SCANNED MAR 0 4 2022

EXTENDED TO MAY 17, 2021

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

| | | bo not enter social security numbers on this form as it in the treasury numbers on this form as it in the treasury numbers on this form as it in the the service Go to www.irs.gov/Form990 for instructions and the la | test information. Open to Public Inspection | | | | | | | |
|--|---------------------|---|---|--|--|--|--|--|--|--|
| _ | | de to www.iid.gov/ of iid.gov/ of iid addition of it. | JUN 30, 2020 | | | | | | | |
| В (| Check if applicable | C Name of organization | D Employer identification number | | | | | | | |
| X | Addre | NATIONAL COLLEGE ATTAINMENT NETWORK | | | | | | | | |
| X | Name | | 31-1793562 | | | | | | | |
| | Initial | Number and street (or P.O. box if mail is not delivered to street address) Room/ | | | | | | | | |
| | Final return | 1.6219 CEODCIA AVE. NW. $11-40$ | | | | | | | | |
| | termir ated | | G Gross receipts \$ 3,720,832. | | | | | | | |
| | Amen | | H(a) Is this a group return | | | | | | | |
| Applica- F Name and address of principal officer: KIM COOK for subordinates? Yes X | | | | | | | | | | |
| pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No | | | | | | | | | | |
| | | empt status X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) or | 527 of "No," attach a list. (see instructions) | | | | | | | |
| | | e: > WWW.COLLEGEACCESS.ORG | H(c) Group exemption number | | | | | | | |
| | | | Year of formation: 1995 M State of legal domicile: DC | | | | | | | |
| Pa | art I | Summary | | | | | | | | |
| ø | 1 | Briefly describe the organization's mission or most significant activities: OUR MISS | SION IS TO BUILD, | | | | | | | |
| Governance | | STRENGTHEN, AND EMPOWER COMMUNITIES AND STAKE | | | | | | | | |
| er e | | Check this box If the organization discontinued its operations or disposed of r | nore than 25% of its net assets. | | | | | | | |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | TECE//ED 3 12 12 | | | | | | | |
| | 1 | Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a) | MAR 3 1 6 50 18 | | | | | | | |
| ies | | 1 1 | MAR 31 2021 18 12 | | | | | | | |
| ctivities & | l | Total number of volunteers (estimate if necessary) | 0. | | | | | | | |
| Ą | | Total unrelated business revenue from Part VIII, column (C), line 12 | OGCEN UT 76 0. | | | | | | | |
| | - 5 | Net unrelated business taxable income from Form 990-T, line 39 | Prior Year Current Year | | | | | | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | 294,397. 778,611. | | | | | | | |
| Ë | ŀ | Program service revenue (Part VIII, line 2g) | 2,499,246. 2,902,452. | | | | | | | |
| Revenue | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 16,047. 13,471. | | | | | | | |
| æ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 21,673. 26,298. | | | | | | | |
| | l | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,831,363. 3,720,832. | | | | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 561,475. 709,763. | | | | | | | |
| | I | Benefits paid to or for members (Part IX, column (A), line 4) | 0. 0. | | | | | | | |
| s | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,755,233. 1,928,829. | | | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. 0. | | | | | | | |
| ē | b | Total fundraising expenses (Part IX, column (D), line 25) 106,902. | | | | | | | | |
| û | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,582,500. 1,969,039. | | | | | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,899,208. 4,607,631. | | | | | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | -2,067,845886,799. | | | | | | | |
| S Or | | | Beginning of Current Year End of Year | | | | | | | |
| sets | 20 | Total assets (Part X, line 16) | 4,289,579. 4,433,040. | | | | | | | |
| Net Assets (| 21 | Total liabilities (Part X, line 26) | 739,895. 1,770,155. | | | | | | | |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 3,549,684. 2,662,885. | | | | | | | |
| | irt II | Signature Block | | | | | | | | |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedules and sta | • | | | | | | | |
| true, | correc | t, and complete. Declaration of preparer (other than officer) is based on all information of which prepared to the control of | | | | | | | | |
| 0 | | Signature of officer () | Date 03/37/2021 | | | | | | | |
| Sigr | | KIM COOK, EXECUTIVE DIRECTOR | Julio | | | | | | | |
| Here | е | Type or print name and title | | | | | | | | |
| _ | | | Date Check PTIN | | | | | | | |
| Paid | | Print/Type preparer's name Preparer's signature FREDERICK LONGWOOD Preparer's signature | 03/22/21 self-employed P00439715 | | | | | | | |
| Prep | | Firm's name RSM US LLP | Firm's EIN ▶ 42-0714325 | | | | | | | |
| _ | Only | Firm's address 2021 L STREET NW, SUITE 400 | THINSEIN TO OTTAGES | | | | | | | |
| 036 | Vy | WASHINGTON, DC 20036 | Phone no. 202-293-2200 | | | | | | | |
| Mav | the IF | S discuss this return with the preparer shown above? (see instructions) | X Yes No | | | | | | | |

