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DLN: 93493203002346

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

			lendar year, or tax year l C Name of organization	beginning 01-01-2015 , and endin	ng 12-31-20	15				
		applicable change	AMERICAN ASSOCIATION C	OF COMMUNITY				D Employer identification number 53-0196569		
Г Na	ime ch	nange	Doing business as							
┌ In	itial ret	turn		E Telepi	E Telephone number (202) 728-0200					
	turn/te	erminated	Number and street (or P O ONE DUPONT CIRCLE NW	· ·						
Amended return Application pending			City or town, state or prov WASHINGTON, DC 20036	G Gross	receipts	s \$ 25,118,745				
			F Name and addres RAMSAY R JOHNSO ONE DUPONT CIRC WASHINGTON, DC	N JR LE NW NO 400		H(b) A	s this a grou subordinates Are all subord ncluded?	dinates	「Yes √No 「Yes 「No	
I Ta	ax-exe	empt status	501(c)(3) 501(c)	() ◀ (insert no)	527		r No, attac Group exemp		t (see instructions)	
J W	/ebsit	te:► WV	WW AACC NCHE EDU				Group exemp	, (1011 111	umber F	
K For	m of o	organization	Corporation Trust	Association Other -		 Vear	of formation 1	920	M State of legal domicile DC	
	irt I		ımary	ASSOCIATION (Other F		E rear	or formation 1	320	11 State of legal dofficie. De	
Governance		THESE II	NSTITUTIONS DELIVER UALS, ORGANIZATION	OVIDE SERVICES IN SUPPORT (ACCESSIBLE EDUCATIONAL O S AND COMMUNITIES FORMING ation discontinued its operations of	PPORTUN THEIR CO	ITIES DES	SIGNED TO A	A D D R I	ESS THE NEEDS OF	
ණ නේ	-		me sex r m and organiza		Папорозов	01 111010 011	un 20 % on it.			
Activities &			-	governing body (Part VI, line 1a)				3	32	
Ĕ				mbers of the governing body (Part				5	32	
Ş		5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)							58	
				from Part VIII, column (C), line 1:				6 7a	417,544	
				come from Form 990-T, line 34				7b	117,544	
				· · · · · · · · · · · · · · · · · · ·			Prior Year		Current Year	
	8	Contr	ributions and grants (Part	VIII, line 1h)			7,605	,649	10,665,577	
ПЩe	9	Progr	am service revenue (Part	VIII, line 2g)			9,283	,206	9,471,644	
Revenue	10		·	, column (A), lines 3, 4, and 7d)				,070	177,839	
	11 Other revenue (Part VIII, column (A), li 12 Total revenue—add lines 8 through 11 (191 17,406	,905 ,830	184,922		
	13	12) Grant	s and similar amounts pa	ıd (Part IX, column (A), lines 1-3)		1,499	.090	1,571,549	
	14			s (Part IX, column (A), line 4)				0	0	
8	15		ies, other compensation,	employee benefits (Part IX, column			6,670,090		6,437,463	
Expenses	16a	Profe	ssional fundraising fees (Part IX, column (A), line 11e) .				0	0	
五	b		undraising expenses (Part IX, c							
	17			mn (A), lines 11a-11d, 11f-24e)		•	8,441		9,887,437	
	18			17 (must equal Part IX, column (A act line 18 from line 12			16,610	,481	17,896,449	
Net Assets or Fund Balances							ing of Current		End of Year	
ess Basa	20	Total	assets (Part X, line 16)				17,503	,640	19,514,765	
골	21		liabilities (Part X, line 26			·	8,814		8,376,233	
	22		ssets or fund balances S	8,689	,553	11,138,532				
Unde my k	nowle	nalties of edge and		nave examined this return, includin and complete Declaration of prepa						
		***					2016-07-21			
Sigı Her		RAM	nature of officer ISAY R JOHNSON JR SENIOR V e or print name and title	P & CFO			Date			
	۲ 		Print/Type preparer's name WILLIAM A SEYMOUR	Preparer's signature WILLIAM A SEYMOUR		Date 2016-07-20	Check if self-employed	PTIN P006	44232	
Pai	a par	. h	Firm's name 🕨 SB & COMPAI	NY LLC			Firm's EIN 🕨		3727	
	:par e Or	I	Fırm's address 🟲 200 INTERNA	TIONAL CIRCLE SUITE 5500			Phone no (41	.0) 584-	0060	
US	, U	iiy	HUNT VALLEY,	, MD 21030						

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

. ▼Yes 「No

	· · · · · · · · · · · · · · · · · · ·				
Par		_	ervice Accomplishment		
			response or note to any line ii	n this Part III	<u> </u>
1	Briefly describe the	-			
BUIL	DING A NATION OF	LEARNERS BY A	OVANCING AMERICA'S COM	1MUNITY COLLEGES	
2			nıfıcant program services duri	ng the year which were not listed o	on
	If "Yes," describe th	ese new services (on Schedule O		
3	Did the organization services?		or make significant changes	ın how ıt conducts, any program	
	If "Yes," describe the	ese changes on So	hedule O		
4	expenses Section 5	01(c)(3) and 501(ch of its three largest program ser ed to report the amount of grants a orted	
4a	(Code) (Expenses \$	6,462,634 including gr	ants of \$ 1,571,549) (Reven	ue \$)
			AL POINT FOR FUNDS USED TO PRO RIOUS ELEMENTS OF THE NATION'S	VIDE OPPORTUNITIES FOR MEMBER COLL COMMUNITY COLLEGE SYSTEM	EGES, AACC PARTICIPATES IN A
4b	(Code) (Expenses \$	1,383,365 including gr	ants of \$) (Revenu	e \$)
	DEEPLYINVOLVED IN LEAREPRESENTATIVE TO AL BOARD OF DIRECTORS A ISSUES AND TRENDS AN	ADING AACC'S SERVICI LOF ITS INTERNAL ANI ANDFIVE COMMITTEES ND HIGHEREDUCATION	EAND ADVOCACY AGENDA TRAVELIN DEXTERNAL CONSTITUENCIES AND TO OF THE BOARD ARE ENGAGED THRO IN GENERAL THEIR PRIMARY FUNC	STRATEGIC AND PROGRAMMATIC HUB OF NG UP TO50% OF THE TIME, THE PRESIDE THE "FACE" OF AACCWITHIN HIGHER EDUCHOUT THE YEAR TO DISCUSSISSUES FOR TO IS TO PROVIDE DIRECTION TOTHE INTERAL OVERSIGHT TO THE BUSINESS OPE	ENT IS AACC'S PRIMARY ICATION AND TO POLICYMAKERS THE RELATED TO KEY COMMUNITY COLLEGE PRESIDENT IN THE AREAS OF
	(Code) (Expenses \$	1,863,959 including gr	ants of \$) (Revenu	e \$ 2,198,638)
-10	ANNUAL CONVENTION - OF "BUILDING A NATION	THE AACC ANNUAL CO	ONVENTION IS THE LARGEST ANNUAL VANCING AMERICA'S COMMUNITY CO	CONVENING OF COMMUNITY COLLEGE LE DLLEGES " THE EVENT IS THE MOST VISIBL DR ADMINISTRATORS, BUSINESS SUPPORT	EADERS AND SUPPORTS AACC'S MISSION E ACTIVITY FOR BEST PRACTICES,
	See Additional Data	<u> </u>			
4d	Other program serv	ices (Describe in	Schedule O)		
	(Expenses \$	5,157,606	including grants of \$) (Revenue \$	7,039,176)
4e	Total program servi	ce expenses 🗠	14,867,564		

