## **Return of Organization Exempt From Income Tax**

Department of the Treasur Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2017 cale	ndar year, or tax year beginning , 2017, and ending			, 20
В	Check if	applicable	C Name of organization AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR CO	OLLEGES D	Employe	er identification number
	Address	change	Doing business as		11-25	531258
	Name ch	hange	Number and street (or P.O box if mail is not delivered to street address) Room/suite			ne number
	Initial ret	•		(901)	333-6243	
$\Box$		rn/terminated		· · · · ·	<del></del>	
$\overline{\Box}$		ed return	MEMPHIS, TN 38134-7642	G	Gross re	ceipts \$ 1,560,533.
$\vec{\Box}$						subordinates? Yes No
	пррпоц	g				s included? Yes No
	Tavaava	mpt status	∑ 501(c)(3)	• •		list. (see instructions)
<u>'</u>	Website		· · · · · · · · · · · · · · · · · · ·	H(c) Group ex		•
K			X Corporation ☐ Trust ☐ Association ☐ Other ►	<del></del>		of legal domicile. TN
_	art I	Summ		13/3	- Otate	or legar dorritone. 114
_	1		scribe the organization's mission or most significant activities: TO PROV	TDP UTCU	OLIVI	TEV DOOFECTONAL
ø	) '		PMENT, TO ADVOCATE AND COLLABORATE AT ALL LEVELS,			
Governance			ITIES OF LEARNERS FOR ALL INVOLVED MATHEMATICS EDU			U
Ę	2		is box ► if the organization discontinued its operations or disposed of m			ita not anasta
o Ve	3		of voting members of the governing body (Part VI, line 1a)		378 01	
ري مح	4		of independent voting members of the governing body (Part VI, line 1a)		4	13
Ş	1				<del></del>	2
žį	5		hber of individuals employed in calendar year 2017 (Part V, line 2a)		5	<del></del>
Activities &	6		hber of volunteers (estimate if necessary)		6	121
٩	7a		elated business revenue from Part VIII, column (C), line 12		7a	0.
_	<u>b</u>	ivet unrei	ated business taxable income from Form 990-T, line 34	Prior Year	7b	0. Current Year
		ما المسلمان	in an and areate (Dark) (III) time (III)			
ne	8		ions and grants (Part VIII, line 1h)	237,		284,752.
Revenue	9	-	490,		549,715.	
Æ	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		641.	100,289.
_	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		348.	9,486.
_	12		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  nd similar amounts paid (Part IX, column (A), lines 1–3)	754,	775.	944,242.
	13			<del></del>		
	14		paid to or for members (Part IX, column (A), line 4)			
es	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>29,</u>	458.	29,443.
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)			
X	b		draising expenses (Part IX, column (D), line 25) ▶0.			
Щ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	720,		831,490.
	18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	750,	363.	860,933.
	19	Revenue	less expenses. Subtract line 18 from line 12		412.	83,309.
Net Assets or Fund Balances	:		Begin	nning of Curre	nt Year	End of Year
sets	20	Total asse	ets (Part X, line 16)	2,199,	007.	2,698,298.
A Page	21	Total liabi	s or fund balances Subtract line 21 from line 200 14.2018	76,	347.	287,696.
žē	22	Net asset	s or fund balances. Subtract line 21 from line 200 1 4	2,122,	660.	2,410,602.
P	art II	Signat	ure Block (8) JE			
Un	der pena	alties of perjur	y, I declare that I have examined this return, including accompanying schedules and statement	ts, and to the	best of n	ny knowledge and belief, it is
tru	e, correc	t, and comple	ets (Part X, line 16)  illities (Part X, line 26)  s or fund balances. Subtract line 21 from line, 200  ure Block  y, I declare that I have examined this return, including accompanying shedules and statement ete. Declaration of preparer (other than officer) is based on all mornation of which preparer has	any knowlede	ge.	
		<b> </b>		Aug	22	20 H
Siç	gn	Signa	ature of officer	Date	, ,	
He	re	DAV	ID TANNOR, TREASURER			
		Туре	or print name and title			
Pa		Print/Typ	pe preparer's name Preparer's signature Date		Check [	7 if PTIN
		VICKI	W. DEWEESE, CPA //il. W. Dewece 08/1			Dloyed P00807523
	epare	71				47-5349813
US	e Onl	ıy	ddress ► 5050 POPLAR AVE STE 415, Memphis, TN 38157-0			
Ma	v the IF		s this return with the preparer shown above? (see instructions)	1101110110	<u> , , , , , , , , , , , , , , , , , ,</u>	X Yes \ No
	,		A - A - A - A - A - A - A - A - A - A -		· · ·	. <u>M. 169   110</u>