| orn | 1 990 (2019) NATIONAL COLLEGE ATTAINMENT NETWORK | 31-1793562 | Page 2 |
|------------|---|---------------------------------------|---|
| Pa | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: | , <u></u> | |
| | OUR MISSION IS TO BUILD, STRENGTHEN, AND EMPOWER COMMUNIT | ries and | |
| | STAKEHOLDERS TO CLOSE EQUITY GAPS IN POSTSECONDARY ATTAIN | | |
| | STUDENTS. | · · · · · · · · · · · · · · · · · · · | |
| | | | - |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| _ | prior Form 990 or 990-EZ? | Yes | X No |
| | If "Yes," describe these new services on Schedule O. | | ,,, |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Vec | X No |
| • | 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 n | measured by expenses | |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others | - · | nd |
| | revenue, if any, for each program service reported. | s, the total expenses, ar | iū |
| 4a | (Code) (Expenses \$3,919,087. including grants of \$709,763.) (Revenue | 2 902 | 452. \ |
| 70 | NCAN CREATES AND SUPPORTS COMMUNITY-BASED COLLEGE ACCESS | | <u> </u> |
| | THROUGHOUT THE COUNTRY. WE OFFER OUR MEMBERS PROFESSIONAL | _ | <u></u> |
| | POLICY UPDATES, TECHNOLOGY TOOLS AND TECHNICAL ASSISTANCE | | <u>, </u> |
| | TODICI CIDATED, IBCINODOGI TOODO AND IBCINICAD ADDIDIANCE | <u> </u> | |
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| | 4. | <u> </u> | |
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| 4b | (Code) (Expenses \$ including grants of \$) (Revenue | e \$ |) |
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| 4c | (Code) (Expenses \$ including grants of \$) (Revenue | e\$ |) |
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| | Other program capuses (Describe on Schedule O.) | | |
| +U | Other program services (Describe on Schedule O.) | \ | |
| 1 0 | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses \$ 3,919,087. | | |

Form **990** (2019)

31-1793562

Page 3

| | | | 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 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 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 | з : | | X |
| 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 | Х | |
| 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 | i | X |
| 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 | | Х |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 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? | İ | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 1 | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | <u> </u> |
| 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 | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | 37 |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | <u> </u> |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | х |
| | 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 | 11d | | Х |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 110 | | |
| • | the organization's separate or consolidated limitations statements for the tax year include a rootilete that dedicesses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | Х |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | <u> </u> | | |
| | Schedule D, Parts XI and XII | 12a | х | |
| ь | 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 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| 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 | | X |
| 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 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | v |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | х |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | <u> </u> | - |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 40 | | х |
| 10 | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 18 | | <u> </u> |
| 19 | | 19 | | х |
| 20a | complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| 20a b | and the second s | 20b | | <u> </u> |
| 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 17 If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| | | | | |

| | | | Yes | No |
|--------|--|-----------|-----|---------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | 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 | | <u> </u> |
| 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 | | <u> </u> |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | <u> </u> |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | <u> </u> |
| 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, key employee, creator or founder, or substantial contributor? If | | | v |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If | 28b | | |
| C | | 000 | | х |
| 29 | "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 28c 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 25 | | |
| 00 | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| 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? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u>X</u> |
| 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 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| Da. | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Pai | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | , 1 | !! |
| _ | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | Yes | No , |
| 1a | | | | į |
| b | Enter the harmonic of the Wilder and the first approach | | [| 1 |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | -X | • |
| 932004 | 101-20-20 | | | 2019) |