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Par	t IV Checklist of Required Schedules			
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
	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		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 😼	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
D	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? <i>If</i> "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?	20h		1

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				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	

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Par	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 102			
	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	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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		
	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		
C	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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	1		
h	required?	7g 7h		
8	Form 1098-C?	711		
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
b	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states	13a		
_	The which the organization is needs to issue qualified fleath plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		1,10

Part VI Governance, Management, and Disclosure

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	32			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	32			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?	_		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	ıl by) ı	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction B. Policies (This Section B requests information about policies not	requ	ired by the Internal R	eveni	ıe Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organizati			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	ts gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this ${\sf F}$	orm 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$			12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annual rise to conflicts?	ly inte	erests that could give	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," describe</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?			13	Yes	
14	Did the organization have a written document retention and destruction policy? $\ \ .$			14	Yes	
15	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the					
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
b	Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$			15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	orsım • •	llar arrangement with a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organ participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b		
Se	ction C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed▶ NY					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable (3)s only) available for public inspection. Indicate how you made these available Cf. Own website. Another's website. Upon request. Other (explain in School)	heck a edule	ill that apply O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing	docu	ments, conflict of			

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	more t perso	tion (han d in is l	one b both	ox, an c	heck unless officer stee)	i	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(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		MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2015)

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

N a	(A) ame and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	an o	officer stee)	Former	(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 related organizations
				Φ			2				
See Additional	Data Table										
					\vdash						
					_						
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					<u> </u>						
					\vdash						
1h Cul T-	*-I						<u> </u>		<u> </u>	<u> </u>	
1b Sub-To	rom continuation sheet	sto Part VII. S	· · · ection A	٠.	• •						
	add lines 1b and 1c) .	-					-		1,973,365	0	350,583
2 Total n	umber of individuals (in	cluding but not	limited	to the	se I	ıste	d abov	e) wl	no received more th	an	

			Yes
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee		
	on line 1 a? If "Yes," complete Schedule J for such individual	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such		
	ındıvıdual	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for		
	services rendered to the organization? If "Yes," complete Schedule I for such person	5	

	Yes	No
3		Νo
4	Yes	
5		No

Section B. Independent Contractors

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
AMERICAN COUNCIL ON EDUCATION	LEASED OFFICE SPACE	828,659
ONE DUPONT CIRCLE NW		
WASHINGTON, DC 20036		
OMNI SHOREHAM HOTEL	CONVENTION LODGING	448,102
2500 CALVERT ST NW		
WASHINGTON, DC 20008		
MCMURRYTMG LLC	EDITORIAL, DESIGN, AND PRODUCTION SERVIC	409,519
228 E 45TH STREET SUITE 701		
NEW YORK, NY 10017		
MARRIOTT BUSINESS SERVICES	CONVENTION LODGING	342,658
10400 FERNWOOD ROAD		
BETHESDA, MD 20817		
GRAND HYATT SAN ANTONIO	ANNUAL CONVENTION	297,008
600 E MARKET ST		
SAN ANTONIO, TX 78205		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization $ilde{\blacktriangleright}$ 9

Part V	/ ## 1	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if Schedu	ile O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
2 2	1a	Federated camp	paigns 1a									
ant	ь	Membership du	es 1b									
ons, Gifts, Grants Similar Amounts	с	Fundraising eve	ents 1c									
ifts, ar A	d	Related organiz	ations 1d									
, G nii	e	Government grants	(contributions) 1e	1,427,798								
ons Sir	f	All other contributio	ons, gifts, grants, and 1f	9,237,779								
nuti her	'	sımılar amounts no	t ıncluded above									
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution 1a-1f \$	ons included in lines									
Con	h	Total. Add lines	1a-1f		10,665,577							
				Business Code								
emu	2a	MEMBERSHIP DUES	5	900099	6,133,042	6,133,042						
Res	ь	ANNUAL CONVENTI	ON	900099	2,198,638	2,198,638						
Program Serwce Revenue	С	PROF DEV WORKS	HOPS	900099	672,720	672,720						
	d	PUBLICATIONS		541800	467,244	49,700	417,544					
in s	е											
>(Jra	f	All other progra	m service revenue									
Ě	g	Total. Add lines	2a-2f	🛌	9,471,644							
	3		ome (ıncludıng dıvıden		198,813			198,81				
	4		ar amounts) tment of tax-exempt bond	<u></u>								
	5			`								
		, I	(ı) Real	(II) Personal								
	6a	Gross rents	39,672									
	ь	Less rental	38,461									
	l c	expenses Rental income	1,211									
		or (loss)	•		1,211			1,21				
	d	Net rental incor	me or (loss) (I) Securities	▶ - (II) Other	1,211			1,21				
	7a	Gross amount from sales of assets other than inventory	4,559,328	(ii) o thei								
	ь	Less cost or other basis and sales expenses	4,580,302									
	C	Gain or (loss) Net gain or (los	-20,974 s)		-20,974			-20,974				
venue	8a	Gross income frevents (not incl	rom fundraising uding	· · · · •	25/37			20,57				
Other Revenue		of contributions See Part IV, lin	reported on line 1c) e 18 a									
ō			penses b	avants.								
	9a			events 🕦								
		Loca dimenti	a									
			penses b loss) from gaming activ	vities								
		Gross sales of i	nventory, less wances									
	ь	Less cost of go	a oods sold b									
			loss) from sales of inve	entory 🛌								
		Miscellaneous	-	Business Code								
	11a	MISCELLANEO	US	900099	183,711	183,711						
	b											
	С											
	d	All other revenu	ie									
	e	Total. Add lines	11a-11d	▶	183,711							
	12	Total revenue.	See Instructions	· · · · •	20,499,982	9,237,811	417,544	179,050				