		ge <b>2</b>
Part		
1	Check if Schedule O contains a response or note to any line in this Part III	X
•	TO PROVIDE HICH OUNLITY PROFESSIONAL	
	DEVELOPMENT, TO ADVOCATE AND COLLABORATE AT ALL LEVELS, AND TO BUILD	
	COMMUNITIES OF LEARNERS FOR ALL INVOLVED MATHEMATICS EDUCATION IN	
2		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	40
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Va.
	If "Yes," describe these changes on Schedule O.	•
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 511,107. including grants of \$ 0.) (Revenue \$ 546,000.)	
	AMERICAN MATHEMATICAL ASSOCIATION OF TWO-YEAR COLLEGES ANNUAL CONFERENCE.	
- Ah	(Code: \(\sigma_{\text{Code}}\) \(\sigma_{\tex	
4b	(Code: ) (Expenses \$ 51,722. including grants of \$ 0.) (Revenue \$ 0.)  DEVELOPMENTAL MATH REFORM AND PROFESSIONAL DEVELOPMENT	
	ENVIRONMENTAL MILITARY AND INCLUDITIONS DIVIDUITION	
	***************************************	
4c	(Code: ) (Expenses \$ 78,376. including grants of \$ 0.) (Revenue \$ 1,810.)	
	PUBLICATIONS AND LIAISON WITH OTHER ORGANIZATIONS TO PROMOTE	
	EDUCATION IN MATHEMATICS	
		· <b>-</b>
		. <b></b>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ 5,475. including grants of \$ 0.) (Revenue \$ 11,391.) See Statement	
<del>4e</del>	Total program service expenses ► 646,680.	_



Da 11/	Obsoldist	-4 D	:	0-6-	4
Part IV	Checklist	or Reau	ırea :	ocne	zuies

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
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 98-197 If "Yes," complete Schedule C, Part III	5		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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	×	
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	×	
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		×
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
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		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
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		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
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		×
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		×
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		×
			. 000	(0017)

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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		
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 27 If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
04-	• • • • • • • • • • • • • • • • • • • •	23		×
24a	The state of the s			
	\$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			١
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		×_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defease any tax-exempt bonds?	24c	i	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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		×
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		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	Marie de la compansión de	X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			3 1 1
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			.,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		×
-	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	•		
26	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 expanization? If "You" approve School to B. Boot V. Jing 2			
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_ ×_
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		•
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- "		X
	19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
			لنت	

Page 5

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Chock it Concade C contains a response of note to any line in this tart V	<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors as	nd		
	reportable garning (gambling) winnings to prize winners?	1c	×	
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 2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .		×	<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		<u> </u>	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	• 1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financ account)?	4		١.,
		4a		×
þ	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accour (FBAR).	its	Ì	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		+-	×
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	†	+^
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to		†	+-
	organization solicit any contributions that were not tax deductible as charitable contributions?			×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions		1	
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good			
	and services provided to the payor?		<u>L</u>	×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as	1	
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			4
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract		_	×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .		<del> </del>	×
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required		<del>                                     </del>	┼
ω''	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	•		
а	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
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		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	1	1

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management	<del></del>		
	on the state of th		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   13			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar		0	4000
	committee, explain in Schedule O.			1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 13	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		$z_{ij}(z)$	
_	any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5		<u> </u>
6 7a	Did the organization have members or stockholders?	6	×	
10	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	×	
D	stockholders, or persons other than the governing body?	7b	J	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	222		
	the year by the following:	15004		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	×	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	16 en 142 d
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	<u></u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40		
42	describe in Schedule O how this was done	12c	×	<u> </u>
13 14	Did the organization have a written whistleblower policy?	13	×	-
15	Did the organization have a written document retention and destruction policy?	14	×	(S) (S)
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			55
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b		×
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			Ti W
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	-	
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ See Part VI, Line 17 st	mt		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	
	CHRISTY HUNSUCKER, 5983 MACON ROAD, MEMPHIS, TN 38134-7642 (901)333-6243			

