public support percentage from 2019 Public support percentage from 2019 Investment income percentage for Investment income percentage from 2019	blic Support P 5 (line 8, column (f) 14 Schedule A, Pa estment Incon 2015 (line 10c, col m 2014 Schedule A	ercentage I divided by line 13 Irt III, line 15 INDEPT OF THE PERCENTAGE Umn (f) divided by A, Part III, line 17	g, column (f)))		15 16 17 18	\& \& \& \& \& \& \&
13 14 Sec 15 16 Sec 17 18	regularly carried on Other income. Do not include 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 organization, check this box and stion C. Computation of Pull Public support percentage for 201! Public support percentage from 20 tion D. Computation of Investment income percentage for Investment income percentage from 33-1/3% support tests — 2015. If	blic Support P 5 (line 8, column (f) 114 Schedule A, Pa estment Incon 2015 (line 10c, col m 2014 Schedule A the organization di	ercentage I divided by line 13 Int III, line 15 INTERIOR OF THE INTERIOR OF T	B, column (f)))		15 16 17 18 and line	\$ \$ \$ 17
13 14 Sec 15 16 Sec 17 18 19 a	regularly carried on Other income. Do not include 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 organization, check this box and stion C. Computation of Pulpulic support percentage for 2019 Public support percentage from 2019 Public support percentage from 2019 Investment income percentage for Investment income percentage from 33-1/3% support tests — 2015. If is not more than 33-1/3%, check the	blic Support P 5 (line 8, column (f) 14 Schedule A, Pa restment Incon 2015 (line 10c, col m 2014 Schedule A the organization di nis box and stop he	ercentage I divided by line 13 Irt III, line 15 ne Percentage umn (f) divided by A, Part III, line 17 d not check the bore. The organizati	e line 13, column (f))	33-1/3%, arorganization	15 16 17 18 nd line	8 8 8 8 8
13 14 Sec 15 16 Sec 17 18 19 a	regularly carried on Other income. Do not include 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 organization, check this box and stion C. Computation of Pull Public support percentage for 201! Public support percentage from 20 tion D. Computation of Investment income percentage for 10 livestment income percentage from 33-1/3% support tests — 2015. If is not more than 33-1/3%, check the 33-1/3% support tests — 2014. If	blic Support P 5 (line 8, column (f) 14 Schedule A, Pa estment Incon 2015 (line 10c, col m 2014 Schedule A the organization di the organization di	ercentage divided by line 13 irt III, line 15 ne Percentage umn (f) divided by A, Part III, line 17 d not check the bore. The organizated not check a box	B, column (f)))	a 33-1/3%, ar organization	15 16 17 18 1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8 8 8 17 ▶ □
13 14 Sec 15 16 Sec 17 18 19 a	regularly carried on Other income. Do not include 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 organization, check this box and stion C. Computation of Pulpulic support percentage for 2019 Public support percentage from 2019 Public support percentage from 2019 Investment income percentage for Investment income percentage from 33-1/3% support tests — 2015. If is not more than 33-1/3%, check the	blic Support P 5 (line 8, column (f) 14 Schedule A, Pa estment Incon 2015 (line 10c, col m 2014 Schedule A the organization di shox and stop he the organization di check this box and	ercentage divided by line 13 irt III, line 15 ne Percentage umn (f) divided by A, Part III, line 17 d not check the bore. The organizated not check a box stop here. The or	g, column (f)))	a 33-1/3%, ar organization more than 33 ported organi	15 16 17 18 18 Ind line	8 8 8 8 17 ▶ □ , and

Part IV. Supporting Organizations
(Complete only if you checked a box in line 11 on 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.)

