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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

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|--|--|--|---|---|--|--------------------|---|---|--|
| | | | llendar year, or tax year beginning C Name of organization | g 01-01-2015 , and ending 12 | -31-201 | .5 | D Emplo | ver ide | entification number |
| | | applicable change | ASSOCIATION OF PUBLIC AND LAND- UNIVERSITIES | GRANT | | | | - | |
| , ∧dd ∏ Nar | | _ | | | | | 53-01 | .8324 | 6 |
| Nai | | _ | Doing business as APLU | | | | | | |
| • | | tum | Number and street (or P O box if ma | all is not delivered to street address) | Room/sui | te | E Telepho | one nun | nber |
| Fina retu | ırn/te | erminated | 1307 NEW YORK AVENUE No 400 | | | | (202) | 478- | 6040 |
| ┌ Am | ended | d return | City or town, state or province, count | try, and ZIP or foreign postal code | | | | | |
| ┌ _{App} | licatio | on pending | Washington, DC 200054722 | | | | G Gross r | eceipts | \$ 19,273,544 |
| | | | F Name and address of princ | cipal officer | | H(a) ī | s this a group | rotur | , for |
| | | | Peter McPherson | | | | ubordinates? | recuii | ⊢Yes √ No |
| | | | 1307 NEW YORK AVENUE N Washington, DC 200054722 | | | | re all subordi | nates | □Yes □No |
| | | | | | | | ncluded? f "No " attach | a list | (see instructions) |
| I Tax | (-exe | empt status | ▼ 501(c)(3) | sert no) | , | | Group exempt | | |
| J W | ebsit | te:► ww | w aplu org | | | | Stoup exempt | ion na | mber F |
| V = | | | | . Гон ь | | 1 | - f. f 10 | .07 | Chata of land demands DC |
| Pa: | | | Trust Association Trust Association | Other F | | L Year | of formation 18 | 87 | State of legal domicile DC |
| Га | | | | | | | | | |
| | | | scribe the organization's mission SOVERRIDING MISSION IS TO | | JBLIC H | HIGHER | EDUCATION | | |
| e l | | | | - | | | | | |
| anc | - | | | | | | | | |
| Governance | 2 | Check th | nis box 🛏 if the organization disc | continued its operations or disc | osed of | f more tha | an 25% of its | net as | sets |
| 307 | _ | | | | | | | | |
| | 3 | Number | of voting members of the governir | ng body (Part VI, line 1a) | | | | 3 | 29 |
| les | 4 | Number | of independent voting members o | f the governing body (Part VI, l | ne 1b) | | | 4 | 29 |
| Activities & | | | mber of individuals employed in c | | | | | 5 | 67 |
| ACI | 6 | Total nu | mber of volunteers (estimate if ne | cessary) | | | | 6 | 29 |
| | | | related business revenue from Pa | | | | | 7a | 0 |
| | bι | Net unrel | ated business taxable income from | m Form 990-T, line 34 | | <u></u> | | 7b | 0 |
| | | | | | | | Prior Year | | Current Year |
| | | | | | | | | | |
| a | 8 | | ibutions and grants (Part VIII, lin | | | | 3,592, | - | 3,292,191 |
| enne | 9 | Progr | am service revenue (Part VIII, lir | ne 2g) | | | 12,472,0 | 071 | 3,292,191 11,952,508 |
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| Revenue | 9 10 11 | Progr Inves Other | am service revenue (Part VIII, lir tment income (Part VIII, column revenue (Part VIII, column (A), | ne 2g) | e) | | 12,472,0 95,: 95,: | 071 212 775 | 3,292,191 11,952,508 100,997 752 |
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| Expenses Revenue | 9 10 11 12 13 14 15 16a b | Progr Inves Other Total 12) Grant Benef Salar 5-10 Profe | am service revenue (Part VIII, lir tment income (Part VIII, column revenue (Part VIII, column (A), revenue—add lines 8 through 11 s and similar amounts paid (Part I) its paid to or for members (Part I) es, other compensation, employe) ssional fundraising fees (Part IX, undraising expenses (Part IX, column (D) | ne 2g) | e) (A), line | | 12,472,0 95,7 95,7 16,255,7 3,971,9 | 071 212 775 261 978 0 681 | 3,292,191 11,952,508 100,997 752 15,346,448 1,651,249 0 7,272,744 |
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Use Only

Firm's address 🟲 2021 L Street NW Suite 400

Washington, DC 20036
May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no (202) 293-2200

. ▼Yes □No

| | 990 (2015) | | | Page : |
|-----|--|-----|-----|--------|
| Par | t IV Checklist of Required Schedules | | V- | NI. |
| 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 | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 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 | Yes | |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| | 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 | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? 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 |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|---|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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 |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | Yes | |

| | 990 (2015) | | | Page |
|-----|--|------------|-----|------|
| Pai | 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 62 | | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | 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 | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Νo |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | 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 | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 79 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 | | |
| | 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 | | |
| 10 | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a | | | - |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b | | | |
| | facilities | | | |
| 11 | 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) | | | |
| 12a | 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 | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| h | If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O | 14h | | |

| Se | ction A. Governing Body and Management | | | · |
|---------------|--|-------|--------|-----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 29 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | N o |
| 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 | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| | 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 |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ie Cod | e.) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | | Νo |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| Se | ction C. Disclosure | | | |
| <u></u> 17 | List the States with which a copy of this Form 990 is required to be filed▶ | | | |
| 18 | NY 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 | | | |

State the name, address, and telephone number of the person who possesses the organization's books and records THE ASSOCIATION 1307 New York Avenue NW STE 400 WASHINGTON, DC 20005 (202) 478-6040

Part VII 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 | (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 | (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) | (W- 2/1099- MISC) | organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
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Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued

| (A) Name and Title | (B) A verage hours per week (list any hours | A verage hours per more than one box, unless week (list any hours and a director/trustee) A verage hours per more than one box, unless compensation compensation from the organizations A verage hours per more than one box, unless compensation from the organizations A verage hours per more than one box, unless compensation from related organization (W-organizations) | | | | | | | | |) ated of other sation the |
|---------------------------|--|---|-----------------------|---------|--------------|--|-----------|--------------------|-----------------|--------------------------------|--|
| | organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated | Former | 2/1099-MISC) | 2/1099-MISC) | organizat relat organiza | ed |
| See Additional Data Table | | | | | | | | | | | |
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| c Total from continuat | ion sheets to Part VII, S | | | `. ' | | . ▶ | | | | | |
| d Total (add lines 1b a | nd 1c) | | | | | • | | 3,592,106 | 0 | | 508,772 |
| | iduals (including but not ble compensation from th | | | | | d abov | e) wl | ho received more t | han | | |
| | | | | | | | | | | Yes | No |
| | ist any former officer, dii omplete Schedule I for suc | | | | key • | emplo | yee, • | or highest comper | nsated employee | 3 | No |
| | ed on line 1a, is the sum ed organizations greater | | | | | | | | uch | 4 Yes | |
| | on line 1a receive or act the organization? <i>If "Yes,</i> | | - | | | | • | _ | | 5 | No |
| Section B. Independ | | | | | | | | | | • | |
| | C | | | | | | | | | | |

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------------|---------------------|
| CORNERSTONE GOVERNMENT AFFAIRS LLC | PROFESSIONAL SERVICES | 831,127 |
| 300 INDEPENDENCE AVE SE WASHINGTON, DC 20003 | | |
| kglobal LLC | PROFESSIONAL SERVICES | 330,396 |
| 13800 Coppermine Road 307 Hemdon, VA 20171 | | |
| THIRDWAVE | PROFESSIONAL SERVICES | 170,250 |
| 15 W HUBBARD ST STE 300 CHICAGO, IL 60654 | | |
| PODESTA GROUP | PROFESSIONAL SERVICES | 154,817 |
| PO BOX 79784 BALTIMORE, MD 21279 | | |
| | | |