_			
Form	aan	(2017)	

Page 7

Form 990 (2017)

# 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	ot ch unles:	Pos eck s pe	rson	than is or employee	n an	(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
(1) JANE TANNER	15.00									
PRESIDENT		×		×				0.	0.	0.
(2) NANCY SATTLER PAST PRESIDENT	1.00	×		×		!	:	0.	0.	0.
(3) JAMES HAM	10.00									-
PRESIDENT-ELECT		×		×				0.	0.	0.
(4) DAVID TANNOR TREASURER	1.00	×		×				0.	0.	0.
(5) MICHELLE DUDA SECRETARY	1.00	×		×				0.	0.	0.
(6) DAN FAHRINGER VP	1.00	×		×				0.	0.	0.
(7) LIZ HYLTON VP	1.00	×		×				0.	0.	0.
(8) NANCY RIVERS VP	1.00	×		×				0.	0.:	0.
(9) MARK HARBISON VP	1.00	×		×				0.	0.	0.
(10) JOHN OAKS VP	1.00	×		×				0.	0.	0.
(11) KATHRYN KOZAK VP	1.00	×		×				0.	0.1	0.
(12) NICOLE LANG VP	1.00	×		×				0.	0.	0.
(13) ERNIE DANFORTH VP	1.00	×		×				0.	0.	0.
(14) CHERYL CLEAVES EXECUTIVE DIRECTOR	25.00				×			9,000.	0.	0.

REV 12/05/17 PRO

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (	continu	ed)
•	(A) Name and title	(B) Average hours per	box, ι	ınles	Posi leck is pe	more rson	than o is both or/trust	an	(D) Reportable compensation	(E) Reportab compensation	n from	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N	ons	other compensation from the organization and related organizations
(15)							<u> </u>					
(16)												
(17)				_								
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c	Sub-total	VII, Sectio	n A					<u> </u>	9,000.		0.	0.
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w		ore than \$1		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direct	tor, o	r tri	uste indi	ee,	key e		loyee, or high			Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reparted sum of reparted sum of sum o	oortal	ole d	com	per	nsatio	n a	nd other comp	ensation fr	om the	
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co								ation or inc		4 × × × × × ×
Section	on B. Independent Contractors									· · · · ·	<u> </u>	1311 ^
1	Complete this table for your five highest of compensation from the organization. Repyear.	compensate ort compe	ed inc nsatio	lepe n fo	ende or th	ent ie c	contra alend	acto ar y	ors that receive rear ending wit	d more that h or within	n \$100 the org	0,000 of anization's tax
	(A) Name and business add	ress							(B) Description of se	ervices	-	(C) Compensation
							-		<del>-</del>			
2	Total number of independent contractor received more than \$100,000 of compensations.							th	ose listed abo	ove) who		