Form 990 (2015) Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	atıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in t	his Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,571,549	1,571,549		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,959,832	2,848,457	106,195	5,180
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,326,190	1,274,449	47,513	4,228
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	506,659	422,005	83,542	1,112
9	Other employee benefits	1,327,451	1,105,657	218,880	2,914
10	Payroll taxes	317,331	264,310	52,324	697
11	Fees for services (non-employees)				
а	Management				
b	Legal	128,392		128,392	
C	Accounting	42,976		42,976	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	42,663		42,663	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,797,409	2,355,422	368,037	73,950
12	Advertising and promotion				
13	Office expenses	1,251,642	876,274	374,411	957
14	Information technology				
15	Royalties				
16	Occupancy	791,688		791,688	
17	Travel	630,393	596,445	31,229	2,719
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,341,830	1,329,629	3,914	8,287
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	362,110		362,110	
23	Insurance	52,526	4,141	48,385	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEETING COSTS	1,146,412	940,620	204,130	1,662
b	PUBLISHING	488,473	488,473	0	0
c	STAFF DEVELOPMENT	24,447	3,657	20,790	
d					
е	All other expenses	786,476	786,476		
25	Total functional expenses. Add lines 1 through 24e	17,896,449	14,867,564	2,927,179	101,706
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

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 3,126,953 5,120,258 1 1 6.045.043 2 2 2.761.650 Savings and temporary cash investments Pledges and grants receivable, net 405,000 3,459,016 3 3 266.295 855.606 4 4 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 6 7 7 20,579 8 20,579 8 784,799 677,334 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 2,159,991 10a Complete Part VI of Schedule D b 10b 1,320,764 1,154,656 10c 839,227 Less accumulated depreciation 5.631.801 11 5,688,578 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 68.514 15 92.517 16 Total assets. Add lines 1 through 15 (must equal line 34) 17.503.640 16 19,514,765 1,098,034 1,074,116 17 **17** Accounts payable and accrued expenses 18 18 7.082.482 19 6,827,885 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 23 Secured mortgages and notes payable to unrelated third parties . 23 529,057 24 24 336,715 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 104,514 25 137,517 8,814,087 26 8,376,233 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. 4,335,706 3,222,170 27 27 4,248,982 7,811,497 28 28 Fund 104,865 104,865 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 30 Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 8,689,553 11,138,532 33 Total liabilities and net assets/fund balances 17.503.640 34 19.514.765

Dat	t XI Reconcilliation of Net Assets			<u>'</u>	age 1
1-(-1	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		20,4	199,98
2	Total expenses (must equal Part IX, column (A), line 25)	2		17,8	396,449
3	Revenue less expenses Subtract line 2 from line 1	3		2,6	503,53
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,6	89,55
5	Net unrealized gains (losses) on investments	5		- 1	.11,89
6	Donated services and use of facilities	6			
7	Investment expenses	7			-42,66:
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		11,1	138,53
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				. ┏
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 53-0196569

Name: AMERICAN ASSOCIATION OF COMMUNITY

COLLEGES

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

(Code) (Expenses \$	5,157,606 including grants of \$) (Revenue \$	7,039,176)

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

Compensated Employees, and Inde		ntracto	rs					1	I	1
(A) Name and Title	(B) A verage hours per week (list any hours	Posit more ti perso and a	ion (d nan o n is b	ne bo	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
CHARLENE DUKES BOARD CHAIR	2 00	х		х				0	0	0
DANIEL PHELAN	2 00									
BOARD CHAIR ELECT		x						0	0	0
KENNETH ATWATER	2 00									
PAST CHAIR		х						0	0	0
BRYAN ALBRECHT	2 00									
BOARD MEMBER		Х						0	0	0
CHRISTAL ALBRECHT	2 00	×						0	0	0
BOARD MEMBER		^						Ŭ		
CARRIE BILLY	2 00	×						0	0	0
BOARD MEMBER								,		
RONNIE BOOTH	2 00	l x						0	0	0
BOARD MEMBER										
LEAH BORNSTEIN	2 00	l x						0	0	0
BOARD MEMBER										
CHRIS BUSTAMANTEBOARD MEMBER	2 00	x						0	0	0
DEBRA DERR	2 00									
BOARD MEMBER		Х						0	0	0
MARY S GRAHAM	2 00	l x						0	0	0
BOARD MEMBER								-	-	
GREGORY HAMANN BOARD MEMBER	2 00	x						0	0	0
NATALIE HARDER	2 00	х						0	0	0
BOARD MEMBER	2 00									
ALICIA HARVEY-SMITH BOARD MEMBER		х						0	0	0
STEPHEN HEAD	2 00	v						0	0	0
BOARD MEMBER		X						0	0	0
BRENDA HELLYER	2 00	х						0	0	0
BOARD MEMBER ANNE KRESS	2 00									
BOARD MEMBER		×						0	0	0
SANDRA KURTINITIS	2 00	х						0	0	0
BOARD MEMBER DOREEN LARSON	2 00	-	_							
BOARD MEMBER		x						0	0	0
MIRTA MARTIN	2 00	х						0	0	0
BOARD MEMBER FANN MOCES	2 00		_							
E ANN MCGEE BOARD MEMBER		х						0	0	0
ELOY OAKLEY	2 00	х						0	0	0
BOARD MEMBER	2 00									
BOARD MEMBER		x						0	0	0
MARY RITTLING	2 00	U								
BOARD MEMBER	2 00	X						0	0	0
CHERYL ROBERTS		x						0	0	0
BOARD MEMBER		<u> </u>								

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

Compensated Employees, and Independent Contractors (A) (B) (C) (D) (F) (E) Position (do not check Name and Title Estimated amount Average Reportable Reportable hours per more than one box, unless compensation compensation of other week (list person is both an officer from related from the compensation any hours and a director/trustee) organization (Worganizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Former Highest compensated employee Individual trustee or director organizations Institutional Trustee related below organizations employee dotted line) 2 00 JACKSON SASSER 0 0 Χ 0 BOARD MEMBER 2 00 CHRISTINE SOBEK 0 0 Χ 0 BOARD MEMBER 2 00 CAROL SPALDING 0 Χ 0 0 BOARD MEMBER 2 00 LORT SUNDBERG 0 0 Ω Χ BOARD MEMBER 2 00 L MARSHALL WASHINGTON Х 0 0 0 BOARD MEMBER 2 00 JERRY WEBER Х 0 0 0 BOARD MEMBER 2.00 **GREGORY WILLIAMS** Х 0 0 0 **BOARD MEMBER** 35 00 WALTER BUMPHUS Χ 569,383 0 50,401 **PRESIDENT** 35 00 ANGEL ROYAL Х 173,236 0 28,662 CHIEF OF STAFF 35 00 RAMSAY JOHNSON Х 180,622 0 35,825 SVP & CHIEF FINANCIAL OFFICER 35 00 DAVID BAIME Х 234,366 0 49,572 SVP GOVERNMENT RELATIONS 35 00 MARY HEISS Х 0 158,404 35,486 SVP ACADEMIC AND STUDENT AFFAIRS 35 00 CHARISSE ASH 0 Х 137,574 16,505 ASSOC VP HUMAN RESOURCES 35 00 KENT PHILLIPPE 0 Х 133,983 32,886 ASSOC VP RESEARCH & STUDENT SUCCESS JENNIFER WORTH 35 00 Х 134,278 0 30,748 INTERIM ASSOC AVP WORKFORCE & ECONOMIC DEVELOPMENT 35 00 ROXANNE FULCHER 0 Х 119,371 31,350 DIRECTOR HEALTH PROFESSIONS POLICY 35 00 JAMES HERMES 0 Х 132,148 39,148 DIRECTOR GOVERNMENT RELATIONS