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 4

| art VIII | | Statement o | | | | | | |
|---------------------------------------|---------|---|---|--|-------------------|--|--------------------------------|--|
| | | Check If Schedi | ule O contains a respoi | nse or note to any lir | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| 1 <u>بر</u> | .a | Federated cam | paigns 1a | | | | | |
| mounts | b | Membership du | es 1b | | | | | |
| ֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | c | Fundraising eve | ents 1c | | | | | |
| ilar A | d | Related organiz | zations 1d | | | | | |
| <u>}</u> | e | Government grants | | 753,565 | | | | |
| Sin | _ | - | | | | | | |
| and Other Similar Amounts | f | similar amounts no | ons, gifts, grants, and 1f ot included above | 2,538,626 | | | | |
| ₹ | g | Noncash contribution | ons included in lines | | | | | |
| and | h | Total. Add lines | s 1 a - 1 f | | 3,292,191 | | | |
|) <u>e</u> | | - Column (dd iii) | | Postaria Carda | , , | | | |
| e _ | 2a | MEMBERSHIP DUE | c | Business Code | 10 200 501 | 10 200 501 | | |
| ia 1 | za b | MEETINGS & SEMI | | 900099 | 10,309,591 | 10,309,591 | | |
| <u>ጀ</u> | c | MEETINGS & SEMI | INAKS | 900099 | 1,642,917 | 1,642,917 | | |
| <u> </u> | d | | | | | | | |
| <u> </u> | u e | | | | | | | |
| E | e f | Δ II other progra | am service revenue | | | | | |
| ွှို့ | • | | | | | | | |
| | g | | s 2a – 2f | | 11,952,508 | | | |
| 3 | 3 | | ome (including dividen ar amounts) | | 45,943 | | | 45,943 |
| 4 | 4 | Income from inves | stment of tax-exempt bond | proceeds 🕨 | | | | |
| 5 | 5 | Royalties | <u> </u> | ▶ | | | | |
| | | | (ı) Real | (II) Personal | | | | |
| • | 5a | Gross rents | | | | | | |
| | b | Less rental | | | | | | |
| | c | expenses Rental income | | | | | | |
| | d | or (loss) | lme or (loss) | | | | | |
| | _ | | (ı) Securities | (II) O ther | | | | |
| 7 | 7a | Gross amount from sales of assets other than inventory | 3,976,150 | 6,000 | | | | |
| | b | Less cost or other basis and sales expenses | 3,927,096 | 0 | | | | |
| | c | Gain or (loss) | 49,054 | 6,000 | | | | |
| | d | Net gain or (los | ss) | | 55,054 | | | 55,054 |
| \$ 8 | 8a | Gross income f events (not inc \$ of contributions See Part IV, Iir | luding s reported on line 1c) ne 18 | | | | | |
| | L | Las. Paris | a | | | | | |
| | b C | | penses b (loss) from fundraising | events ⊾ | | | | |
| ٩ | 9a | Gross income f | rom gaming activities ne 19 | , | | | | |
| | b | Less direct ex | penses b | | | | | |
| | | | (loss) from gaming acti | vities | | | | |
| 10 | | Gross sales of returns and allo | inventory, less | · | | | | |
| | | | a a | | | | | |
| | b | Less cost of g | oods sold b | | | | | |
| | С | Net income or (| (loss) from sales of inv | entory 🛌 | | | | |
| | | Miscellaneous | s Revenue | Business Code | | | | |
| 11 | La | MISCELLANEO | ous | 900099 | 752 | | | 75 |
| | b | | | | | | | |
| | С | | | | | | | |
| | d | | ue | L . | | | | |
| | е | | s 11a-11d | • • • | 752 | | | |
| 12 | 2 | Total revenue. | See Instructions . | 🖊 | 15,346,448 | 11,952,508 | 0 | 101,749 |

| | | Statement of Functional Expenses | | | | | | | | |
|---------|--|---|-----------------------|---|--|---------------------------------------|--|--|--|--|
| Section | tion 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) | | | | | | | | | |
| | | Check if Schedule O contains a response or note to any line in th | ıs Part IX | | | <u> </u> | | | | |
| | | ude amounts reported on lines 6b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | |
| 1 | | nts and other assistance to domestic organizations and estic governments See Part IV, line 21 | 1,651,249 | 1,651,249 | | | | | | |
| 2 | | nts and other assistance to domestic viduals See Part IV, line 22 | | | | | | | | |
| 3 | gove | nts and other assistance to foreign organizations, foreign ernments, and foreign individuals See Part IV, lines 15 16 | | | | | | | | |
| 4 | Bene | efits paid to or for members | | | | | | | | |
| 5 | | pensation of current officers, directors, trustees, and employees | 3,922,124 | 3,598,258 | 323,866 | | | | | |
| 6 | (as c | pensation not included above, to disqualified persons defined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B) | | | | | | | | |
| 7 | Othe | er salarıes and wages | 2,350,955 | 2,075,316 | 275,639 | | | | | |
| 8 | | sion plan accruals and contributions (include section 401(k) 403(b) employer contributions) | 227,238 | 200,034 | 27,204 | | | | | |
| 9 | Othe | er employee benefits | 408,968 | 335,834 | 73,134 | | | | | |
| 10 | Payr | roll taxes | 363,459 | 318,349 | 45,110 | | | | | |
| 11 | Fees | s for services (non-employees) | | | | | | | | |
| а | Mana | agement | | | | | | | | |
| b | Lega | 1 | 53,472 | 27,783 | 25,689 | | | | | |
| c | Acco | ounting | 44,614 | 360 | 44,254 | | | | | |
| d | Lobb | oying | | | | | | | | |
| e | Profe | essional fundraising services See Part IV, line 17 | | | | | | | | |
| f | Inve | stment management fees | | | | | | | | |
| g | | er (If line 11g amount exceeds 10% of line 25, column (A) unt, list line 11g expenses on Schedule O) | 2,284,991 | 2,192,704 | 92,287 | | | | | |
| 12 | Adve | ertising and promotion | 9,391 | 9,069 | 322 | | | | | |
| 13 | | e expenses | 500,432 | 245,941 | 254,491 | | | | | |
| 14 | | rmation technology | 239,505 | 119,030 | 120,475 | | | | | |
| 15 | | alties | | | | | | | | |
| 16 | | upancy | 89,333 | 68 | 89,265 | | | | | |
| 17 | | el | 837,094 | 831,305 | 5,789 | | | | | |
| 18 | state | ments of travel or entertainment expenses for any federal, e, or local public officials | | | | _ | | | | |
| 19 | Conf | ferences, conventions, and meetings | 1,288,063 | 1,275,903 | 12,160 | | | | | |
| 20 | | rest | 49,463 | | 49,463 | | | | | |
| 21 | • | ments to affiliates | | | | | | | | |
| 22 | Depr | reciation, depletion, and amortization | 126,995 | | 126,995 | | | | | |
| 23 | | rance | 61,443 | 1,600 | 59,843 | | | | | |
| 24 | mısc 10% | er expenses Itemize expenses not covered above (List cellaneous expenses in line 24e If line 24e amount exceeds of line 25, column (A) amount, list line 24e expenses on edule O) | | | | | | | | |
| а | Bad | Debt | 98,187 | 34,000 | 64,187 | | | | | |
| b | DUE | S & SUBSCRIPTIONS | 83,457 | 56,540 | 26,917 | | | | | |
| c | Subc | contracts | 53,324 | 53,324 | 0 | | | | | |
| d | Misc | ellaneous | 137 | 137 | 0 | | | | | |
| е | Αllο | ther expenses | 775 | | 775 | | | | | |
| 25 | Tota | Il functional expenses. Add lines 1 through 24e | 14,744,669 | 13,026,804 | 1,717,865 | 0 | | | | |
| 26 | repo educ | t costs.Complete this line only if the organization rted in column (B) joint costs from a combined cational campaign and fundraising solicitation ck here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | | | | | |

Form 990 (2015) Page 11 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 619,414 430,050 1 1 2 8.982.768 2 7.064.381 Savings and temporary cash investments 146,784 251,638 3 Pledges and grants receivable, net 3 264.249 4 4 176.979 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L **Assets** 6 7 496 7 8 8 143.002 75,714 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 5,355,906 Complete Part VI of Schedule D 10a b 10b 2.096.774 3,373,147 10c 3,259,132 Less accumulated depreciation 11 11 4,822,387 12 4,892,192 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 258.016 15 270.369 16 Total assets. Add lines 1 through 15 (must equal line 34) 18,609,767 16 16,420,951 3,747,631 407,905 17 **17** Accounts payable and accrued expenses 18 18 1,881,003 19 2,576,795 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 2,268,316 2,037,919 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 185,914 25 201,299 8.082.864 26 5,223,918 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete Balance lines 27 through 29, and lines 33 and 34. 8.876.840 9,579,263 27 27 117,770 28 150,063 28 Fund 1,500,000 1,500,000 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 ž 33 10,526,903 33 11,197,033 Total liabilities and net assets/fund balances 18,609,767 34 16.420.951

| Dar | rt XI Reconcilliation of Net Assets | | | ' | age = - |
|-----|--|----------------|----|-------|---------|
| Par | Check if Schedule O contains a response or note to any line in this Part XI | | | | _ |
| | Check if Schedule O contains a response of note to any fine in this raft X1 | · · · · · | • | • • • | • • • |
| | Total revenue (much equal Dort VIII, calumn (A.) line 12) | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | . 1 | | 15,3 | 346,448 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | | |
| | | 2 | | 14, | 744,669 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | . 3 | | 4 | 501,779 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | 701,77. |
| • | Net assets of fund balances at beginning of year (must equal 1 art X, fine 55, column (A)) | 4 | | 10, | 526,90 |
| 5 | Net unrealized gains (losses) on investments | | | | |
| | | 5 | | | 68,35 |
| 6 | Donated services and use of facilities | . 6 | | | |
| 7 | Investment expenses | | | | |
| | | 7 | | | |
| 8 | Prior period adjustments | . _ | | | |
| | Other sharp was to see the seef and help was a few data of the dat | 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 | | 11, | 197,03 |
| Par | rt XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | | | . 🔽 |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O | ın | | | |
| 2a | a 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 reviewed on | | | |
| | a separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| h | 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 o | n a cenarate | 20 | 165 | |
| | basis, consolidated basis, or both | ii a separate | | | |
| | ▼ Separate basis | | | | |
| | | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent acco | | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, e | | | | |
| | Schedule O | In | | | |
| 3a | a As a result of a federal award, was the organization required to undergo an audit or audits as set fo | rth in the | _ | | |
| 1. | Single Audit Act and OMB Circular A-133? | | 3a | | No |
| b | b If "Yes," did the organization undergo the required audit or audits? If the organization did not unde required audit or audits, explain why in Schedule O and describe any steps taken to undergo such | | 3b | | |
| | , , , , , , , , , , , , , , , , , , , | | | | |