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Form 990 (2019) NATIONAL COLLEGE ATTAINMENT NETWORK

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | | Yes | No |
|------------|---|------------|--|--|
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 18 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 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 | <u> </u> | X |
| 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). | J | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | <u> </u> | X |
| | 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 | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | <u> </u> | - |
| 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 goods and services provided to the payor? | 7a | ļ <u>. </u> | X |
| þ | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | ļ | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | \ _ | | |
| | to file Form 8282? | 7c | | X |
| d | · · · · · · · · · · · · · · · · · · · | ┤ | | X |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| 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 required? | 7 <u>g</u> | ├ | |
| h | · · · · · · · · · · · · · · · · · · · | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 8 | | |
| ^ | sponsoring organization have excess business holdings at any time during the year? | ۳ | - | |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | - |
| a | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | · | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 1 | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1. | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | |
| а | Gross income from members or shareholders | | | l |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | 1 | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b | 1 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | <u> </u> | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | <u> </u> | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | 1 | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | 1 | ł | 1 |
| | organization is licensed to issue qualified health plans | 4 | | İ |
| C | Enter the amount of reserves on hand 13c | 1 | <u> </u> | |
| 14a | | 14a | | X |
| , b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | ├ | - |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | _ v |
| | excess parachute payment(s) during the year? | 15 | - | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | - |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | <u> </u> | X |
| | If "Yes," complete Form 4720, Schedule O. | 1 | | 1 |

Form 990 (2019) NATIONAL COLLEGE ATTAINMENT NETWORK 31-1/93562 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions

| Sec | Check if Schedule O contains a response or note to any line in this Part VI | · · · · · · · · · · · · · · · · · · · | | X |
|----------|--|---------------------------------------|--------|----------|
| | The state of the s | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 12 | | 163 | 110 |
| | 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 on Schedule O. | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | Х | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | <u> </u> |
| | The governing body? | 8a | X | |
| | Each committee with authority to act on behalf of the governing body? | 8b | .X. | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | · · · | |
| Sec | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | • | X |
| <u> </u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | Yes | NI |
| 102 | Did the organization have local chapters, branches, or affiliates? | 10a | res | No X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | iva | | -21 |
| _ | 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 | х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 114 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| b | Other officers or key employees of the organization | 15b | X | L |
| ٠ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | * |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| <u> </u> | exempt status with respect to such arrangements? | 16b | | |
| | tion C. Disclosure | | | |
| | List the states with which a copy of this Form 990 is required to be filed OH | | | |
| | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s | only) | availa | oie |
| | for public inspection. Indicate how you made these available. Check all that apply | | | |
| 40 | Own website Another's website Upon request Other (explain on Schedule O) | finar- | n al | |
| | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. | imant | ıdı | |
| | statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | KIM COOK - 202-347-4848 | | | |
| | 6219 CEODETA AVE. NO. T. 405 MACHINGTON DO 20011 | | | |

| Form | aan | /2010 | ١ |
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NATIONAL COLLEGE ATTAINMENT NETWORK

31-1793562

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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.

 See instructions for the order in which to list the persons above.