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As Filed Data -

DLN: 93493203002346

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

Open to Public Inspection

AMER:	ICAN AS	ne organization SSOCIATION OF COMMUNITY					Employer identifica	ntion number
COLLE							53-0196569	
	rt I			tatus (All organiza		<u> </u>	<u> </u>	ns.
The	organı	zation is not a private fo			= -			
1	Г	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	o)(1)(A)(i).	
2	Г	A school described in	section 170(b)(1)(A)(ii).(Attach So	chedule E (Form	1990 or 990-E	Z))	
3	\sqcap	A hospital or a cooper	atıve hospıtal	service organization o	described in sec	tion 170(b)(1)	(A)(iii).	
4	Γ	A medical research or hospital's name, city,		erated in conjunction v	vith a hospital d	escribed in sec	tion 170(b)(1)(A)(iii). Enter the
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)					lescribed in section	
6	Г	A federal, state, or loc	•	,	described in se	ection 170(b)(1	.)(A)(v).	
7	Γ	An organization that n	ormally receiv	es a substantial part	of its support fr			eneral public
8	\vdash	described in section 1 A community trust des				t II)		
9	고 -	An organization that r receipts from activition from gross investmen organization after Jun	normally recentes related to it t income and e 30, 1975 S	ves (1) more than 33 is exempt functions—sunrelated business tax eesection 509(a)(2).	1/3% of its supposed to certal xable income (lo (Complete Part	oort from contr n exceptions, a ess section 51 III)	and (2) no more than 1 tax) from businesse	331/3% of its support
10	<u> </u>	An organization organ	•	·	•	•		
11	ı	An organization organ one or more publicly s the box in lines 11a th	upported orga	nızatıons described ın	section 509(a)	(1) or section	509(a)(2) See sectio	n 509(a)(3). Check
а	Γ	Type I. A supporting of supported organization You mus	rganization op n(s) the power	perated, supervised, or to regularly appoint o	r controlled by 1 r elect a majori	ts supported o	rganization(s), typical	ly by giving the
b	Γ	Type II. A supporting management of the su must complete Part IV	organization s pporting orgar	upervised or controlle	d in connection			
С	\vdash	Type III functionally i	•		n operated in c	nnnection with	and functionally inter	arated with its
•	'	supported organization						gracea with, its
d	Γ	Type III non-function						anızatıon(s) that ıs
		not functionally integr					ement and an attentiv	eness requirement
	_	(see instructions) You	-	•	•			
е	ı	Check this box if the o					s a Type I, Type II, T	ype III functionally
f	Ento	integrated, or Type III r the number of support						
g g	LIILE	Provide the following i	_				· · · · · · · —	
y		Frovide the following r	mormation abo	out the supported orga	iiiizatioii(s)			
Name of s		(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))			(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)
					V _C -	N-		
					Yes	No		

Pa	Support Schedule for (Complete only if you Part III. If the organize	checked the bo	x on line 5, 7,	or 8 of Part I o	or if the organiz	ation failed to d	jualify under
Se	ection A. Public Support	•	•		, <u>, , , , , , , , , , , , , , , , , , </u>		
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
•	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	(4,72022	(-)	(9,2323	(=,===	(0)2020	(i)
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 ection B. Total Support						
	Calendar year						
(or	fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) ⊤otal
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				
14	ection C. Computation of Pul Public support percentage for 2019			11 column (f))		14	
15	Public support percentage for 201			: 11, Column (1))		14	
		-	•	v on line 12 and	lino 14 is 22 1/20	15	this box
	 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 is 10% or more, and if the organization Part VI how the organization me	— 2015. If the organization meets the fa	anization did not o	check a box on lir tances test, chec	ck this box and st	op here. Explain	orted ▶□
b	organization 10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization	nızatıon meets th	e "facts-and-circ	umstances" test	c, check this box a	nd stop here.	
18	Private foundation. If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check this	s box and see	- '

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

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

Se	ction A. Public Support		,	,	p. 10 10 10 10 10 10 10 10 10 10 10 10 10			
	Calendar year	(a)2011	(b) 2012	(c) 2013	(d)2014	(e)20	115	(f) Total
(or f	iscal year beginning in) 🟲	(4)2011	(0)2012	(6)2013	(u)2014	(6)20	,13	(1)1 otal
1	Gifts, grants, contributions, and							
	membership fees received (Do	12,805,937	9,870,642	6,673,611	7,605,649	10	,665,577	47,621,416
	not include any "unusual grants ")							
2	Gross receipts from admissions,							
2	merchandise sold or services							
	performed, or facilities furnished	0.257.044	0 577 700	0.645.776	0.000.000		474 644	47.046.005
	in any activity that is related to	9,267,811	9,577,788	9,645,776	9,283,206	9	,471,644	47,246,225
	the organization's tax-exempt							
	purpose							
3	Gross receipts from activities							
	that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
_	paid to or expended on its behalf The value of services or							
5	facilities furnished by a							
	governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5	22,073,748	19,448,430	16,319,387	16,888,855	20	,137,221	94,867,641
7a	Amounts included on lines 1, 2,							
<i>,</i> u	and 3 received from disqualified							0
	persons							
Ь	Amounts included on lines 2 and							
	3 received from other than							
	disqualified persons that exceed							0
	the greater of \$5,000 or 1% of							
	the amount on line 13 for the							
	year							0
	Add lines 7a and 7b							U
8	Public support. (Subtract line 7 c from line 6)							94,867,641
Se	ction B. Total Support							
	Calendar year				1			
(or f	iscal year beginning in) 🕨	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) ⊤otal
9	Amounts from line 6	22,073,748	19,448,430	16,319,387	16,888,855	20	,137,221	94,867,641
l0a	Gross income from interest,							
	dividends, payments received							
	on securities loans, rents,	301,781	280,518	204,267	231,999		238,485	1,257,050
	royalties and income from							
	sımılar sources							
b	Unrelated business taxable							
	income (less section 511							
	taxes) from businesses acquired after June 30, 1975							
_	Add lines 10a and 10b	301,781	280,518	204,267	231,999		238,485	1,257,050
C	Net income from unrelated	301,701	200,510	201,207	231,333		230,103	1,237,030
11	business activities not included							
	in line 10b, whether or not the							
	business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of	59,029	105,827	45,472	190,281		183,711	584,320
	capital assets (Explain in Part	39,029	103,027	43,472	190,201		103,711	304,320
	VI)							
13	Total support. (Add lines 9,	22,434,558	19,834,775	16,569,126	17,311,135	20	,559,417	96,709,011
	10c, 11, and 12)	<u> </u>						
14	First five years. If the Form 990 is	for the organizati	on's first, second	, third, fourth, or f	ifth tax year as a	section !	501(c)(3	· · ·
50	check this box and stop here ction C. Computation of Pul	blic Support D	orcontoco					<u>► </u>
	<u>-</u>			12 (5)			I	
15	Public support percentage for 201	•		13, column (f))		15		98 100 %
16	Public support percentage from 20					16		98 050 %
Se	ction D. Computation of Inv			-				
17	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colum	nn (f))	17		1 300 %
18	Investment income percentage fro	m 2014 Schedule	A, Part III, line 1	. 7		18		1 460 %
19a	33 1/3% support tests—2015. If th							
	more than 33 1/3%, check this box							▶ ▼