Additional Data

Software ID:

Software Version:

EIN: 53-0183246

Name: ASSOCIATION OF PUBLIC AND LAND-GRANT

UNIVERSITIES

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

| (Code |) (Expenses \$ | 1,969,545 | including grants of \$ | 135,610) (Revenue \$ | 1,915,135) |
|-------------------|-------------------------------|----------------|------------------------|------------------------------|---------------|
| Government Affair | rs, Access & Advancement, and | Public Affairs | 5 | | |
| (Code |) (Expenses \$ | 1,276,533 | ıncludıng grants of \$ |) (Revenue \$ | 815,184) |
| RESEARCH, INNO | OVATION, AND STEM POLICY | THE OFFIC | E OF RESEARCH, INNO | VATION, AND STEM POLICY'S MA | AJOR FOCUS IS |
| THE SCIENCE AN | ND MATH TEACHER IMPERATI | VE, A LONG | -TERM EFFORT TO ADD | RESS THE SHORTAGE OF WELL-C | QUALIFIED |
| SCIENCE AND M | ATH TEACHERS | | | | |

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

PLACES CRITICAL FOR NATIONAL STABILITY

(Code) (Expenses \$ 1,475,885 including grants of \$) (Revenue \$ 1,469,133) OFFICE OF THE PRESIDENT THIS COUNCIL OF UNIVERSITY PRESIDENTS DIRECTS THE STRATEGIC FOCUS OF THE ASSOCIATION AND SELECTS FUTURE PROGRAMS AND AREAS OF FOCUS) (Revenue \$ (Code) (Expenses \$ 982,514 including grants of \$ 648,031) THE APLU INTERNATIONAL PROGRAMS (IP) SERVES TO ENSURE THAT INTERNATIONAL ACTIVITIES ARE EFFECTIVELY INTEGRATED INTO THE EDUCATION, RESEARCH, AND ENGAGEMENT OF OUR MEMBER INSTITUTIONS WE WORK WITH OUR INSTITUTIONS TO DEVELOP OPPORTUNITIES FOR EFFECTIVE AND INCREASE ENGAGEMENT INTERNATIONALLY WE FACILITATE OPPORTUNITIES FOR U.S. PUBLIC AND LAND-GRANT UNIVERSITIES, AMONG THE WORLD'S BEST, TO EXPAND THE VISION OF OUR STUDENTS TO MAKE THEM MORE GLOBALLY COMPETENT, TO CONDUCT INTERNATIONAL RESEARCH TO SOLVE GLOBAL PROBLEMS, AND TO BUILD THE CAPACITY OF PEOPLE AND INSTITUTIONS IN LOWINCOME COUNTRIES TO REDUCE POVERTY AND HUNGER OUR AFRICA U.S. HIGHER EDUCATION INITIATIVE HAS A SPECIAL FOCUS TO DEVELOP HUMAN AND INSTITUTIONAL CAPACITY THROUGH PARTNERSHIPS BETWEEN U.S. AND AFRICAN INSTITUTIONS OF HIGHER

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

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

| Compensated Employees, and Ind | | ntracto ' | | | | | | I | 1 | ı ı | |
|-------------------------------------|--|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|---|---|---|--|
| (A) Name and Title | Name and Title A verage hours per week (list any hours | | | | ox,ι an o | ınless fficer | i | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the | |
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099-MISC) | 2/1099-MISC) | organization and related organizations | |
| Bernadette Gray-Little Chair | 1 00 | x | | х | | | | 0 | 0 | 0 | |
| Teresa Sullivan Chair-Elect | 1 00 | х | | х | | | | 0 | 0 | 0 | |
| Mıldred Garcıa | 1 00 | | | | | | | | | - | |
| SECREtary | | X | | Х | | | | 0 | 0 | 0 | |
| James P Clements | 1 00 | х | | х | | | | 0 | 0 | 0 | |
| Jay T Akndge | 1 00 | | | | | | | | | | |
| Director | 1.00 | Х | | | | | | 0 | 0 | 0 | |
| Jeffrey D Armstrong | 1 00 | x | | | | | | 0 | 0 | 0 | |
| Director | 1 00 | | | | | | | | | | |
| Juliette Bell | | x | | | | | | 0 | 0 | 0 | |
| Director Robert Caret | 1 00 | | | | | | | | | | |
| Director | | х | | | | | | 0 | 0 | 0 | |
| Arnold B Combe | 1 00 | | | | | | | | | | |
| Director | | X | | | | | | 0 | 0 | 0 | |
| Waded Cruzado | 1 00 | | | | | | | _ | | | |
| Director | | X | | | | | | 0 | 0 | 0 | |
| Mıchael V Drake | 1 00 | х | | | | | | 0 | 0 | 0 | |
| Director | | ^ | | | | | | · · | | | |
| Juan Franco Director | 1 00 | x | | | | | | 0 | 0 | 0 | |
| Anthony Frank Director | 1 00 | х | | | | | | 0 | 0 | 0 | |
| Andrew Furco | 1 00 | | | | | | | | | | |
| Director | | X | | | | | | 0 | 0 | 0 | |
| Patrick Gallagher Director | 1 00 | х | | | | | | 0 | 0 | 0 | |
| Susan Herbst | 1 00 | | | | | | | | | | |
| Director | | х | | | | | | 0 | 0 | 0 | |
| Mark Huddleston | 1 00 | <u> </u> | | | | | | _ | | _ | |
| Director | | X | | | | | | 0 | 0 | 0 | |
| Karen Kaler Director | 1 00 | х | | | | | | 0 | 0 | 0 | |
| Renu Khator | 1 00 | х | | | | | | 0 | 0 | 0 | |
| Pradeep Khosla | 1 00 | | | | | | | | 0 | | |
| Director | | × | | | | | | 0 | 0 | 0 | |
| Richard Marchase | 1 00 | х | | | | | | 0 | 0 | 0 | |
| Tom Milligan | 1 00 | х | | | | | | 0 | 0 | 0 | |
| Director | 1.00 | | | | | | | _ | | | |
| Rısa Palm Dırector | 1 00 | x | | | | | | 0 | 0 | 0 | |
| Stacy Rastauskas Director | 1 00 | х | | | | | | 0 | 0 | 0 | |
| Edward Ray | 1 00 | х | | | | | | 0 | 0 | 0 | |
| Director | | | | | | | | | | | |

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

| Compensated Employees, and Independent Contractors | | | | | | | | | | | |
|--|--|---|-----------------------|---------|--------------|---|--|--|---|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related | erage Position (do not check rs per more than one box, unless k (list person is both an officer hours and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and | |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Ke) emplojee | rel organizer Pointer Pointer Compensated | | related organizations | | | |
| Kevin Rome Director | 1 00 | x | | | | | | 0 | 0 | 0 | |
| Satish Tripathi Director | 1 00 | х | | | | | | 0 | 0 | 0 | |
| Wim Wiewel Director | 1 00 | x | | | | | | 0 | 0 | 0 | |
| Kim Wilcox Director | 1 00 | х | | | | | | 0 | 0 | 0 | |
| Melvin Peter McPherson President | 37 50 | | | х | | | | 937,637 | 0 | 154,670 | |
| Jean Middleton Chief of Staff/Secretary | 37 50 | | | х | | | | 130,504 | 0 | 20,193 | |
| Emily van Loon CFO and Treasurer | 37 50 | | | х | | | | 160,143 | 0 | 28,478 | |
| Montage Demment VP of International Office | 37 50 | | | | х | | | 181,315 | 0 | 36,246 | |
| Howard Gobstein Executive VP | 37 50 | | | | х | | | 195,142 | 0 | 33,890 | |
| Christine Keller Vice President | 37 50 | | | | х | | | 157,316 | 0 | 21,323 | |
| Jeffrey H Lieberson Vice President | 37 50 | | | | х | | | 175,075 | 0 | 25,394 | |
| Ian Maw Vice President | 37 50 | | | | х | | | 367,536 | 0 | 29,000 | |
| Jennifer Poulakidas Vice President | 37 50 | | | | х | | | 195,157 | 0 | 24,674 | |
| Robert Michael Tanner Vice President | 37 50 | | | | х | | | 334,822 | 0 | 26,500 | |
| Shari Garmise | 37 50 | | | | | х | | 146,118 | 0 | 25,547 | |
| Mark Varner Sr Counselor | 37 50 | | | | | х | | 134,048 | 0 | 14,102 | |
| Jane Schuchardt Ex DIRECTOR, ECOP | 37 50 | | | | | х | | 177,343 | 0 | 20,247 | |
| Meaghan Duff EX DIRECTOR, PLC | 37 50 | | | | | х | | 162,089 | 0 | 28,248 | |
| Ex DIRECTOR,CARET | 37 50 | | | | | х | | 137,861 | 0 | 20,260 | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493165003426