| Check this box if neither the organization r | (B) | | | ((| C) | | | (D) | (E) | (F) | | |
|--|-------------------|--------------------------------|-----------------------|--|--|--|--|-----------------|-------------------------------|--------------------|--|--|
| Name and title | Average | (do | not c | Pos | rtion more | i than d | one | Reportable | Reportable | Estimated | | |
| | hours per | box | , unle: cer an | ss per | rson i | s both | an tee) | compensation | compensation | amount of | | |
| | week (list any | H- | | | | | Ė | from the | from related organizations | other compensation | | |
| | hours for | direct | | | 1 | -5 | | organization | (W-2/1099-MISC) | from the | | |
| | related | 10 aa | stee | | 1 | nsate | ŀ | (W-2/1099-MISC) | , | organization | | |
| | organizations | trust | nal tr | | oyee | E C | | | | and related | | |
| | below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations | | |
| (1) NATHANIEL EASLEY, JR., PH.D. | 1.00 | ٥ | Ë | O. | × | ± 5 | ಕ್ | | | | | |
| PRESIDENT | 1100 | x | | х | | | | 0. | 0. | 0. | | |
| (2) STEVE COLON | 1.00 | | | | | Т | | | | | | |
| VICE PRESIDENT | | х | | X | | | | 0. | 0. | 0. | | |
| (3) ADAM BERG | 1.00 | | | | | | | | | | | |
| TREASURER | | X | | X | | | | 0. | 0. | 0. | | |
| (4) JAMIE SEARS | 1.00 | | | | | | | | | | | |
| SECRETARY | | X | | X | | | | 0. | 0. | 0. | | |
| (5) MARLENE IBSEN | 1.00 | | | | | | • | | | | | |
| IMMEDIATE PAST PRESIDENT | | X | | X | | | | 0. | 0. | 0. | | |
| (6) TINA FERNANDEZ | 1.00 | | | | ŀ | | 1 | | _ | | | |
| BOARD MEMBER | | X | | | | L | _ | 0. | 0. | 0. | | |
| (7) AMY KERWIN | 1.00 | | | | ŀ | | | _ | | | | |
| BOARD MEMBER | 1 | X | _ | | | lacksquare | <u> </u> | 0. | 0. | 0. | | |
| (8) PAUL LUNA | 1.00 | | | | 1 | | | | | | | |
| BOARD MEMBER | <u> </u> | X | <u> </u> | | <u> </u> | _ | | 0. | 0. | 0. | | |
| (9) CANDY MARSHALL | 1.00 | | | 1 | | į | | | | _ | | |
| BOARD MEMBER | 1 00 | X | <u> </u> | | _ | <u> </u> | <u> </u> | 0. | 0. | 0. | | |
| (10) STEPHEN SMITH | 1.00 | | | | İ | | | | _ | _ | | |
| BOARD MEMBER | 1 00 | X | _ | | _ | ├ | <u> </u> | 0. | 0. | 0. | | |
| (11) HERB TILLERY | 1.00 | | | | | | | 0. | 0. | 0. | | |
| BOARD MEMBER | 1 00 | Х | - | | - | ├ | - | <u>U•</u> | | U • | | |
| (12) RICARDO TORRES BOARD MEMBER | 1.00 | x | | ŀ | | | | 0. | 0. | 0. | | |
| (13) LORI MCFARLING | 1.00 | ^ | - | ├ | - | ├ | - | Ų. | <u> </u> | <u> </u> | | |
| BOARD MEMBER (UNTIL 9/14/2019) | 1.00 | x | | ŀ | | ļ | | 0. | 0. | 0. | | |
| (14) GLORIA NEMEROWICZ | 1.00 | ₽ | - | ┝ | - | ┢ | \vdash | | | | | |
| BOARD MEMBER (UNTIL 9/14/2019) | 1.00 | x | | | | 1 | l | 0. | 0. | 0. | | |
| (15) KIMBERLY COOK | 37.50 | | - | ┢┈ | ┢ | \vdash | | | | | | |
| EXECUTIVE DIRECTOR | 330 | 1 | | x | | 1 | | 193,895. | 0. | 32,517. | | |
| (16) ELIZABETH MORGAN | 37.50 | T | T | | | | <u> </u> | | | | | |
| DIRECTOR OF EXTERNAL RELATIONS | 3,130 | 1 | | 1 | | x | | 161,302. | 0. | 20,618. | | |
| (17) COLETTE HADLEY | 37.50 | T | t^- | \vdash | | † - | | | | , | | |
| DIRECTOR OF CONSULTING SERVICES | | 1 | | 1 | Ì | x | | 134,907. | 0. | 26,210. | | |