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

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.	4 c		
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		
С	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	plish exempt purposes					
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	oorted organizations, in				
3 Administrative expenses paid to accomplish exemp	3 Administrative expenses paid to accomplish exempt purposes of supported organizations					
4 A mounts 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	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

DLN: 93493203002346

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

Inspection

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

If the organization answered "Yes" 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
AMERICAN ASSOCIATION OF COMMUNITY
COLLEGES

Employer identification number

	53-0196569
Complete if the organization is exempt under section 501(c) or is a	section 527 organization.

L	Provide a description	of the organization's	direct and ir	ndirect political	campaign activitie	s in Part IV
,						

Political expenditures

	F			
_				

Volunteer hours

Part	312 R	Complet	e if the o	rganızatıo	n is exei	mpt unde	r section 5	01(c)(3).
1	Enter	the amount	of any excis	se tax incurre	d bv the or	ganization u	ınder section 4	1955

- Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- If the organization incurred a section 4955 tax,

,	aıa	Iτ	riie	Form	4 /	20	тоr	tnis	year/	

Was a correction made?

☐ Yes ☐ No

If "Yes," describe in Part IV

Part I-C	Complete if the	organization i	is exempt under	section 501(c),	except section	501(c)(3).
----------	-----------------	----------------	-----------------	-----------------	----------------	------------

L	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
	L	

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

Did the filing organization file Form 1120-POL for this year?

☐ Yes ☐ No

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990	-EZ.	at No 500845 Schedule C (Form 990 or 990-E7\ 2015

Schedule C (F	Pag	je ∡
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and filed Form 5768 (election under section $501(h)$).	ī

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

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

Limits on Lobbying Expenditures	(a) Filing	(b) Affiliated
(The term "expenditures" means amounts paid or incurred.)	organization's totals	group 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 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								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots nontaxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

- , , , ,	filed Form 5768 (election under section 501(h)).	(a)	. (b)
or each "Yes" r ctivity.	response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	Yes	No Amo	unt
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	163		
a olunteers?				
l No				
b Paid stat	for management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c 1edia advertis	ements?	•		
l No				
d	I make an in the state of the s			
Yes	mbers, legislators, or the public? 120,000			
	ions, or published or broadcast statements?			No
f Grants to	o other organizations for lobbying purposes?		F	No
g Direct co	 ontact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, o	demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activitie	s?	-		
l No	- 			
j	s 1c through 1:			
	120.000			
	activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
	enter the amount of any tax incurred under section 4912		<u> </u>	
	enter the amount of any tax incurred by organization managers under section 4912 ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		L I	
Part III-A	Complete if the organization is exempt under section 501(c)(4), section		E) or sect	ion
-ait III-A	501(c)(6).	1 301(0)(Ye	
1 Were sub	ostantially all (90% or more) dues received nondeductible by members?		1	es No
2 Did the c	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).			
urrent year				
2a				
arryover from	n last year			
2b				
c otal				
2c				
3 Aggrega	te amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
loes the organ	sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess sization agree to carryover to the reasonable estimate of nondeductible lobbying and diture next year?			
4				
	amount of lobbying and political expenditures (see instructions)	5		
Provide the d	Supplemental Information	roup lis+\ n	art II_A lines	
	escriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated g ctions), and Part II-B, line 1 Also, complete this part for any additional information	oup list), P	ait II-A, iines	ı and

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

DLN: 93493203002346

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

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

Open to Public

iterna	Revenue Service IIII Officiation about Schedule D	(Form 990) and its instructions is at <u>www.ii</u>	s.gov/rormsso.
AMI	me of the organization ERICAN ASSOCIATION OF COMMUNITY LEGES		Employer identification number 53-0196569
Рa	rt I Organizations Maintaining Donor	Advised Funds or Other Similar F	
		ed "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advised Yes No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?		
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes" o	on Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by th Preservation of land for public use (e g , recre Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization easement on the last day of the tax year	ation or education) Preservation of ar Preservation of a	n historically important land area certified historic structure the form of a conservation
	,		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easeme	ents	2b
C	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in (c historic structure listed in the National Register	e) acquired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, transtax year ►	nsferred, released, extinguished, or terminato	ed by the organization during the
4	Number of states where property subject to cons	ervation easement is located ►	
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		dling of Yes No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing conservation easements during the
	F		
7	Amount of expenses incurred in monitoring, insperience. * \$	ecting, handling of violations, and enforcing c	onservation easements during the year
8	Does each conservation easement reported on lin (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy the requirements of sec	ction 170(h)(4)
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia	
Par	t III Organizations Maintaining Collec	tions of Art, Historical Treasures,	or Other Similar Assets.
		ed "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	assets held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,	
((i) Revenue included on Form 990, Part VIII, line 1	L	▶ \$
(i	ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, he following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1		▶ - \$