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

| ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES | | | | | 53-0183246 | | | |
|---|---|---|----------------|---------------------------------------|------------------------|---------------------|-------------------------|-----------------------------|
| Pa | rt I | Reason for Publi | c Charity S | Status (All organiza | tions must co | mplete this p | | ons. |
| The | organi | zation is not a private fo | oundation beca | auseitis (Forlines 1 | through 11, ch | eck only one bo | ox) | |
| 1 | Γ | A church, convention | of churches, o | r association of churc | hes described i | n section 170(b | o)(1)(A)(i). | |
| 2 | Γ | A school described in | section 170(b |)(1)(A)(ii).(Attach So | hedule E (Form | 1990 or 990-E | Z)) | |
| 3 | Г | A hospital or a cooper | | | | | | |
| 4 | Г | A medical research or | | | | | |). Enter the |
| | · | hospital's name, city, | - | | · . | | | <u></u> |
| 5 | Γ | An organization opera 170(b)(1)(A)(iv). (C | | nefit of a college or un ĭ \ | iversity owned | or operated by | a governmental unit o | lescribed in section |
| 6 | Γ | A federal, state, or loc | • | , | described in se | ection 170(b)(1 | .)(A)(v). | |
| 7 | <u> </u> | An organization that n | | | | om a governme | ntal unit or from the g | eneral public |
| 8 | Г | described in section 1 A community trust des | | | | + 11) | | |
| 9 | <u>'</u> | | | ves (1) more than 33 | | | hutione mambarehin | fees and aross |
| 9 | ' | | | s exempt functions—s | | | | |
| | | | | unrelated business ta | | | | |
| | _ | _ | • | ee section 509(a)(2). | • | • | T00()(4) | |
| 10 | <u> </u> | An organization organ | | | | | | |
| 11 | ļ | An organization organ one or more publicly s | | | | | | |
| | | the box in lines 11a th | | | | | | |
| а | Γ | Type I. A supporting of | | | | | | |
| | | supported organization | | | | ty of the direct | ors or trustees of the | supporting |
| b | _ | organization You mus Type II. A supporting | | | | with its suppo | rtad arganization(s) h | w having control or |
| Ь | 1 | management of the su | | | | | | |
| | | must complete Part IV | | | same persons c | inde donieror or in | nanage the supported | organization(b) 104 |
| C | Γ | Type III functionally | | | | | | grated with, its |
| | _ | supported organization | | | | | | |
| d | 1 | Type III non-function not functionally integr | | | | | | |
| | | (see instructions) Yo | | | | | sment and an accentiv | eness requirement |
| e | Γ | Check this box if the o | | | | | s a Type I, Type II, T | ype III functionally |
| _ | | integrated, or Type II | | | | | | |
| f | Ente | r the number of support | | | | | · · · · · · · — | |
| g | | Provide the following i | nformation abo | out the supported orga | inization(s) | | | |
| | | (i) | (ii)EIN | (iii) | (iv) | | (v) | (vi) |
| Nan | ne of s | supported organization | | Type of | Is the organ | | A mount of | A mount of other |
| | | | | organization | listed in your | | monetary support | support (see |
| | | | | (described on lines 1-9 above (see | docume | nt? | (see instructions) | instructions) |
| | | | | instructions)) | | | | |
| | | | | | | | | |
| | | | | | Yes | No | | |
| | | | | | | | | |
| | | | | | | | | |
| Tota | | | | | | | | İ |

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 **(c)**2013 (d)2014 (f)Total (e)2015 (or fiscal year beginning in) 1 Gifts, grants, contributions, and 13,278,708 14,289,213 14,284,010 14,597,931 13,601,782 70,051,644 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 behalf The value of services or facilities furnished by a governmental unit to the organization without charge 13,278,708 14,289,213 14,284,010 14,597,931 13,601,782 70,051,644 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 2,267,395 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 67,784,249 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 **(c)**2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 Amounts from line 4 13,278,708 14,289,213 14,284,010 14,597,931 13,601,782 70,051,644 Gross income from interest, dividends, payments received 79,095 75,324 68,040 59,795 45,943 328,197 on securities loans, rents, royalties and income from sımılar sources 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 6,216 4,206 16,020 47,492 752 74,686 capital assets (Explain in Part VI) Total support. Add lines 7 11 70,454,527 through 10 Gross receipts from related activities, etc (see instructions) 12 12 6,805,737 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, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 96 210 % 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 15 98 460 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization **▶**▽ 33 1/3% support test -2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶**□ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning 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 nurnose 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 (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, 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 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 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. 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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

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

| Section A. All Supporting Organizations | | | |
|--|-----------------------------------|------------------------------------|-----------------------|
| I, complete Sections A and D, and complete | te Part V) | | |
| 11b of Part I, complete Sections A and C | If you checked 11c of Part I, com | iplete Sections A , D , and E If y | ou checked 11d of Par |

| | | | Yes | No |
|------------|--|-----|-----|----------|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | За | | ı |
| b | Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 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 | | ı |
| 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 | 4b | | |
| c | by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | ı |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | 9b | | |
| C | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | | |
| 0a | 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 | | l |
| | 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 | | <u> </u> |
| 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 | | |

| Pai | Supporting Organizations (continued) | | | |
|-------------|--|----|-----|----|
| Se | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | 2 | | |
| Se | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| Se | ection D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| Se | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 a b | The organization is the parent of each of its supported organizations Complete line 3 below | | | |
| 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 | | |
| Ŀ | 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. | | | |
| | 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? <i>Provide details in Part VI</i> . | 3a | | |
| Ŀ | 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.

3b

| | Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S | | | uct ions. All other |
|----------|--|----------|-------------------------|--------------------------------|
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| ! | Recoveries of prior-year distributions | 2 | | |
| | Other gross income (see instructions) | 3 | | |
| | Add lines 1 through 3 | 4 | | |
| | Depreciation and depletion | 5 | | |
| ı | 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 | | |
| , | Other expenses (see instructions) | 7 | | |
| 1 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| | | | | |
| | Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| | Subtract line 2 from line 1d | 3 | | |
| | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| | Multiply line 5 by 035 | 6 | | |
| | Recoveries of prior-year distributions | 7 | | |
| | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| | | | | |
| | Section C - Distributable Amount | | | Current Year |
| | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| | Enter 85% of line 1 | 2 | | |
| | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| | Enter greater of line 2 or line 3 | 4 | | |
| | Income tax imposed in prior year | 5 | | |
| i | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| | Check here if the current year is the organization's first as a non-functionally-instructions) | ntegrate | d Type III supporting o | rganızatıon (see |

| Type III Non-Functionally Integr | ated 509(a)(3) Suppo | rting Organizations (c | |
|---|--------------------------------|--|---|
| Section D - Distributions | | | Current Year |
| 1 Amounts paid to supported organizations to accom | | | |
| 2 A mounts paid to perform activity that directly furth excess of income from activity | | | |
| 3 Administrative expenses paid to accomplish exemp | pt purposes of supported org | anızatıons | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval re | quired) | | |
| 6 Other distributions (describe in Part VI) See instru | uctions | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| Distributions to attentive supported organizations to details in Part VI) See instructions | to which the organization is r | esponsive (provide | |
| 9 Distributable amount for 2015 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-2015 | (iii) Distributable Amount for 2015 |
| 1 Distributable amount for 2015 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions) | | | |
| 3 Excess distributions carryover, if any, to 2015 | | | |
| | | | |
| d From 2013 | | | |
| e From 2014 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2015 distributable amount | | | |
| Carryover from 2010 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2015 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2015 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (If amount greater than zero, see instructions) | | | |
| 7 Excess distributions carryover to 2016. Add lines 31 and 4c | | | |
| 8 Breakdown of line 7 | | | |
| | | | |
| c Excess from 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |

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, Part II, Line 10, Explanation of Other Income | INCOME FROM ACTIVITIES THAT ARE NOT REGULARLY CARRIED ON |

Schedule A (Form 990 or 990-EZ) 2015

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

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047 2015

DLN: 93493165003426

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ►Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