sec	ction A. All Supporting Organizations			
			Yes	No
	and the second s	2	- - (!-	7
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?	F F		
	If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
	the designation in historic and continuing relationship, explain		57 .2	19 33
_	Did the constitution have any supported experiention that does not have an IDS determination of status under section	3	ر در این افزاره ۱۰ دامه	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was		1	
	described in section 509(a)(1) or (2)	2		
	described in Section 303(a)(1) of (2)		2.4 5.	*
_	D. I.I. and the bound of the state of the st	112 200	رندر و به ملاحظ کارم	
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a	1	
	and (c) below	ार वर्ष प्रदेश	A) Beite	
	LOUIS AND		7.	17.5
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization	1	W. W	100
	made the determination	3b	l	
	made the determination	- Tinks	5°77	27 13
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	受いを		
	purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
	parposes in real, explain in the control and enganization part in place to entail of the control and enganization part in place to entail of the control and enganization part in place to entail of the control and enganization part in place to entail of the control and enganization part in place to entail of the control and enganization part in place to entail of the control and e	,	و تربيع تواند	10.50
_	Management of the state of the	1	1	14. 1 2. 1 2. 1 2. 1 2. 1 2. 1 2. 1 2. 1
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a	Ī	
	ii you checkeu TTa OF TTD iii Falct, answer (b) and (c) below	37.4	3.86	1-29:39
		1 453	2.53	7.79
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	1		
	organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled	عالم	212.5700	- Chicken
	or supervised by or in connection with its supported organizations	4b	N. ct. 196	2 - ET 1º 34.0
		100		100
	c Did the organization support any foreign supported organization that does not have an IRS determination under		1	Malocia
	sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	- Parket	1.2.2.39
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(b) purposes	40	5 300	P 1997 28
		1,12	- 7	123
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported	A 3-4		上之
	organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the	1	2. 1	小沙湖
	organization's added, substituted, or removed, (ii) the reasons for each action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	2 4	130	فأنفت
	amendment to the organizing document)	5a		1
	and full of the organizing documenty	F- 77 %	1 -4.	,
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the	1 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	34437	
	organization's organizing document?	5b		
				1
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		1
	•	1. (2)	A 40 3	1 33
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	3 . 7 . 6 .	31,77	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one	i	3.	
	or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of	-		فنمنظ
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		<u> </u>
		2.17	1,11,3	1 . 3
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		1	
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			فللتعداد
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7	 	4
	The state of the s			
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 I of Schedule L (Form 990 or 990-EZ)	8		
	complete Part I of Schedule L (Form 990 or 990-EZ)		10 m	2 1 1 1 2 3
_	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons		(' ' <u>.</u>	1 7 7
9	as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?		6-14	أنساد
	If 'Yes,' provide detail in Part VI	9a		
	, , , , , , , , , , , , , , , , , , ,		 	7-1-6
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the		1	
	supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b	<u> </u>	1
		1	-	1 7
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from,			-
	assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9 c		
		1	. [1
10	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding	F		15 4
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
	answer for delow	<u> </u>	+	+
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine	1.7		ر مانگستان
	b Did the organization, have any excess business holdings in the tax year? (Use scriedule C, Form 4720, to determine	10b	.]	

Pa	rt IV. Supporting Organizations (continued)		<u>'</u>	<u> </u>
11	Has the organization accepted a gift or contribution from any of the following persons?	· vegeta	Yes	No Statement
	a 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		L
Sec	ction B. Type I Supporting Organizations			
		(Supplement)	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	ction 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 instructions):	1		
	The organization satisfied the Activities Test Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
		\		
	c I he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	onsj.		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	一種		
	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 of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	نْدَوْنَدُ 3b	nd jin	

	edule A (Form 990 or 990-EZ) 2015 AMERICAN MATHEMATICAL ASSOCIATION OF TWO			31258 Page
Pa	rt.V: Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			·· ·····························
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on tother Type III non-functionally integrated supporting organizations must complete Sec	Novem ctions	nber 20, 1970. See instru e A through E.	ctions. All
Sec	tion 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		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		All the same of the same	
a	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
-	Fair market value of other non-exempt-use assets	1 c		
	Total (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI).	14.25 1.45.25 1.45.25	THE THE TOTAL	
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		
Sec	tion C — Distributable Amount	_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	新疆一张 医初了中心	
2	Enter 85% of line 1	2	明天 经证明的代表	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	·新维亚统 (4.7)	
4	Enter greater of line 2 or line 3	4	1966年,2015年的特別 1966年	
5	Income tax imposed in prior year	5	全部的1000年代的	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions)	d Typ	e III supporting organization	on
BAA			Schedule A (For	m 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