Page 8

| Complete state of the compensation from the organization | <u>. a.</u> | Section A. Officers, Directors, Trus | | ploy | ees, | | | ghes | st C | 1 | | | | | |
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| Compensation from the organization for the organization from the organization from the organization from the organization for any undersided organization from the organizatio | | (A) | (B) | ŀ | | | | _ | | (D) | (E) | | | (F) | |
| Week Vest any hours for glated organizations Part Vill Subtotal | | Name and title | I . • | | not c | heck | more | than : | | · · | | | í | | |
| Option of the compensation | | | 1 | | | | | | | 1 ' | | | ar | | |
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| (18) SARA MEINICK STORECTOR OF TECHNICAL ASSISTANTS (19) E. MORRALEE KELLER JATESTORE OF TECHNICAL ASSISTANTS ITHERETOR OF TECHNICAL ASSISTANTS ITHERETOR OF TECHNICAL ASSISTANTS ITHERETOR OF MEMBER & PARTHER ENGAGEM ITHERETOR OF MEMBER & PARTHER EN | | | line) | - Pul | Instit |) | Key e | 音 | 퉏 | | | | 1 | | |
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| DIRECTOR OF TECHNICAL ASSISTANTS X | (19) | E. MORRALEE KELLER | 37.50 | | | | | | T | | | | | | |
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| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C | | | | ł | | ŀ | | i | | i | i | | ĺ | | |
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| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C | | | | | 1 | | | | | | | - | 1 | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C | | | | — | | <u> </u> | ┢ | ₩ | H | | <u> </u> | | | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C | | | | | | | | | | | | | ĺ | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C | | | ļ | ļ | <u> </u> | ļ | ــ | - - | <u> </u> | | | | <u> </u> | | |
| c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 5 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C | | | | Į | | İ | | 1 | Į | | | ĺ | | | |
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| Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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 PENN HILL GROUP LLC, 777 6TH ST NW SUITE GOVERNMENT RELATIONS CONSULTING CONSULTING 158,769. | 1b | Subtotal | | - | | | | | | | | | 14 | 4,4 | _ |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ves No | C | Total from continuation sheets to Part VI | I, Section A | | | | | | ▶ | | | | | | |
| Compensation from the organization Compensation | <u>d</u> | | · · · · · · · · · · · · · · · · · · · | | | | | | <u> </u> | | | | 14 | 4,4 | <u>89.</u> |
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation PENN HILL GROUP LLC, 777 6TH ST NW SUITE GOVERNMENT RELATIONS 500, WASHINGTON, DC 20001 ENTERPRISE RESEARCH GROUP LLC DEVELOPMENT OF NSC'S | 2 | Total number of individuals (including but n | ot limited to th | ose | liste | d at | oove | e) wh | o re | eceived more than \$100, | 000 of reportable | e | | | |
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation PENN HILL GROUP LLC, 777 6TH ST NW SUITE 500, WASHINGTON, DC 20001 ENTERPRISE RESEARCH GROUP LLC DEVELOPMENT OF NSC'S | | compensation from the organization | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) (C) Compensation PENN HILL GROUP LLC, 777 6TH ST NW SUITE GOVERNMENT RELATIONS 500, WASHINGTON, DC 20001 ENTERPRISE RESEARCH GROUP LLC DEVELOPMENT OF NSC'S | | | | | | | | | | | | | | Yes | No |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services Compensation PENN HILL GROUP LLC, 777 6TH ST NW SUITE GOVERNMENT RELATIONS 500, WASHINGTON, DC 20001 ENTERPRISE RESEARCH GROUP LLC DEVELOPMENT OF NSC'S | 3 | Did the organization list any former officer, | director, truste | ee, k | сеу е | mp | loye | e, or | hig | hest compensated empl | oyee on | | | | |
| and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (D) (C) (D) (D) (D) (D | | line 1a? If "Yes," complete Schedule J for si | uch individual | | | | | | | | | | 3 | | Х |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (D) (C) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D | 4 | For any individual listed on line 1a, is the su | m of reportabl | е со | mpe | ensa | tion | and | oth | ner compensation from the | ne organization | | | | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation PENN HILL GROUP LLC, 777 6TH ST NW SUITE GOVERNMENT RELATIONS 500, WASHINGTON, DC 20001 ENTERPRISE RESEARCH GROUP LLC DEVELOPMENT OF NSC'S | | and related organizations greater than \$150 | 0,000? If "Yes. | ° co | mple | ete S | Sche | edule | J 1 | for such individual | | | 4 | Х | |
| Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (D) (C) (C) (C) (C) (C | 5 | | | | | | | | | | lual for services | | | | |
| Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (D) (C) (D) (D) (E) (D) (C) (D) (D) (D) (D) (D) (E) (D) (D | | rendered to the organization? If "Yes." com | plete Schedule | e J fo | or su | ich i | oers | on | | - | | | 5 | | Х |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address PENN HILL GROUP LLC, 777 6TH ST NW SUITE 500, WASHINGTON, DC 20001 ENTERPRISE RESEARCH GROUP LLC CONSULTING DEVELOPMENT OF NSC'S | Sec | | | | | | | | | | | | | | |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address PENN HILL GROUP LLC, 777 6TH ST NW SUITE 500, WASHINGTON, DC 20001 ENTERPRISE RESEARCH GROUP LLC CONSULTING DEVELOPMENT OF NSC'S | 1 | Complete this table for your five highest coi | mpensated ind | epe | nder | nt co | ontra | acto | 's th | nat received more than \$ | 100,000 of com | pensat | tion fr | om | |
| (A) Name and business address PENN HILL GROUP LLC, 777 6TH ST NW SUITE 500, WASHINGTON, DC 20001 ENTERPRISE RESEARCH GROUP LLC (B) Description of services COMPENSATIONS GOVERNMENT RELATIONS CONSULTING 158,769. | | | • | | | | | | | | | | | | |
| Name and business address Description of services Compensation PENN HILL GROUP LLC, 777 6TH ST NW SUITE GOVERNMENT RELATIONS 500, WASHINGTON, DC 20001 CONSULTING 158,769. ENTERPRISE RESEARCH GROUP LLC DEVELOPMENT OF NSC'S | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | C) | |
| 500, WASHINGTON, DC 20001 CONSULTING 158,769. ENTERPRISE RESEARCH GROUP LLC DEVELOPMENT OF NSC'S | | | address | | | | | | | | ervices | С | | | n |
| 500, WASHINGTON, DC 20001 CONSULTING 158,769. ENTERPRISE RESEARCH GROUP LLC DEVELOPMENT OF NSC'S | PEN | N HILL GROUP LLC. 777 | 6TH ST | NW | S | UΙ | TE | | | GOVERNMENT RI | LATIONS | | | | |
| ENTERPRISE RESEARCH GROUP LLC DEVELOPMENT OF NSC'S | | | | | ~ | | - - | | | | | | 15 | 8.7 | 69. |
| | | | | | | | | | | | F NSC S | | | <u>~,,,</u> | |
| | | | | | VΔ | 2 | 01 | 76 | | | 1 | | 15 | 1.0 | 00- |