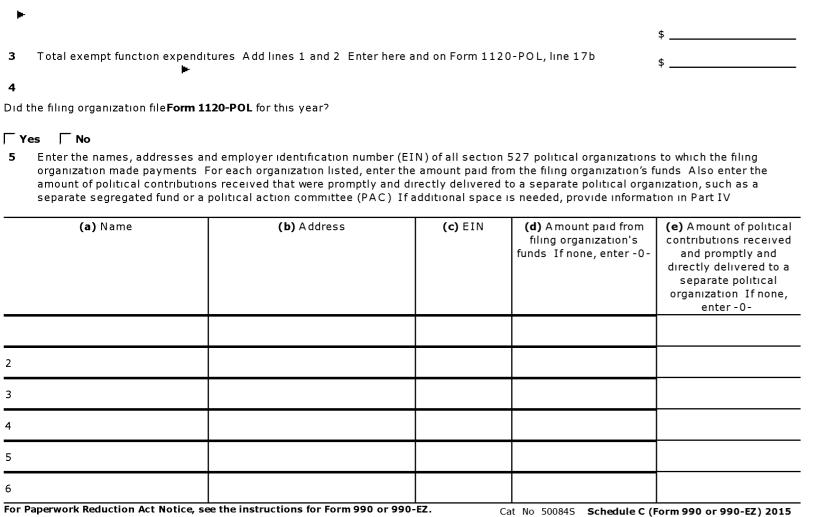
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

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

| line 35c (Proxy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations Complete Part III | | | | | | |
|---|--------------------------------|--|--|--|--|--|
| Name of the organization ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES | Employer identification number | | | | | |
| Part I-A Complete if the organization is exempt under section | 53-0183246 | | | | | |
| 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures | | | | | | |
| ▶ 3 | \$ | | | | | |

| UNIVERSIT | [55 | -0183246 |
|--------------------------|--|----------------------------------|
| art I-A | Complete if the organization is exempt under section 501(c) or is a sec | ction 527 organization. |
| L Prov | ride a description of the organization's direct and indirect political campaign activities in Part I $^{ m v}$ | <i>y</i> |
| olitical ex | xpenditures | |
| . | | |
| | | \$ |
| 3 | | |
| olunteer | hours | |
| | | |
| | | |
| art I-B | | |
| L Ente | r the amount of any excise tax incurred by the organization under section 4955 | \$ |
| 2 Ente | r the amount of any excise tax incurred by organization managers under section 4955 | \$ |
| If the | e organization incurred a section 4955 tax, did it file Form 4720 for this year? | ┌ Yes ┌ No |
| | | |
| la | | |
| as a corr | rection made? | |
| Yes | - No. | |
| | es," describe in Part IV | |
| | Complete if the organization is exempt under section 501(c), except se | ection 501(c)(3). |
| | r the amount directly expended by the filing organization for section 527 exempt function activ | |
| - | | |
| 2 | | |
| | amount of the filing organization's funds contributed to other organizations for section 527 action activities | |
| F | | |
| | | \$ |
| 3 Tota | l exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17 | b \$ |
| | ▶ | 1 |
| r ıd the filii | ng organization file Form 1120-POL for this year? | |
| | | |
| | No | |
| orga | r the names, addresses and employer identification number (EIN) of all section 527 political on nization made payments. For each organization listed, enter the amount paid from the filing orgunity of political contributions received that were promptly and directly delivered to a separate promptly deli | anızatıon's funds Also enter the |



| Schedule & (I | Offi 550 of 550 E2/2015 | raye |
|---------------|---|-------------------|
| Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Fo | rm 5768 (election |
| | under section 501(h)). | |

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

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

| Limits on Lobbying Expenditures | |
|---|--|
| (The term "expenditures" means amounts paid or incurred.) | |

(b) Affiliated (a) Filing organization's group totals totals

Total lobbying expenditures to influence public opinion (grass roots

1a lobbying)

 $oldsymbol{b}$ Total lobbying expenditures to influence a legislative body (direct lobbying)

Total lobbying expenditures (add lines 1a and 1b)

 $oldsymbol{d}$ O ther exempt purpose expenditures

Total exempt purpose expenditures (add lines 1c and 1d) ${f e}$

f Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over \$500,000 | 20% of the amount on line 1e |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| Over \$17,000,000 | \$1,000,000 |

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

Subtract line 1f from line 1c If zero or less, enter -0-

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 i reporting section 4911 tax for this year?

Yes 🗆

4-Year Averaging Period Under section 501(h)

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

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|-------|--|---------|-----------------|-----------------|------------------|------------------|
| | Calendar year (or fiscal year beginning in) | (a)2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total |
| 2a | Lobbying nontaxable amount | 924,593 | 899,074 | 1,000,000 | 887,233 | 3,710,900 |
| ь | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 5,566,350 |
| _c | Total lobbying expenditures | 375,807 | 454,853 | 446,184 | 652,557 | 1,929,401 |
| _d | Grassroots nontaxable amount | 231,148 | 224,769 | 250,000 | 221,808 | 927,725 |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,391,588 |
| f | Grassroots lobbying expenditures | 11,274 | 6,823 | | Jule C (Form 990 | 24,691 |

652,557

14,092,112

652,557

14,744,669

887,233

221,808

| | Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)). | (a) | (b) |
|-------------------------------|---|-----------------|-------------------|
| or each "Yes" r ctivity. | esponse on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | No | Amount |
| legislatio | ne year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or referendum, the use of | Yes | |
| a olunteers? | | 1 1 | ı |
| | I | | |
| b Paid staf | J ff or management (include compensation in expenses reported on lines 1c through 1i)? | | |
| c ledia advertis | ements? | | |
| | <u> </u> | | |
| d lailings to me | mbers, legislators, or the public? | | |
| I | | | |
| e Publicati | ions, or published or broadcast statements? | | |
| f Grants to | o other organizations for lobbying purposes? | | |
| g Direct co | | | 1 |
| h Rallies, o | demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | |
| i ther activitie | s? | | |
| I | | | |
| j otal Add line | s 1c through 1: | | |
| | | | |
| | activities in line 1 cause the organization to be not described in section 501(c)(3)? | | 4 |
| | enter the amount of any tax incurred under section 4912 enter the amount of any tax incurred by organization managers under section 4912 | | L |
| • | ng organization incurred a section 4912 tax, did it file Form 4720 for this year? | | |
| Part III-A | Complete if the organization is exempt under section 501(c)(4), section | 501(c)(5) | or section |
| dicili A | 501(c)(6). | | Yes No |
| 1 Were sub | ostantially all (90% or more) dues received nondeductible by members? | | 1 |
| 2 Did the o | organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 |
| 3 Did the o | organization agree to carry over lobbying and political expenditures from the prior year? | | 3 |
| Part III-B | Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered line 3, is answered "Yes." | | |
| 1 ues, assessn | nents and similar amounts from members | | |
| 1 | | | |
| | 162(e) nondeductible lobbying and political expenditures (do not include amounts of political s for which the section 527(f) tax was paid). | | |
| a urrent year | | | |
| 2a | | | |
| ь | | | |
| arryover from | last year | | |
| C C | | | |
| otal . | | | |
| 2c 3 Aggregat | te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 | sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess | | |
| oes the organ | ization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year? | | |
| | | | |
| 4 Taxable | amount of lobbying and political expenditures (see instructions) | 5 | |
| Part IV | Supplemental Information | | |
| Provide the d | escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gr | oup list), Part | II-A, lines 1 and |
| | ctions), and Part II-B, line 1 Also, complete this part for any additional information eurn Reference Explanation | | |
| | · | | 90 or 990EZ) 2015 |

DLN: 93493165003426

OMB No 1545-0047

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.