Assets included in Form 990, Part X

Part	3 9 9 1	Organizations Maintaining (continued)	Collections of A	Art, His	torical	Treasu	res, o	r Otl	ner Similar	Ass	ets	
3		the organization's acquisition, acc ction items (check all that apply)	ession, and other rec	cords, ch						use o	fits	
а	┌ P	ublic exhibition		d	Loa	an or exch	ange pi	ograr	ns			
b		scholarly research		e	┌ otl	her						
c	┌ P	reservation for future generations										
4	Provi Part >	de a description of the organization [.] KIII	's collections and ex	plaın hov	w they fur	ther the or	ganıza	tion's	exempt purpo	se in		
5		g the year, did the organization soli s to be sold to raise funds rather th							ımılar Г ұ	'es	┌ No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, Par	t IV, line	9, or	repo	rted an amo	unt d	n Forr	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	stodian or other inter	rmediary	for contr	ibutions oi	rother	asset	s not	'es	┌ No	
b	If'	Yes," explain the arrangement in P	art XIII and complet	e the fol	lowing tal	ble		[Mour	nt	
C	Be	ginning balance						1c				
d	Αd	ditions during the year					Γ	1d				
e	Dis	stributions during the year						1e				
f	Εn	ding balance						1f				
2a	Did th	ne organization include an amount o	n Form 990, Part X,	line 21,	for escro	w or custo	dıal ac	count	liability? / Y	'es	┌ No	
ь	If"Ye	es," explain the arrangement in Part	XIII Check here if	the expl	anation ha	as been pr	ovided	ın Pa	rt XIII			Г
Par	rt V	Endowment Funds. Comple							•			
			(a)Current year	(b) Prid	or year	b (c) Two y)Three years bac	_	e)Four ye	
1a	_	nning of year balance	104,865		104,865		104,8	65	104,8	65		104,865
Ь	Conti	ributions										
c	Net II losse	nvestment earnings, gains, and										
d	Grant	ts or scholarships										
e		r expenditures for facilities rograms										
f	• A dmi	nistrative expenses						+		+		
g		of year balance	104,865		104,865		104,8	65	104,8	65		104,865
2	Provi	de the estimated percentage of the	current year end bal	ance (lın	e 1g, colu	umn (a)) h	eld as					
a	Board	l designated or quasi-endowment ►										
ь	Perm	anent endowment 🕨 100 000 %										
c	Temp	orarily restricted endowment Fercentages on lines 2a, 2b, and 2c	should equal 100%									
За		here endowment funds not in the pos		nızatıon	that are h	ield and ac	lmınıst	ered f	or the			
	organ	ization by	_						_		Yes	No
		related organizations								3a(i)	_	
L		elated organizations							<u> </u>	3a(ii)	Yes	N.o.
ь 4		es" on 3a(II), are the related organiz ribe in Part XIII the intended uses (=					•	[3b		No
	t VI	Land, Buildings, and Equip		CHAOVVIII	CHC TUHUS							
		Complete if the organization a		Form 9	90, Part	IV, line	11a.Se	e Fo	rm 990, Par	t X, lı		
		Description of property		Co	(a) ost or other (investmer		(b) It or othe (other		Accumula (c)depreciat		(d) Boo	ok value
1 a l	and											
b E	Buildin	gs					4	53,815	30	4,550		149,265
c l	_easeh	nold improvements					4	98,893	33	9,397		159,496
d E	Equipn	nent		. [1,2	07,283	67	6,817		530,466
			· · · · · ·	<u> </u>								
Total	I. A dd	lines 1a through 1e <i>(Column (d) mus</i>	st equal Form 990, Par	rt X, colu	mn (B), lin	ne 10(c).)			. <u></u>			839,227

Part VII Investments—Other Securities. Com See Form 990, Part X, line 12.	plete if the orgai	nization answered 'Ye	s' on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			,
(2)Closely-held equity interests (3)Other			
(0,0 3.10.			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	Þ		
Part VIII Investments—Program Related. Complete if the organization answered	Yes' on Form 990). Part IV. line 11c.c.	an Forma 000 Port V line 12
(a) Description of investment	103 011 101111 334	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	answered 'Yes' on	Form 990, Part IV, line	11d See Form 990. Part X. line 15
(a) Descrip		, ,	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organ			
See Form 990, Part X, line 25.	_		
1. (a) Description of liability	(b) Book valu	e	
Federal income taxes			
DEFERRED COMPENSATION	137,	517	
		 	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	137,		

			, age .
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per l	Return
1	Total revenue, gains, and other support per audited financial statements	1	20,345,428
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-110,680
3	Subtract line 2e from line 1	3	20,456,108
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 42,663		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	43,874
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	20,499,982
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s pe	r Return.
1	Total expenses and losses per audited financial statements	1	17,896,449
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	17,896,449
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included 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	17,896,449
			•

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	AACC IS EXEMPT FROM THE PAYMENT OF TAXES ON INCOME OTHER THAN NET UNRELATED BUSINESS INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AACC RECEIVES UNRELATED BUSINESS INCOME FROM ADVERTISING THAT IS SUBJECT TO THE UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014, AACC DID NOT INCUR ANY TAX LIABILITIES RELATED TO UNRELATED BUSINESS INCOME TAXES THE PROVISIONS INCLUDED IN ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AACC PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2015, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS AS OF DECEMBER 31, 2015, THE STATUTE OF LIMITATIONS FOR TAX YEARS 2012 THROUGH 2015 REMAINS OPEN WITH THE US FEDERAL JURISDICTION OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE FOUNDATION FILES TAX RETURNS
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENT INCOME 1,211

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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

DLN: 93493203002346OMB No 1545-0047

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

2015

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Servi

(Form 990)

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

nternal Revenue Service							
ame of the organization MERICAN ASSOCIATION OF COMN	MIINITY					Employer identification	on number
OLLEGES	10N111					53-0196569	
Part I General Information	on Grants and	l Assistance					
 Does the organization maintain rethe selection criteria used to awa Describe in Part IV the organizat 	ard the grants or as	sıstance?				tance, and	▽ Yes ̄ N
Part II Grants and Other Assistanthat received more than \$				plete if the organization	answered "Yes" on Fo	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 gran or assistance
See Addıtıonal Data Table							

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

Schedule I (Form 990) 2015						
Part III	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		Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance	
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.							
Return Reference Explanation							

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

Additional Data

Software ID:

Software Version:

EIN: 53-0196569

Name: AMERICAN ASSOCIATION OF COMMUNITY

COLLEGES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY TECH COLLEGE 1704 S SLAPPY BLVD ALBANY,GA 31701	58-1788487	501(C)(3)	7,500				PLUS 50-DEERBROOK
APLU 1307 NEW YORK AVENUE NW WASHINGTON, DC 20005	53-0183246	501(C)(3)	24,250				PLUS 50-DEERBROOK
ARKANSAS NORTHEASTERN PO BOX 1109 BLYTHEVILLE,AR 72316	71-0460696	501(C)(3)	63,000				JOB READY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BROOKDALE 765 NEWMAN SPRINGS ROAD LINCROFT,NJ 07738	22-1849485	501(C)(3)	7,500				PLUS 50-DEERBROOK
BRUNSWICK PO BOX 30 SUPPLY,NC 28462	58-1493463	501(C)(3)	7,500				PLUS 50-DEERBROOK
CAPE FEAR 411 NORTH FRONT STREET WILMINGTON,NC 28401	56-0792881	501(C)(3)	7,500				PLUS 50-DEERBROOK