Part VIII Statement of Revenue

		Check if Schedule C	ontains a res	sponse or note to	any line in this	Part VIII		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats ste	1a	Federated campaigns	s 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	1b	230,340.		·		
s, E	С	Fundraising events .	1c					
sift ar /	d	Related organizations	s 1d					
imil	е	Government grants (cor	ntributions) 1e	17,030.				
lion r S	f	All other contributions, g			, ,	ي انجو		
至		and similar amounts not inc	cluded above 1f	37,382.		1.54		,
50	g	Noncash contributions inclu	ded in lines 1a-1f: \$					
S E	h	Total. Add lines 1a-1	f	•	284,752.	7.0		
ï.e				Business Code				
Program Service Revenue	2a	ANNUAL CONFERE	NCE	611430	546,000.	546,000.	0.	0.
2	b	STUDENT MATH L	EAGUE	611710	3,715.	3,715.	0.	0.
<u>ş</u>	С							
Ser	d							
Ē	е							
gu	f	All other program ser						
F	g	Total. Add lines 2a-2	lf	>	549,715.			
	3	Investment income	(including divid	lends, interest,				
	i	and other similar amo	ounts)	▶	49,431.	0.	0.	49,431.
	4	Income from investmen	it of tax-exempt b	ond proceeds ▶				
	5	Royalties		•				
			(i) Real	(ii) Personal			1	
	6a	Gross rents				,	÷	•
	b	Less: rental expenses			, , ,		•	-
	С	Rental income or (loss)				45		
	d	Net rental income or						
	7a	Gross amount from sales of	(I) Securities	(ii) Other	,			
		assets other than inventory	667,149.			1, 1		+ _ ,
	b	Less: cost or other basis			-			•
		and sales expenses .	616,291.			,		
	С	Gain or (loss)	50,858.					
	d	Net gain or (loss) .		<u> ▶</u>	50,858.	0.	0.	50,858.
o	_						r	
2	8a	Gross income from fu	undraising			•	~	
Š		events (not including \$						
Other Reven		of contributions reporte	·			•		
Ę		•	$\cdots$ a					
5		Less: direct expenses				_		
		Net income or (loss) f		events . ►				
	9a	Gross income from ga				•		
			· · · · a					
		Less: direct expenses						<del></del>
		Net income or (loss) f		ivities				
	iva	Gross sales of in	•		,			
		returns and allowance	_	·	.		Ì	•
		Less: cost of goods s						
	<u>c</u>	Net income or (loss) f						<del></del>
}	44-	<del></del>		Business Code				
	_	ADVERTISING IN	COME	900099	7,246.	7,246.	0.	0.
	b	MISCELLANEOUS		9000099	2,240.	2,240.	0.	0.
	C	All all and						
	d	All other revenue .						<del></del>
	e	Total. Add lines 11a-		🟲	9,486.			
Į.	12	Total revenue. See in	istructions.	▶ 1	944,242,	559,201.	0.	100 289

	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 5 <b>0</b> 1(c)(4) organizations must con			ns must complete co	olumn (A).
	Check if Schedule O contains a respon				
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			1000000	
_	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		<del></del>		
5	Compensation of current officers, directors,			Water Line Control of the Control of	
•	trustees, and key employees	27,000.	0.	27,000.	0.
6	Compensation not included above, to disqualified	27,000.	1	27,000.	<u> </u>
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			-	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,443.	0.	2,443.	0.
11	Fees for services (non-employees):				
a	Management	83,950.	0.	83,950.	0.
b	Legal	F F00		5 500	
c d	Accounting	5,500.	0.	5,500.	0.
e	Professional fundraising services. See Part IV, line 17		Thomas Frankis	1, 2 m 21 4 m 13 1 13 4	
f	Investment management fees	22,251.	0.	22,251.	0.
g	Other. (If line 11g amount exceeds 10% of line 25, column			22,201.	
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	28,283.	0.	28,283.	0.
14	Information technology				
15	Royalties				
16	Occupancy	346.	0.	346.	0.
17 18	Travel	14,117.	9,651.	4,466.	0.
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	532,535.	511,107.	21,428.	0.
20	Interest				
21 22	Depreciation, depletion, and amortization .	2,763.	0.	2,763.	0.
23	Insurance	10,935.	0.	10,935.	0.
24	Other expenses. Itemize expenses not covered	10,000	1 1 2	10,000	
	above (List miscellaneous expenses in line 24e. If	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	line 24e amount exceeds 10% of line 25, column			The state of	
	(A) amount, list line 24e expenses on Schedule O.)		4 5 7	2 - 2 - 3 - 3 - 3	
а	TRAVELING WORKSHOPS	8,751.	8,751.	0.	0.
b	LIAISON	30,603.	30,603.	0.	0.
C	PUBLICATIONS	47,773.	47,773.	0.	0.
d	PARTICIPANT SUPPORT	14,953.	14,953.	0.	0.
e	All other expenses	28,730.	23,842.	4,888.	0.
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	860,933.	646,680.	214,253.	0.
26	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here    following SOP 98-2 (ASC 958-720)				