Department of the Treasury

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public

| Name of the organization ASSOCIATION OF PUBLIC AND LAND-GRANT JNIVERSITIES | | | | ntification number |
|--|---|--|-----------------------------|------------------------|
| Part I Organizations Mainta | aining Donor Advised Funds ation answered "Yes" on Form | | 53-0183246 Funds or Acco | |
| | (a) Donor advised | <u> </u> | (b) Funds ar | nd other accounts |
| Total number at end of year | | | | |
| Aggregate value of contribution year) | ns to (during | | | |
| Aggregate value of grants from | (during year) | | | |
| Aggregate value at end of year | | | | |
| | nors and donor advisors in writing the erty, subject to the organization's ex | | nor advised | ┌ Yes ┌ No |
| | intees, donors, and donor advisors i and not for the benefit of the donor penefit? | | | e |
| art III Conservation Easem | ents. Complete if the organiza | tion answered "Yes" | on Form 990, I | Part IV, line 7. |
| Preservation of land for public Protection of natural habitat Preservation of open space | nents held by the organization (chec use (e g , recreation or education) ne organization held a qualified cons ax year | Preservation of a | certified historic | structure |
| , | , | | Held | at the End of the Year |
| a Total number of conservation eas | ements | | 2a | |
| b Total acreage restricted by conse | rvation easements | | 2b | |
| Number of conservation easemen | ts on a certified historic structure ii | ncluded in (a) | 2c | |
| Number of conservation easement historic structure listed in the Na | ts included in (c) acquired after 8/1 tional Register | 7/06, and not on a | 2d | |
| Number of conservation easement tax year ► | ts modified, transferred, released, e | xtinguished, or terminat | ed by the organiz | zation during the |
| Number of states where property | subject to conservation easement is | s located ► | | |
| = | ten policy regarding the periodic mo e conservation easements it holds? | = | ndling of | ┌ Yes ┌ No |
| Staff and volunteer hours devoted year | l to monitoring, inspecting, handling | of violations, and enforc | cing conservatior | easements during the |
| • <u> </u> | | | | |
| | nonitoring, inspecting, handling of vi | olations, and enforcing o | conservation eas | ements during the year |
| | nt reported on line 2(d) above satisf | y the requirements of se | ection 170(h)(4) | Г Yes Г No |
| |) ′ ganization reports conservation eas: licable, the text of the footnote to th | | | ment, and |
| the organization's accounting for | | | | |
| | aining Collections of Art, His ation answered "Yes" on Form | | or Other Sim | illar Assets. |
| If the organization elected, as per works of art, historical treasures, | rmitted under SFAS 116 (ASC 958) or other similar assets held for public text of the footnote to its financial s |), not to report in its reve lic exhibition, education, | , or research in fu | |
| b If the organization elected, as pe | rmitted under SFAS 116 (ASC 958) or other similar assets held for pub |), to report in its revenue | statement and b | |
| (i) Revenue included on Form 990, | _ | | ▶ - \$ | |
| (ii) Assets included in Form 990, Pa | • | | - Ψ | |
| If the organization received or he | rt X Id works of art, historical treasures, reported under SFAS 116 (ASC 958 | | | provide the |
| Revenue included on Form 990. P | | , | - \$ | |

Assets included in Form 990, Part X

| Part | 3111 | Organizations Maintaining (continued) | Collections of Ar | t, Historical | Trea | sures, (| or Otl | ner Similar As | ssets | |
|------|----------------|---|---------------------------|----------------------|---------|------------------------|---------|-----------------------|------------|-----------|
| 3 | | g the organization's acquisition, acc ction items (check all that apply) | ession, and other reco | | | | | | e of its | |
| а | ГР | ublic exhibition | | d Loa | an or e | xchange ¡ | orogran | ns | | |
| b | ┌ s | Scholarly research | | e ┌ Otl | her | | | | | |
| c | ┌ P | reservation for future generations | | | | | | | | |
| 4 | Provide Part > | de a description of the organization KIII | 's collections and expl | aın how they fur | ther th | e organız | atıon's | exempt purpose | ın | |
| 5 | | g the year, did the organization sol s to be sold to raise funds rather th | | | | | | ımılar Ves | ┌ No | |
| Par | t IV | Escrow and Custodial Arra Complete if the organization Part X, line 21. | | Form 990, Par | t IV, I | line 9, oi | r repo | rted an amoun | t on For | m 990, |
| 1a | | e organization an agent, trustee, cu ded on Form 990, Part X? | stodian or other interm | edıary for contr | ıbutıon | s or othe | rasset | s not Yes | ┌ No | |
| b | If" | 'Yes," explain the arrangement in F | art XIII and complete | the following tal | ble | | Ī | Ame | ount | |
| C | Beg | ginning balance | | | | | 1c | | | |
| d | A d | ditions during the year | | | | ľ | 1d | | | |
| e | | stributions during the year | | | | | 1e | | | |
| f | | ding balance | | | | Ì | 1f | | | |
| 2a | | ne organization include an amount o | on Form 990 Part X Jur | ne 21 for escro | worch | L stodial a | | liability? Ves | □ No | |
| 24 | Dia ci | re organization merude an amount (| on rothing go, rate x, in | 10 21, 101 05010 | W 01 Cu | Stoular av | counc | nability (105 | , 110 | |
| b | If "Ye | es," explain the arrangement in Par | t XIII Check here if th | e explanation h | as hee | n provide | d in Pa | rt XIII | | Γ |
| Pai | rt V | Endowment Funds. Comple | | | | | | | | |
| | | | (a)Current year | (b)Prior year | | wo years b | |)Three years back | (e)Four ye | ears back |
| 1a | Begir | nning of year balance | 1,650,063 | 1,635,986 | | 1,610, | 542 | 1,569,899 | | 1,563,313 |
| b | Conti | ributions | | | | | | | | |
| | | | | | | | | | | |
| C | | nvestment earnings, gains, and | 28,705 | 77,677 | | 90. | 679 | 110,786 | | 50,829 |
| | losse | | | | | | | | | , |
| d | | ts or scholarships | | | | | | | | |
| е | Othe | r expenditures for facilities orograms | 60,998 | 63,600 | | 65, | 235 | 70,143 | | 44,243 |
| f | • A dmi | nistrative expenses | | | | | | | | |
| g | | of year balance | 1,617,770 | 1,650,063 | | 1,635, | 986 | 1,610,542 | | 1,569,899 |
| 3 | • | | | | | | | | | |
| 2 | Provi | de the estimated percentage of the | current year end balan | ice (line 1g, coli | umn (a |)) held as | | | | |
| а | Board | d designated or quasi-endowment 🕨 | 0 % | | | | | | | |
| ь | | anent endowment ► 92 720 % | | | | | | | | |
| c | Temp | porarily restricted endowment Forecaster or lines 2a, 2b, and 2c | 7 280 % | | | | | | | |
| За | A re th | here endowment funds not in the police | | zatıon that are h | ield an | d admınıs | tered f | or the | Yes | No |
| | (i) un | related organizations | | | | | | 3a | (i) | No |
| | (ii) re | elated organizations | | | | | | 3a | (ii) | No |
| b | If"Ye | es" on 3a(II), are the related organi | zations listed as require | ed on Schedule | R? . | | | 3 | b | |
| 4 | Desci | ribe in Part XIII the intended uses | | ndowment funds | | | | | | |
| Par | t VI | Land, Buildings, and Equip | | 000 5 . | | | _ | 000 5 11 | | |
| | | Complete if the organization Description of property | answered Yes to Fo | orm 990, Part (a) | 1V, III | <u>1е 11а.S</u> (b) | ee ro | Accumulated | | k value |
| | | Description of property | | Cost or other | | Cost or oth | | (c) depreciation | (3,500 | aiac |
| 1- | امتا | | | (investmer | IL) | (othe | | | - | 1 221 250 |
| | | | | • | | • | 331,256 | 4.054.51 | | 1,331,256 |
| | Buildin | | | • | | | 115,486 | 1,354,84 | | 1,760,640 |
| | | nold improvements | | - | | | 190,227 | 190,22 | | 167.226 |
| | | nent | | | | | 718,937 | 551,70 | 1 | 167,236 |
| ~ | Orner | | | -1 | | | | i | 1 | |

3,259,132

| Part VII Investments—Other Securities. Cor See Form 990, Part X, line 12. | mplete if the organ | ızatıon answered 'Yes | on Form 990, Part IV, line 11b. |
|--|-------------------------|---------------------------|---------------------------------------|
| (a) Description of security or category | | (b) Book value | (c)Method of valuation |
| (including name of security) (1)Financial derivatives | | | Cost or end-of-year market value |
| (2)Closely-held equity interests (3)Other | | | |
| (A) Investments- securities | | 4,892,192 | F |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | Þ | 4,892,192 | |
| Part VIII Investments—Program Related. Complete if the organization answered | 'Yes' on Form 990 | . Part IV. line 11c.co | Sorm 000 Part V June 12 |
| (a) Description of investment | 100 011101111330 | (b) Book value | (c) Method of valuation |
| | | | Cost or end-of-year market value |
| | | | |
| | | | |
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| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization | n answered 'Yes' on F | orm 990, Part IV, line 1 | 1d See Form 990, Part X, line 15 |
| (a) Descr | ription | | (b) Book value |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Tabal (Column (b) much agual Farm 000, Darb V, col (B) line 1 | <i>E</i>) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. Complete if the orga | | 'Yes' on Form 990, P | |
| See Form 990, Part X, line 25. 1. (a) Description of liability | (b) Book value | | |
| | (_, | \dashv | |
| Federal income taxes | | \dashv | |
| Deferred Compensation | 201,2 | 99 | |
| | | | |
| | | | |
| | | | |
| | | \dashv | |
| | 1 | \dashv | |
| | | _ | |
| | | | |
| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | ▶ 201,2 | 99 | |
| 2. Liability for uncertain tax positions. In Part XIII, provid | e the text of the footn | ote to the organization's | financial statements that reports the |