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC 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				
CAPITAL COMMUNITY COLLEGE 950 MAIN STREET HARTFORD,CT 06103	06-1398052	501(C)(3)	7,500				PLUS 50-DEERBROOK				
CC AURORA 16000 E CENTRE TECH PKWY S203 AURORA,CO 80011	38-3721881	501(C)(3)	95,900				JOB READY				
CENTRAL AZ 8470 N OVERFIELD ROAD COOLIDGE,AZ 85128	86-0180838	501(C)(3)	7,500				PLUS 50-DEERBROOK				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CLARK ST COMMUNITY COLLEGE 570 EAST LEFFEL LANE SPRINGFIELD,OH 45501	31-0734597	501(C)(3)	7,500				PLUS 50-DEERBROOK			
COLLEGE OF DUPAGE 425 FAREWELL BLVD GLEN ELLYN,IL 60137	36-2594972	501(C)(3)	7,500				PLUS 50-DEERBROOK			
CUYAHOGA CC 700 CARNEGIE AVENUE CLEVELAND,OH 44115	34-0896630	501(C)(3)	72,875				JOB READY			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount 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			
CUYAHOGA COMMUNITY COLLEGE FOUNDATION 700 CARNEGIE AVENUE CLEVELAND,OH 44115	23-7320719	501(C)(3)	7,500				PLUS 50-DEERBROOK			
DAVIDSON 297 DCDD ROAD LEXINGTON,NC 27293	56-0792247	501(C)(3)	5,288				PLUS 50-DEERBROOK			
DELAWARE TECH COMMUNITY COLLEGE 21179 COLLEGE DRIVE GEORGETOWN, DE 19947	51-6000279	501(C)(3)	7,500				PLUS 50-DEERBROOK			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
EASTERN IOWA COMMUNITY COLLEGED 306 WEST RIVER DRIVE DAVENPORT, IA 52801	42-0924364	501(C)(3)	7,500				PLUS 50-DEERBROOK				
EL CAMINO 16007 CRENSHAW BLVD TORRANCE,CA 90506	95-6001060	501(C)(3)	7,500				PLUS 50-DEERBROOK				
GATEWAY CT 790 THOMAS MORE PARKWAY EDGEWOOD,KY 41017	61-1320380	501(C)(3)	7,500				PLUS 50-DEERBROOK				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GRAYS COLLEGE 1620 EDWARD P SMITH DRIVE ABERDEEN, WA 98563	91-0589346	501(C)(3)	7,500				PLUS 50-DEERBROOK			
GREENFIELD ONE COLLEGE DRIVE GREENFIELD,MA 01301	23-7090085	501(C)(3)	7,500				PLUS 50-DEERBROOK			
GROSSMONT 8800 GROSSMONT COLLEGE DRIVE EL CAJON,CA 92020	95-6006652	501(C)(3)	61,175				JOB READY			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC 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				
HENDERS COMMUNITY COLLEGE 300 NORTH MAIN STREET HENDERSON, KY 42420	61-1320380	501(C)(3)	7,500				PLUS 50-DEERBROOK				
HIGHLAND COMMUNITY COLLEGE 606 WEST MAIN HIGHLAND,KS 66035	48-6025822	501(C)(3)	7,500				PLUS 50-DEERBROOK				
IVY TECH 50 W FALL CREEK PARKWAY N DRIVE INDIANAPOLIS,IN 46208	35-1180631	501(C)(3)	50,000				JOB READY				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC 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				
JAMESTOWN 525 FALCONER STREET JAMESTOWN,NY 14701	16-6002650	501(C)(3)	50,300				JOB READY				
JEFCOMMTEC 109 EAST BROADWAY LOUISVILLE,KY 40202	61-1320380	501(C)(3)	7,500				PLUS 50-DEERBROOK				
JFDRAKE TECH COLLEGE 3421 MERIDIAN STREET NORTH HUNTSVILLE,AL 35811	63-0439942	501(C)(3)	7,500				PLUS 50-DEERBROOK				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC 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				
KCTCS 300 N MAIN STREET VERSAILLES,KY 40383	61-1320380	501(C)(3)	53,825				JOB READY				
KINGSBORO 2001 ORIENTAL BLVD BROOKLYN,NY 11235	13-1988190	501(C)(3)	7,311				PLUS 50-DEERBROOK				
KIRKWOOD CC 6301 KIRKWOOD BLVD SW CEDAR RAPIDS,IA 52404	42-0924685	501(C)(3)	50,225				JOB READY				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC 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				
MADISONVILLE COMMUNITY COLLEGE 2000 COLLEGE DRIVE MADISONVILLE,KY 42431	61-1320380	501(C)(3)	7,500				PLUS 50-DEERBROOK				
MILWAUKEE AREA TECH COLLEGE 700 WEST STATE STREET MILWAUKEE,WI 53233	39-6003459	501(C)(3)	7,500				PLUS 50-DEERBROOK				
MONTGOMERY CTY CC 340 DEKALB PIKE BLUE BELL,PA 19422	23-1670325	501(C)(3)	50,000				JOB READY				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC 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			
NO VA CC 3926 PENDER DRIVE FAIRFAX,VA 22030	54-1268263	501(C)(3)	63,000				JOB READY			
NORTH CENTRAL MICHIGAN 1515 HOWARD STREET PETOSKEY,MI 49770	38-1586760	501(C)(3)	7,500				PLUS 50-DEERBROOK			
NORTHEAST COMM COLLEGE 801 EAST BENJAMIN AVENUE NORFOLK,NE 68702	47-0524851	501(C)(3)	63,150				JOB READY			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
NORTHEAST STATE CC 2425 HIGHWAY 75 BLOUNTVILLE,TN 37617	62-1033870	501(C)(3)	50,450				JOB READY				
OAKTON COMMUNITY COLLEGE 1600 EAST GOLF ROAD DES PLAINES,IL 60016	36-2681999	501(C)(3)	7,500				PLUS 50-DEERBROOK				
PANOLA COLL 1109 W PANOLA CARTHAGE,TX 75633	75-1854775	501(C)(3)	7,500				PLUS 50-DEERBROOK				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC 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				
PELLISSIP 10915 HARDIN VALLEY ROAD KNOXVILLE,TN 37933	62-0938734	501(C)(3)	5,000				PLUS 50-DEERBROOK				
PHOENIX 1202 WEST THOMAS ROAD PHOENIX,AZ 85013	02-1649017	501(C)(3)	7,500				PLUS 50-DEERBROOK				
PIEDMONT COMMUNITY COLLEGE 1715 COLLEGE DRIVE LOCKBOX 1197 ROXBORO,NC 27573	56-0990351	501(C)(3)	7,500				PLUS 50-DEERBROOK				