**Net Assets or Fund Balances** 

Form 990 (2017) 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 Cash-non-interest-bearing . . . . . . 1 2 Savings and temporary cash investments . . . . . 2 283,276. 474,092. 3 3 6,070. 4 38,378 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . 6 Assets 7 Inventories for sale or use . . . . . . 8 9 Prepaid expenses and deferred charges . 23,298. 9 39,845 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 30,974. 10b Ь Less: accumulated depreciation . . . . 24,158. 6,182. 10c 6,816. 11 Investments—publicly traded securities 1,880,181. 11 2,139,167. 12 Investments - other securities. See Part IV, line 11 . 12 13 Investments—program-related. See Part IV, line 11. 13 14 Intangible assets . . . . . . . . . 14 15 Other assets. See Part IV, line 11 . . . . . . . 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 2,199,007. 16 2,698,298. 17 Accounts payable and accrued expenses . . . . . . 17 258,300 45,611. 18 18 19 Deferred revenue . . . . . . . . 30,736. 19 29,396. 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors. Liabilities trustees, key employees, highest compensated employees, and disqualified persons, Complete Part II of Schedule L

	disqualified persons. Complete Fart II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
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		25	
26	Total liabilities. Add lines 17 through 25	76,347.	26	287,696.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,842,264.	27	2,083,251.
28	Temporarily restricted net assets	177,369.	28	215,846.
29	Permanently restricted net assets	103,027.	29	111,505.
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	144	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds .		32	
33	Total net assets or fund balances	2,122,660.	33	2,410,602.
34	Total liabilities and net assets/fund balances	2,199,007.	34	2,698,298.

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>	
1.	Total revenue (must equal Part VIII, column (A), line 12)	1		44,2	42.
2	Total expenses (must equal Part IX, column (A), line 25)	2	81	60,9	33.
3	Revenue less expenses. Subtract line 2 from line 1	3		83,3	09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,1	22,6	60.
5	Net unrealized gains (losses) on investments	5	2	04,6	33.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,4	10,6	02.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· · <u>·</u>	• •	
	_			Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				re a
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compared to the statement of the year were compared to the statement of the year were compared to the year we	oiled or	4		
	reviewed on a separate basis, consolidated basis, or both:				76
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	The state of the s		2b	X	.v.
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis	! ! !	200		16.30
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account		1 1		
	·		2c	X (1986) 24.	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain in			
2-		forth in		Feb. 1354	in Age
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorin in	1 1		J
la.	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	rao tha	3a		<u>×</u>
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь		
	required addit of addito, explain why in confedure of and describe any steps taken to diddigo such a			n <b>990</b>	(2017)
			⊢om	ロフラリ	1201/

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for Instructions and the latest information.

20**17** 

Open to Public Inspection

Employer identification number Name of the organization AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES 11-2531258 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33'/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) đ that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (Iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

	(Complete only if you checked the Part III. If the organization fails to						alify under	
Secti	on A. Public Support			::-::-: <u>-:</u>			<del></del>	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	216,117.	242,005.	246,551.	242,398.	288,467.	1,235,538.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	216,117.	242,005.	246,551.	242,398.	288,467.	1,235,538.	
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						1,235,538.	
	on B. Total Support	1.0040	#1 004 A	( ) 0045	( 1) 0040		(a =	
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
8	Amounts from line 4	216,117.	242,005.	246,551.	242,398.	288,467.	1,235,538.	
0	payments received on securities loans, rents, royalties, and income from similar sources	97,439.	71,185.	72,391.	35,328.	49,431.	325,774.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	97,439.	71,100.	72,391.	33,320.	49,431.	323,774.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,051.	10,004.		10,348.	9,487.		
11	Total support. Add lines 7 through 10						1,608,237.	
12	Gross receipts from related activities, etc.					12		
13	First five years. If the Form 990 is for the				•			
Cooti	organization, check this box and stop her			· · · · ·	<del>· · · · · · · · · · · · · · · · · · · </del>	• • • •	🕨 🖸	
<u>3ecu</u>	on C. Computation of Public Suppor Public support percentage for 2017 (line 6			1 001:100 (6)	<del></del>	14	76.83%	
15	Public support percentage from 2016 Sch					15	76.35 %	
16a	331/3% support test—2017. If the organi							
	box and stop here. The organization qual							
þ								
17a								
b		ntion meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances' stances" test.	test, check the creation that the test that the test that the test the test the test that the test the test that the test that the test that the test that the test the test that the test the test that the test that the test that the test that the test	his box and on qualifies as	a, and line stop here. s a publicly	
18	<b>Private foundation.</b> If the organization dinstructions							