| Par | | Revenue per Audited Financial Statements Wi anization answered 'Yes' on Form 990, Part IV, line | | er Return |
|--------|--|--|---|-----------------------------|
| 1 | • | ner support per audited financial statements | | 1 15,414,799 |
| 2 | A mounts included on line 1 b | out not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains (losses | on investments 2a | 68,351 | |
| b | Donated services and use of | facilities 2b | | |
| c | Recoveries of prior year gran | ts 2c | | |
| d | Other (Describe in Part XIII |) | | |
| e | Add lines $2a$ through $2d$. | . | | 2e 68,351 |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$ | | | 3 15,346,448 |
| 4 | Amounts included on Form 9 | 90, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not inc | cluded on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIII |) | | |
| C | Add lines 4a and 4b | | · L | 4c 0 |
| 5 | | nd 4c. (This must equal Form 990, Part I, line 12) | | 5 15,346,448 |
| Par | | Expenses per Audited Financial Statements Wanization answered 'Yes' on Form 990, Part IV, line | | per Return. |
| 1 | Total expenses and losses p | er audited financial statements | | 1 14,744,669 |
| 2 | Amounts included on line 1 b | out not on Form 990, Part IX, line 25 | | |
| а | Donated services and use of | facilities | | |
| b | Prior year adjustments . | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII |) | | |
| e | Add lines $2a$ through $2d$. | | · · L | 2e 0 |
| 3 | Subtract line 2e from line 1 | | | 3 14,744,669 |
| 4 | Amounts included on Form 9 | 90, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not inc | cluded on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII |) | | |
| C | Add lines 4a and 4b | | · · | 4c 0 |
| 5 | Total expenses Add lines 3 | and 4c. (This must equal Form 990, Part I, line 18) | | 5 14,744,669 |
| | t XIII Supplemental In | | | |
| Part | vide the descriptions required for V, line 4, Part X, line 2, Part X rmation | or Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV I, lines 2d and 4b, and Part XII, lines 2d and 4b Also com | , lines 1b and 2b plete this part to | , provide any additional |
| | Return Reference | Explanation | | |
| Part \ | √, Line 4 | THE ASSOCIATION'S ENDOWMENT CONSISTS OF FOR ASSOCIATION FOR RECOGNIZING AND REWARDING | | |

| ASSOCIATION FOR RECOGNIZING AND REWARDING PUBLIC UNIVERSITY FACULTY AND EXTERNAL PARTNERS FOR OUTSTANDING PARTNERSHIPS THAT EMBRACE PUBLIC UNIVERSITY ENGAGEMENT WITH THEIR CONSTITUENTS THE ENDOWMENT IS DONOR-RESTRICTED TO BE HELD IN PERPETUITY TO GENERATE RETURNS TO PROVIDE FOR TWO ANNUAL SETS OF AWARDS |
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| |
| Schedule D (Form 990) 2015 |

| Part XIII Supplemental Info | Part XIII Supplemental Information (continued) | | | | | |
|-----------------------------|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | |
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Schedule D (Form 990) 2015

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

(Form 990)

Department of the

Internal Revenue Service

Treasury

Grants and Other Assistance to Organizations,

Governments and Individuals in the United States

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

Attach to Form 990.

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

DLN: 93493165003426OMB No 1545-0047

2015

Open to Public Inspection

| Name of the organization | Employer identification number | | | | | | |
|--|--------------------------------|----------------------------------|------------------------------|---|---|--|--------------------------------------|
| ASSOCIATION OF PUBLIC AND LAN JNIVERSITIES | 53-0183246 | | | | | | |
| Part I General Information | n on Grants an | d Assistance | | | | | |
| Does the organization maintain rethe selection criteria used to aw Describe in Part IV the organization | ard the grants or as | ssistance? | | | | tance, and | ΓYes Γ |
| Part III Grants and Other Assista that received more than \$ | | | | plete if the organization | answered "Yes" on F | orm 990, Part IV, line 21 | ., for any recipient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grad or assistance |
| See Additional Data Table | | | | | | | |
| | | | | | | | |
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| Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed | | | | | | | | |
|--|----------------------------------|--------------------------|-----------------------------------|--|-------------------------------------|--|--|--|
| (a)Type of grant or assistance | (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistan | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 1 | | İ | | | | | |

| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | | | | | | | | |
|---|--|--|--|--|--|--|----------------------------|--|
| Return Reference Explanation | | | | | | | | |
| | | | | | | | Schedule I (Form 990) 2015 | |

Additional Data

Software ID:

Software Version:

EIN: 53-0183246

Name: ASSOCIATION OF PUBLIC AND LAND-GRANT

UNIVERSITIES

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|------------------------------|---|---|--|---------------------------------------|
| Florida International University 11200 SW 8th St MARC 430 Miami,FL 33199 | 65-0177616 | 115 | 245,000 | | | | Program Support |
| The University of Akron Office of Research Administration Akron,OH 443252102 | 34-6002924 | 115 | 125,000 | | | | Program Support |
| California State University Fresno Foundation 4910 N Chestnut Ave Fresno, CA 93726 | 94-6003272 | 501c3 | 125,000 | | | | Program Support |

| Form 990,Schedule I, Par | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|---|----------------------------------|------------------------------------|---|--|--|---------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | 1 | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| Temple University Broad and Montgomery Street Philadelphia, PA 19122 | 23-1365971 | 115 | 125,000 | | | | Program Support | | |
| Georgia State University Research Foundation Inc PO Box 3961 Atlanta, GA 303023961 | 58-1845423 | 501c3 | 195,000 | | | | Program Support | | |
| South Dakota State University c/o CES Director NFA 249 Box 2207D Brookings,SD 57007 | 46-6000364 | 115 | 136,571 | | | | Program Support | | |

| Form 990,Schedule I, Par | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|---|----------------------------------|------------------------------|-------|---|--|------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | 1 3 2 | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| University of Illinois at Chicago The Board of Trustees of the University of Illinois University o Springfield, IL 627080787 | 37-6000511 | 115 | 112,500 | | | | Program Support | | |
| Changing Our World 220 East 42nd St 5th Fl New York, NY 10017 | 51-0391594 | For-Profit | 40,000 | | | | Program Support | | |
| AASCU 1307 New York Ave NW 5th FI Washington, DC 20005 | 52-0747578 | 501c3 | 25,000 | | | | Program Support | | |

| Form 990,Schedule I, Par | Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | | |
|---|---|----------------------------------|------------------------------|-------|---|--|------------------------------------|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | 1 3 5 | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | | |
| UC Regents 3005 Moore Hall Box 951521 Los Angeles, CA 900951521 | 95-6006143 | 501c3 | 21,000 | | | | Program Support | | |
| The Ohio State University Extension College of Food Agricultural and Environmental Sciences Finance Offi Columbus, OH 43210 | 31-6025986 | 501c3 | 15,000 | | | | Program Support | | |
| San Jose State University One Washington Square Tower Hall 207 San Jose, CA 95192 | 94-6017638 | 115 | 22,500 | | | | Program Support | | |

| Form 990,Schedule I, Par | t II, Grants and | Other Assistance | e to Domestic Orga | anizations and D | omestic Governme | nts. | |
|--|------------------|---|--------------------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Morgan State University Attn Tiffany Beth Mfume DrPH Office of Student Success and Retention 17 Baltimore, MD 21251 | 23-7089143 | 115 | 15,000 | | | | Program Support |
| University of Louisville Foundation Inc 215 Central Ste 304 Louisville, KY 40208 | 61-1029626 | 501c3 | 10,000 | | | | Program Support |
| Texas Tech University 2500 Broadway Box 42005 Lubbock,TX 794092005 | 75-6002622 | 115 | 9,500 | | | | Program Support |

| Form 990, Schedule I, Par | t II, Grants and | Other Assistance | e to Domestic Orga | anizations and D | omestic Governme | nts. | |
|--|------------------|---|------------------------------|------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | 1 3 5 | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| University of Minnesota 202 Morrill Hall 100 Church St SE Minneapolis, MN 554550100 | 41-6007513 | 115 | 7,500 | | | | Program Support |
| University of New Hamphsire 105 Main St Thompson Hall Durham, NH 03824 | 02-6000937 | 115 | 7,500 | | | | Program Support |
| UC Boulder 3100 Marine St Rm 479 572 UCB Boulder, CO 803031058 | 84-6000555 | 115 | 46,011 | | | | Program Support |

| Form 990, Schedule I, Par | t II, Grants and | Other Assistance | e to Domestic Orga | anizations and D | omestic Governme | nts. | |
|--|------------------|---|--------------------------------------|------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | • • | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Association of American Veterinary Medical Colleges 1101 Vermont Ave NW Ste 301 Washington, DC 20005 | 36-6144553 | 501c3 | 8,568 | | | | Program Support |
| Cleveland State University 2121 Euclid Ave Cleveland,OH 44115 | 34-0966056 | 115 | 10,000 | | | | Program Support |
| Georgia State University PO Box 3999 Atlanta, GA 303023999 | 58-6002050 | 115 | 50,000 | | | | Program Support |