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 * 2	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
PIEDMONT TECH COLLEGE 620 N EMERALD ROAD GREENWOOD,SC 29646	57-0476862	501(C)(3)	7,500				PLUS 50-DEERBROOK	
ROANOKE-CHOWAN COMMUNITY COLLEGE 109 COMMUNITY COLLEGE ROAD AHOSKIE,NC 27910	56-0891591	501(C)(3)	7,500				PLUS 50-DEERBROOK	
SHELTON SC 9500 OLD GREENSBORO ROAD TUSCALOOSA,AL 35405	63-6002149	501(C)(3)	5,000				PLUS 50-DEERBROOK	

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SNOW COLLEGE 150 E COLLEGE AVENUE EPHRAIM, UT 84627	87-6000517	501(C)(3)	50,000				JOB READY
SOUTH ARKANSAS COMMUNITY COLLEGE 300 SOUTH WEST AVENUE EL DORADO, AR 71730	71-0718948	501(C)(3)	5,108				PLUS 50-DEERBROOK
ST JOHNS RIVER SC 5001 ST JOHNS AVENUE PALATKA,FL 32177	59-1033399	501(C)(3)	66,425				JOB READY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
TALLAHASSEE 444 APPLEYARD ROAD TALLAHASSEE,FL 32304	59-1141270	501(C)(3)	7,500				PLUS 50-DEERBROOK
TARRANT COUNTY 1500 HOUSTON STREET FORT WORTH,TX 76102	75-1217163	501(C)(3)	50,000				JOB READY
TULSA COMMUNITY COLLEGE 6111 EAST SKELLY DRIVE TULSA,OK 74135	73-6017987	501(C)(3)	7,500				PLUS 50-DEERBROOK

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		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
UMPQUA CC PO BOX 967 ROSEBURG,OR 97470	93-0519151	501(C)(3)	106,875				JOB READY		
WALLACE ST PO BOX 2000 HANCEVILLE, AL 35077	63-0498828	501(C)(3)	5,000				PLUS 50-DEERBROOK		
WVAUNI 300 CAMPUS DRIVE PARKERSBURG,WV 26104	55-0523820	501(C)(3)	50,000				JOB READY		

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Schedule J

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.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization AMERICAN ASSOCIATION OF COMMUNITY COLLEGES

Employer identification number

53-0196569

Рą	rt I Questions Regarding Compensation	n	33-0190309			
	<u> </u>				Yes	No
1a	Check the appropriate box(es) if the organization pro					
	990, Part VII, Section A, line 1a Complete Part III	· —				
	First-class or charter travel	<u> </u>	Housing allowance or residence for personal use			
	Travel for companions	l E	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	ı	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses de			1b	Yes	
2	Did the organization require substantiation prior to r					
	directors, trustees, officers, including the CEO/Exec	cutive D	rrector, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compens	at apply	y Do not check any boxes for methods			
	Compensation committee	I✓	Written employment contract			
	Independent compensation consultant	~	Compensation survey or study			
	Form 990 of other organizations		Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, or a related organization	Part VI	I, Section A, line $f 1a$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	ıt?	4a	Yes	
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	tions mu	ust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a	a, did the organization pay or accrue any			
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 compensation contingent on the net earnings of	, line 1a	a, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," d			7		No
8	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in In Part III					No
9		e rebutt	able presumption procedure described in Regulations	8		No

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	kdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) (• •
	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, LINES 4A-B

Part III Supplemental Information

Return Reference

PART I, LINE 1A

ORGANIZATION REIMBURSES THE REASONABLE COST OF TRAVEL, MEALS AND LODGINGS RELATED TO ATTENDANCE AT SUCH MEETINGS

CEO IN PERFORMING HIS DUTIES AS REQUIRED BY THE ORGANIZATION

CONTRIBUTED TO 457B PLAN FOR THE PRESIDENT OF THE ORGANIZATION

THE ORGANIZATION PAYS ALL THE INCOME AND PAYROLL TAXES ON THE HOUSING ALLOWANCES THAT THE CEO RECEIVES THE ORGANIZATION PAYS THE INITIATION FEE AND ANNUAL DUES FOR THE CEO AND HIS SPOUSE TO JOIN A SOCIAL CLUB TO ASSIST THE

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 53-0196569

Name: AMERICAN ASSOCIATION OF COMMUNITY

COLLEGES

(A) Name and Title	,	(B) Breakdown of	of 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
1WALTER BUMPHUS PRESIDENT	(1)	569,383	o'	01	24,500	25,901	619,784	(
	(11)	-1	,	-	-	- - 0		(
1ANGEL ROYAL CHIEF OF STAFF	(1)) 173,236	0	, 0'	17,324	11,338	201,898	C
CRIEF OF STALL	(11)	,						
2RAMSAY JOHNSON	(1)) 180,622	,		18.062	17,763	216 447	0
SVP & CHIEF FINANCIAL OFFICER	(11)				18,062	17,703 	216,447	
		o'	o'	, <u></u> o'	0	0		
3 DAVID BAIME SVP GOVERNMENT	(1)	234,366	o'	0	23,437	26,135	283,938	C
RELATIONS	(11)				-			
4MARY HEISS	(1)) 158,404			15,840	19,646	193,890	
SVP ACADEMIC AND STUDENT AFFAIRS	(11)							
		0	o'	<u> </u>	0	0	0	(
5CHARISSE ASH ASSOC VP HUMAN	(1)	137,574	o'	01	13,757	2,748	154,079	(
RESOURCES	(11)	ر ا			-	1	_	,
6KENT PHILLIPPE	(1)) 133,983	,	0)	12.208	10.488	156.860	
ASSOC VP RESEARCH & STUDENT SUCCESS					13,398	19,488 	166,869	
31652	(11)	0	,	. -1	-	- I 0	- -	,
7JENNIFER WORTH INTERIM ASSOC AVP	(1)) 134,278	0	, 0	13,428	17,320	165,026	(
WORKFORCE & ECONOM	(11)	,	_					
		0	<u> </u>	<u> o'</u>	0	0	0	(
8ROXANNE FULCHER DIRECTOR HEALTH	(1)	119,371	0'	01	11,937	19,413	150,721	(
PROFESSIONS POLICY	(11)	-1	ر '	-	-	- 0	-	
9JAMES HERMES DIRECTOR GOVERNMENT	(1)) 132,148	0			25,933	3 171,296	
RELATIONS	(11)	,				 I .		
	'	0'	0	o	0	0	0	

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OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

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

990 Schedule O, Supplemental Information

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