dule A (Form 990 or 990-EZ) 2015 AMERICAN MATHEMATICAL ASSO	CIATION OF TWO YEAR	COLLEGES 11-253	1258 rage /
t V Type III Non-Functionally Integrated 509(a)(3) Su	ipporting Organizat	ions (continued)	
tion D - Distributions			Current Year
Amounts paid to supported organizations to accomplish exempt purpos	es		
Amounts paid to perform activity that directly furthers exempt purposes			
Distributions to attentive supported organizations to which the organization	details		
Distributable amount for 2015 from Section C, line 6			
	(I) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6	·李明·杨紫 山。" [1]	大学にはいいい	
Underdistributions, if any, for years prior to 2015 (reasonable			
Excess distributions carryover, if any, to 2015	3-		三世二十八十二
THE TOTAL OF THE PERSON WE WANTED	1967 (新文·49] JATO	三十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	SELECTION TO SELECTION
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			「海」とはいいない。
	Arres Ser Constitution	1 2 2 4 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	The state of the s
			The state of the s
Applied to underdistributions of prior years	是"你有的事"。"我们是		Company of the same of the same of
Applied to 2015 distributable amount	The state of the state of		
Carryover from 2010 not applied (see instructions)	是1000年1000年1000年1000年1000年100日	1. 大学的一种生工的	五人是The AT () 1 1 4 4 4 4
		W. Flank Charles	140
Distributions for 2015 from Section D,	10 10 10 10 10 10 10 10 10 10 10 10 10 1	"他"是"别心"等"主"。	
Applied to underdistributions of prior years	大· · · · · · · · · · · · · · · · · · ·		A STATE OF THE STA
Applied to 2015 distributable amount	法社会的证明的		
Remainder. Subtract lines 4a and 4b from 4			
Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
Excess distributions carryover to 2016. Add lines 3j and 4c		. 4	The state of the s
	1. 21 18 19 1		化, 1000000000000000000000000000000000000
The state of the s	The state of the s		وَ إِنَّ وَإِنَّا مِهِمَا يَامِهُمُ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ
	17.		
Excess from 2013	The state of the state of		and the second
	in the things the second	The they shall	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ion D — Distributions Amounts paid to supported organizations to accomplish exempt purpose in excess of income from activity that directly furthers exempt purposes in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported income from activity Administrative expenses paid to accomplish exempt purposes of supported income from activity Administrative expenses paid to accomplish exempt purposes of supported income from activity Administrative expenses paid to accomplish exempt purposes of supported income from activity Administrative expenses paid to accomplish exempt purposes of supported income from activity Administrative expenses paid to accomplish exempt purposes of supported income from activity. Constitutions and income from from from from from from from from	ion D — Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organization in excess of income from activity that directly furthers exempt purposes of supported organization in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required). Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 Line 8 amount divided by Line 9 amount Ition E — Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions) Excess distributions carryover, if any, to 2015 From 2013 From 2014 Total of limes 3a through e Applied to underdistributions of prior years Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, sh, and 3i from 3f Distributors for 2015 from Section D, Ine 7: \$ Applied to underdistributions of prior years Applied to 2015 distributable amount Remaining underdistributions for years prior to 2015, if any, Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Excess distributions carryover to 2016. Add lines 3j and 4c Breakdown of line 7 Excess from 2013	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Ion D

Schedule A (Form 990 or 990-EZ) 2015

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e Excess from 2015

AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 or 17b; 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 2, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Pt II Ln 10