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DLN: 93493165003426

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

UNIVERSITIES

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

2015

Open to Public Inspection

Internal Revenue Service Name of the organization ASSOCIATION OF PUBLIC AND LAND-GRANT

Employer identification number

53-0183246

| Ċ | Questions Regarding Compensation | | | |
|----|--|----------|------|----|
| _ | | | Yes | No |
| 1a | Check the appropiate box(es) if the organization provided any of the following to or for a person listed on 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 | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| | | | | |
| b | 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 | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all | | 1.00 | |
| _ | directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | No |
| | | | | |
| 3 | 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 | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization |] | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Νo |
| C | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | 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. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the revenues of | | | |
| а | The organization? | 5a | | Νo |
| b | Any related organization? | 5b | | No |
| | If "Yes," on line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| а | The organization? | 6a | | No |
| ь | | 6b | | No |
| | If "Yes," on line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | 7 | Yes | |
| 8 | Were any amounts reported on 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 | | Νo |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | Q | | |

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 on 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 o | f W-2 and/or 1099-MI | SC compensation | (C) Retirement and | ` ' | (E) Total of columns | • • |
|---------------------------|--------------------------|---|---|--------------------------------|----------|----------------------|--|
| | Base (i) compensation | (ii) Bonus & Incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | column(B) reported as deferred on prior Form 990 |
| See Additional Data Table | | | | | | | |

Schedule J (Form 990) 2015

Part I, Line 7

Schedule J, Compensation

Part III Supplemental Information

metrics

INSTALLMENTS OVER THE PREVIOUS 5-YEAR PERIOD

Return Reference

Part I, Line 1a

Part I, Line 1b

REIMBURSEMENT AND PROVISION OF THE EXPENSES LISTED IN SCHEDULE J, PART 1, LINE 1A IS DETERMINED BY THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE AS A PART OF THEIR DELIBERATIONS ON AN OVERALL PACKAGE FOR THE ASSOCIATION'S PRESIDENT AS SUCH, NO FORMAL POLICY EXISTS THAT MANDATES WHICH, IF ANY, OF THESE EXPENSES ARE REQUIRED TO BE INCLUDED THE COMMITTEE DOES CONSIDER THE COMPENSATION PACKAGES PROVIDED TO THE OTHER ASSOCIATIONS THAT COMPRISE THE "SIX,"

A GROUPING OF THE SIX MOST SIGNIFICANT ASSOCIATIONS FOR HIGHER EDUCATION OF WHICH APLU IS ONE

Bonuses are provided to certain employees, and are merit based to recognize stellar performance. The bonuses are determined using the feedback of the supervisor. For management positions, the bonus is determined by the President using performance reviews, portfolio, and scope of accountability as

THE PRESIDENT EARNED A RETENTION BONUS OF \$453,346, WHICH WAS PAID IN 2015 THIS BONUS WAS EARNED IN EQUAL

Schedule J (Form 990) 2015

Software ID: **Software Version:**

EIN: 53-0183246

Name: ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES

| (A) Name and Title | | (B) Breakdown of | f W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) 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 on prior Form 990 |
| 1 Melvin Peter McPherson President | (1) | 415,634 | 453,346 | 68,657 | 140,721 | 24,885 | 1,103,243 | 90,600 |
| | (11) | - | | - | - | | | |
| 1 Jean Middleton | (1) | 130,130 | 0 | 374 | 12,878 | 14,153 | 157,535 | 0 |
| Chief of Staff/Secretary | (11) | |] | | | | | |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 Emily van Loon CFO and Treasurer | (1) | | 5,000 | 2,143 | 16,029 | 18,300 | 194,472 | 0 |
| | (11) | 0 | - | 0 | - | - | - 0 | -0 |
| 3Montage Demment VP of International Office | (1) | 170,404 | 4,000 | 6,911 | 18,130 | 24,710 | 224,155 | 0 |
| VP 01 IIIternational office | (11) | | | | | | | |
| 4Howard Gobstein | (1) | 190,766 | 3,000 | 0 | 10.941 | 10.815 | 224.808 | 0 |
| Executive VP | | | 2,000 | 2,376 | 19,941 | 19,815 | 234,898 | |
| | (11) | 0 | | 0 | 0 | - 0 | - 0 | 0 |
| 5 Christine Keller Vice President | (1) | 154,194 | 3,000 | 122 | 15,503 | 10,188 | 183,007 | 0 |
| | (11) | | | - | | | _ | |
| 6 Jeffrey H Lieberson | (1) | 169,753 | 5,000 | 322 | 0 17,420 | 13,384 | 205,879 | 0 |
| Vice President | (11) | | | | | | | |
| | | 0 | | 0 | 0 | 0 | 0 | 0 |
| 7 Ian MawVice President | (1) | 330,536 | 37,000 | 0 | 26,500 | 8,777 | 402,813 | 0 |
| | (11) | - | - | - | - | - | - | |
| 8 Jennifer Poulakidas Vice President | (1) | 192,617 | 2,000 | 540 | 19,580 | 10,528 | 225,265 | 0 |
| Vice President | (11) | | | | | | | |
| 9 Robert Michael Tanner | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 Robert Michael Tanner Vice President | (1) | | 0 | 4,572 | 26,500 | 3,983 | 365,305 | 0 |
| | (11) | 0 | - | 0 | - | - 0 | 0 | - C |
| 10Shari Garmise Vice President | (1) | 145,860 | 0 | 258 | 15,064 | 15,099 | 176,281 | 0 |
| VICE I TOSIGETE | (11) | | | | | | | |
| 11Mark VarnerSr Counselor | (1) | 130,364 | 3,000 | 1 694 | 12.142 | 6.528 | 152.719 | 0 |
| de de l'Orient Constant | | | 2,000 | 1,684 | 13,142 | 6,528 | 153,718 | 0 |
| | (11) | 0 | | 0 | 0 | 0 | 0 | C |
| 12Jane Schuchardt Ex DIRECTOR, ECOP | (1) | 174,967 | 0 | 2,376 | 17,747 | 6,962 | 202,052 | 0 |
| | (11) | | | | | | | |
| 13Meaghan Duff | (1) | 147,089 | 15,000 | 0 | 0 15,965 | 22,066 | 200,120 | 0 |
| EX DIRÉCTOR, PLC | (11) | | | | | | | |
| | | 0 | 0 | 0 | 0 | 0 | 0 | C |
| 14 Eddie Gouge Ex DIRECTOR,CARET | (1) | 133,596 | 2,500 | 1,765 | 13,645 | 13,207 | 164,713 | C |
| | (11) | - | | | | | | |
| 1 | | , 0, | 0 | 0 | 0 | 0 | 0 | 0 |

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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.

OMB No 1545-0047

2015

Open to Public Inspection

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

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Section A, line 6 | The Association shall have one class of members, unless otherwise determined by the board. Members shall not have the right to vote, except as part of their membership on Association Boards, Commissions, Committees and Councils described below. All members of the Association shall consist of institutions of higher education, each of which qualifies under Section 115(a) of the Internal Revenue Code of 1986, or is exempt from Federal income taxation under Section 501(a) of such Codes as an organization described in Section 501(c)(3) of such Code, and is an organization described in Section 509(a)(1), (2), or (3) of such Codes (or the corresponding provisions of any future United States internal revenue law.), and which meet the following additional criteria. 1 Automatic Membership Public universities or colleges that meet at least one of the following three criteria are qualified for A.P.L.U. membership without formal action by the Board of Directors (a) Institution is a Land Grant institution (1862, 1890, 1994) (b) Institution is classified in one of two Basic Classification categories from the 2005 Carnegie Classification of Instructional Programs (Source 2005 Carnegie edition). Research (Very High) Research (High) (c) Institution is a current A.P.L.U. member in good standing. 2. Presumptive Membership Institutions that do not meet the criteria above may qualify for membership by meeting the research criteria below. (a) and two of the three additional criteria (b, c, or d). Institutions will then be considered for membership by the A.P.L.U. Board of Directors and must be approved by the Board. |

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

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

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

| Return Reference | Explanation |
|---------------------------------------|--|
| Form 990, Part VI, Section C, line 19 | THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST |

| Return Reference | Explanation |
|--------------------------------|--|
| Form 990, Part IX, line 11g | PROFESSIONAL FEES - OTHER Program service expenses 38,897 Management and general expenses 63,819 Fundraising expenses 0 Total expenses 102,716 TEMPORARY HELP Program service expenses 30,197 Management and general expenses 783 Fundraising expenses 0 Total expenses 30,980 CONSULTANTS Program service expenses 2,123,610 Management and general expenses 27,685 Fundraising expenses 0 Total expenses 2,151,295 |

| Return Reference | Explanation |
|-----------------------------|---|
| Form 990, Part XII, Line 2c | The audit oversight process has remained unchanged from the previous year |