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

Part	e A (Form 990 or 990-EZ) 2017  Support Schedule for Organiza	ations Descr	ihed in Sect	on 509(a)(a)			Page 3
ar u	(Complete only if you checked the					to qualify i	ınder Part II
	If the organization fails to qualify						inder rait ii.
Secti	on A. Public Support	4.1.4	210 110100 201	511, piodoo o	ompiono i uni	/	
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees		.,,		(.,,,		
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					/	
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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b		/				
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		/				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b	/					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>		n, or fifth tax y		
	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8						%
16	Public support percentage from 2016 Sch			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In			" 45 :	40)	<del></del> -	<del>_</del>
17	Investment income percentage for 2017 ( Investment income percentage from 2016	line 10c, colun Schedule A. I	nn (f) divided b Part III, line 17	y line 13, colu 	mn (f)) 	17	<u>%</u>
18							

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 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).
- **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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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**.
  - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- C Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **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.)

Part	Supporting Organizations (continued)	
		Yes No
11.	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
þ	A family member of a person described in (a) above?	11b
	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
Secu	on B. Type I Supporting Organizations	Vee Ne
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	Yes No
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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
Secti	on C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Secti	on D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.	
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions).
•		
2	Activities Test. Answer (a) and (b) below.	Yes No
а	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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	200
а	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
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru izat	st on Nov. 20, 1970 (explain ions must complete Section	n in Part VI). <b>See</b> ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	\ 	<b>\</b>	
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Γ_		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y in	tegrated Type III supporting	organization (see

Schedule A (Form 990 or 990-EZ) 2017

<b>Part</b>	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
<del></del>	Total annual distributions. Add lines 1 through 6.	<del></del>	<del></del>	
_ <u>.</u>	Distributions to attentive supported organizations to which	h the organization is res	nonsive	
ŭ	(provide details in <b>Part VI</b> ). See instructions.	ir tile organization is res	Polisivo	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<del></del>	<del></del>	
10	Line 6 arriount divided by line 9 amount	<u> </u>	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
	,	Excess Distributions	Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	,		-
			·	
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
3	Excess distributions carryover, if any, to 2017			
a	5		<del></del>	· · · · · · · · · · · · · · · · · · ·
b_	From 2013			3
<u>c</u>	From 2014	, ,		
<u>d</u>	From 2015		<u> </u>	1 -1
<del>e</del> _	From 2016			
	Total of lines 3a through e			<del> </del>
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount		· · · · · · · · · · · · · · · · · · ·	
i	Carryover from 2012 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7:			19 =
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount	, Ç"		
C	Remainder. Subtract lines 4a and 4b from 4.		(- 4	
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.	,		·
6	Remaining underdistributions for 2017. Subtract lines 3h	,		
	and 4b from line 1. For result greater than zero, explain in	, ,	ı	
	Part VI. See instructions.	-	, , -	
7	Excess distributions carryover to 2018. Add lines 3j		<del></del>	-
	and 4c.		,	
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			<del> </del>
<del>-</del> -				
d	Excess from 2016	<del></del>		
	Excess from 2017			<del></del>

Schedule A (Form 990 or 990-EZ) 2017

Page 8	

,	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.)
See Sta	tomont
see sta	tement.
	~
*	
	······