Other Income Part II, Line 10 Description: MISCELLANEOUS 2011: 9048. 2012: 8321. 2013: 8051. 2014: 10004. 2015: 9035.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	AMERICAN MATHEMATICAL ASSOC	CIATION OF TWO YEA	R COLLEGES		11-2531258	
Pai	Organizations Maintaining Dono Complete if the organization answer	or Advised Funds or Of	ther Similar Fund	ds or Ac		
	Complete if the organization answer	(a) Donor advised		(b) f	unds and other acco	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)		-			_
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor are the organization's property, subject to the org	advisors in writing that the assignization's exclusive legal co	sets held in donor adv	ised funds	· · · · · Yes	No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writing the donor or donor advisor, or	that grant funds can be for any other purpose	e used only conferring	y 3 · · · · ∏Yes	— ∏ No
Pai	社间線 Conservation Easements.			<u> </u>	 	
	Complete if the organization answer					
1	Purpose(s) of conservation easements held by th	•	<u></u>			
	Preservation of land for public use (e.g., recre	eation or education)	\vdash		y important land area	ı
	Protection of natural habitat		Preservation of a	certified h	istoric structure	
_	Preservation of open space			4		
2	Complete lines 2a through 2d if the organization I last day of the tax year.	held a qualified conservation of	contribution in the form	n of a cons	ervation easement or	n the
				***	Held at the End of th	he Tax Year
a	Total number of conservation easements			2 a		
	Total acreage restricted by conservation easeme			2 b		
	Number of conservation easements on a certified			2 c		
	Number of conservation easements included in (o	c) acquired after 8/17/06, and	not on a historic	2 d		
3	Number of conservation easements modified, traitax year ►	nsferred, released, extinguish	ed, or terminated by th	ne organiza	ation during the	
4	Number of states where property subject to conse	ervation easement is located	•			
5	Does the organization have a written policy regard and enforcement of the conservation easements					No
6	Staff and volunteer hours devoted to monitoring, i	inspecting, handling of violation	ons, and enforcing con	servation e	easements during the	year
7	Amount of expenses incurred in monitoring, insper ▶ \$	ecting, handling of violations, a	and enforcing conserva	ation easei	ments during the yea	Г
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requ	irements of section 17	0(h)(4)(B)((i) Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	conservation easements in it e organization's financial state	s revenue and expensements that describes	se stateme the organi	nt, and balance shee zation's accounting fo	et, and or
Pär	Complete if the organization answer	ctions of Art, Historica ered 'Yes' on Form 990.	I Treasures, or C	ther Sir	nilar Assets.	
1 a	If the organization elected, as permitted under SF	AS 116 (ASC 958), not to rep	ort in its revenue state	ement and	balance sheet works	of
	art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, educated statements that describes the	tion, or research in fur se items.	therance o	f public service, prov	ide,
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held fo following amounts relating to these items	or public exhibition, education,	or research in further	ance of pu	blic service, provide t	art, the
	(i) Revenue included on Form 990, Part VIII, line					
	(ii) Assets included in Form 990, Part X				▶\$	
	If the organization received or held works of art, h amounts required to be reported under SFAS 116	6 (ASC 958) relating to these it	tems			
а	Revenue included on Form 990, Part VIII, line 1				▶\$	
b	Assets included in Form 990, Part X				▶\$	

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Schedule D (Form 990) 2015

Schedule **D** (Form 990) 2015 AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES 11-2531258 Page 3 Part VII Investments - Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (1) THE PROPERTY OF THE PROPERTY O Total. (Column (b) must equal Form 990, Part X, column (B) line 12) . . ▶ Part VIII. Investments — Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation. Cost or end-of-year market value (1) (2)(3) (4)(5) (6)(7)(8)(9) (10)Total. (Column (b) must equal Form 990, Part X, column (B) line 13). . > Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2)(3)(5)(6)(7)(8) (9) (10)Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 The state of the s (a) Description of liability (b) Book value (1) Federal income taxes (2) (3)(4)(5) (6) (7)(8) (9) (10)(11)Total (Column (b) must equal Form 990, Part X, column (B) line 25)

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Pt V, Line 4 TO PROVIDE INCOME TO THE ORGANIZATION IN PERPETUITY.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Schedule D (Form 990) 2015

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

Pt VI, Line 15a

AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES 11-2531258 THE TAX REVIEW COMMITTEE IS RESPONSIBLE FOR REVIEWING FORM 990. THE 990 IS EMAILED TO ALL COMMITTEE MEMBERS. A CONFERENCE CALL IS THEN HELD Pt VI, Line 11b WHERE QUESTIONS ARE POSED AND ANSWERED. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR MONITORING COMPLIANCE. Pt VI, Line 12c Pt VI, Line 19 UPON WRITTEN REQUEST. Pt VI, Line 6 THERE ARE SEVERAL CLASSES OF ASSOCIATION MEMBERSHIP. Pt VI, Line 7a ASSOCIATION MEMBERS ELECT THE MEMBERS OF THE BOARD. CHANGES TO THE ORGANIZATIONAL DOCUMENTS ARE SUBJECT TO MEMBER APPROVAL; Pt VI, Line 7b OTHER BOARD DECISIONS ARE NOT.

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

THE BOARD IS AWARE OF THE SALARY RANGE FOR SIMILAR POSITIONS.