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

	r the organization		Employer identification number
	RICAN MATHEMATICAL ASSOCIATION OF		11-2531258
Par			ds or Accounts.
	Complete if the organization answered	<del></del>	<b>,</b>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<u></u>	<u> </u>
2	Aggregate value of contributions to (during year)	L	<u> </u>
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	1? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gran	t funds can be used
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or fo	or any other purpose
	conferring impermissible private benefit?	<u>.</u>	· · · · · · 🖂 Yes 🗔 No
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea	ition or education)   Preservation of	a historically important land area
	Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easemen	ts	. 2b
C	Number of conservation easements on a certified	historic structure included in (a)	. 2c
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not of	on a
	historic structure listed in the National Register	· · · · · · · · · · · · · · · · · · ·	· 2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or term	ninated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing c	onservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspection	ng, handling of violations, and enforcing o	conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		· · · · · · · 🗌 Yes 🗍 No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text		ancial statements that describes the
	organization's accounting for conservation easem		
Part			Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
_	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its r	evenue statement and balance sheet
	works of art, historical treasures, or other simila		ucation, or research in furtherance of
	public service, provide the following amounts relat	<del>-</del>	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art		
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		<b>&gt;</b> \$
b_	Assets included in Form 990, Part X	<u> </u>	<b>&gt;</b> \$

Par	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply):		ner reco	rds, chec	k any of th	e follov	ving that are a sig	gnificant us	se of its
a	☐ Public exhibition		d	☐ Loan	or exchang	e prog	rams		
b	☐ Scholarly research				_				
С	☐ Preservation for future generations	3						************	
4	Provide a description of the organizat XIII.	tion's collections a	ind expla	ain how t	hey further	the org	janization's exem	pt purpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather								☐ No
Par	IV Escrow and Custodial Arra							163	<u> </u>
	Complete if the organization 990, Part X, line 21.		on For	m 990, F	Part IV, line	9, or	reported an am	ount on F	orm
1a	<del> </del>								□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the fo	llowing ta	able:		An	nount	
С	Beginning balance					10	<del></del>	<del></del>	
d	Additions during the year					10			
8	Distributions during the year					1e	<del></del>		
f	Ending balance					1f			
2a	Did the organization include an amou							? ☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa								
	t V Endowment Funds.								
	Complete if the organization	answered "Yes'	on For	m 990, F	Part IV, line	e 10.			
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance	115,119.	10	4,625.	94,	226.	76,839.	63	,706.
b	Contributions	8,478.		3,448.	6,	640.	14,474.	11	<u>,691.</u>
C	Net investment earnings, gains, and								
	losses	2,411.	;	2,046.	3,	759.	2,913.	1	,442.
ď	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance	126,008.	11:	5,119.	104,	625.	94,226.	76	<u>,839.</u>
2	Provide the estimated percentage of t			e (line 1g	, column (a	)) held	as:		
а	Board designated or quasi-endowmen	nt ▶23.	%						
b	<i></i>	<u>6.</u> %							
С	Temporarily restricted endowment ▶	11.%							
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are held	and ad	ministered for the		<del></del>
	organization by:							Ye	
	(i) unrelated organizations							3a(i)	×
	(ii) related organizations							3a(ii)	×
b	If "Yes" on line 3a(ii), are the related o							3b	
4	Describe in Part XIII the intended uses		n's endo	wment fu	unds.				
Par									
	Complete if the organization							Part X, line	e 10.
	Description of property	(a) Cost or oth			or other basis ther)		Accumulated apreciation	(d) Book va	alue
1a	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment				30,974.		24,158.	6	,816.
е	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0, Part	K, column	(B), line 10	)c.) .	•	6	,816.

Part VII	Complete if the organization		orm 990, Part IV, li	ne 11b. See Form	n 990, Part X, line 12.
•	(a) Description of security or confidence (including name of security)	ategory ty)	(b) Book value		othod of valuation: d-of-year market value
(1) Financial	derivatives		<del> </del>	<del>                                     </del>	
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)				<u> </u>	
(D)				ļ	
(E)		***************************************			
(F) (G)				<del> </del> -	
(H)				<del>                                     </del>	
	b) must equal Form 990, Part X, col. (B) line 1	21 🏲	<del></del>		
Part VIII	Investments-Program Re		<u> </u>	11:	
	Complete if the organization		orm 990, Part IV, lii	ne 11c. See Forr	n 990, Part X, line 13.
	(a) Description of investm		(b) Book value	(c) M	ethod of valuation: d-of-year market value
(1)					
(2)			<u> </u>	<del></del>	
(3)		<del></del>	<del> </del>	<del> </del>	
(4)			<del> </del>	<del></del>	
(5) (6)	· <del></del>	<del></del>	<del> </del>	<del> </del>	
(7)			<del>- </del>	<del> </del>	
(8)					
(9)		<del></del>	<u> </u>		
	b) must equal Form 990, Part X, col. (B) line 1	3.) ▶			
Part IX	Other Assets.				
	Complete if the organization		orm 990, Part IV, lir	ne 11d. See Forr	
	<del> </del>	(a) Description			(b) Book value
(1)					
(2)			<del></del>		ļ
(3)			<del></del>	<del></del>	<del> </del>
<u>(4)</u> (5)					
(6)			<del></del>	<del></del>	<del> </del>
(7)				<del></del>	
(8)					<del> </del>
(9)				<del> </del>	
	mn (b) must equal Form 990, Par	t X, col. (B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization line 25.	answered "Yes" on Fo	orm 990, Part IV, lii	ne 11e or 11f. Se	ee Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in					
(2)					
(3)					
(4)					
(5)					
(6)					29 476
(7)			2.	100	
(8)			<u>.</u>		
(9)	No. 100 State of Stat	(T) N			
	b) must equal Form 990, Part X, col. (B) line 2			ale fine!-! -1-1	
Z. LIAUIIILY TOP	uncertain tax positions. In Part XIII,	, provide the text of the foot	note to the organization	on s financiai statėm	ents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

chedul	e D (Form 990) 2017				Page 4
Part				Return	•
	Complete if the organization answered "Yes" on Form 990, I				
1.	Total revenue, gains, and other support per audited financial statements			1	1,158,875.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		•		
а	Net unrealized gains (losses) on investments	2a	204,633.		
b	Donated services and use of facilities	-	10,000.		
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2е	214,633.
3	Subtract line 2e from line 1			3	944,242.
4	Amounts 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			
b	Other (Describe in Part XIII.)				
С	Add lines <b>4a</b> and <b>4b</b>			4c	<u> </u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	944,242.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.					
	Complete if the organization answered "Yes" on Form 990,			<del>,                                    </del>	
1	Total expenses and losses per audited financial statements			1	<u>870,933.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
а	Donated services and use of facilities	2a	10,000.		
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2е	10,000.
3	Subtract line 2e from line 1	; •		3	<u>860,933.</u>
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.)	4b	<u> </u>		
_	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 18.)	<u></u>	5	860,933.
; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Statement	to pro	ovide any additional in		
·					
·					
					· <b></b>
			•		
	·				
·					

REV 11/13/17 PRO

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

BAA

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

Department of the Treasury

Name of the organization

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.
► Go to www.irs.gov/Form990 for the latest information.

20**17** 

Open to Public Inspection

Employer identification number

AMERICAN MATHEMATICAL ASSOCIATION OF TWO YEAR COLLEGES 11-2531258 Pt VI, Line 11b: THE TAX REVIEW COMMITTEE IS RESPONSIBLE FOR REVIEWING FORM 990. THE 990 IS EMAILED TO ALL COMMITTEE MEMBERS. A CONFERENCE CALL IS THEN HELD WHERE QUESTIONS ARE POSED AND ANSWERED. Pt VI, Line 12c: THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR MONITORING COMPLIANCE. Pt VI, Line 19: UPON WRITTEN REQUEST. Pt VI, Line 6: THERE ARE SEVERAL CLASSES OF ASSOCIATION MEMBERSHIP. Pt VI, Line 7a: ASSOCIATION MEMBERS ELECT THE MEMBERS OF THE BOARD. Pt VI, Line 7b: CHANGES TO THE ORGANIZATIONAL DOCUMENTS ARE SUBJECT TO MEMBER APPROVAL; OTHER BOARD DECISIONS ARE NOT. Pt VI, Line 15a: HIRING OF AN EXECUTIVE DIRECTOR INVOLVES INTERVIEWS BY THE BOARD. THE DECISION IS MADE IN EXECUTIVE SESSION. DELIBERATIONS ARE DOCUMENTED. THE BOARD IS AWARE OF THE SALARY RANGE FOR SIMILAR POSITIONS.