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2019)

\$100,000 of compensation from the organization

| orm Pa i | | | | | | LL | EGE ATTA | INMENT NETV | VORK | 31-1793 | 562 Page 9 |
|--|-------------|--|--|----------------------|------------------|----------|--------------------------------------|---|---|--------------------------------------|--|
| 1 0 | | 7 111 | Check if Schedule O | | | nco | or note to any lin | o in this Part VIII | | | F |
| | | | Check if Schedule O | <u> </u> | airis a respo | 1156 | or note to any in | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | b c d e f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included in Noncash contributions included in Total. Add lines 1a-1f | gran abov | ts, and //e 1f | | 778,611. | 778,611. | | | |
| Program Service C Revenue | 2 | a b c d e f | TO & THRU PRO CONFERENCE RE MEMBERSHIP DU CONFERENCE SP COLLEGE FUTUR All other program service Total. Add lines 2a-2f | GI ES ON ES | STRATI SORSHI | _ | 900099 900099 900099 900099 | 1,482,168. 644,465. 350,381. 346,175. 79,263. | 1,482,168. 644,465. 350,381. 346,175. 79,263. | | |
| - | 3 4 5 | | Investment income (including dividends, interediction other similar amounts) Income from investment of tax-exempt bond properties (i) Real | | | | st, and | 13,471. | | | 13,471. |
| | 6 | 6 a Gross rents 6 b Less rental expenses c Rental income or (loss) 6 c | | | • | | | | | | |
| Revenue | . 7 | b | Gross amount from sales of assets other than inventory Less. cost or other basis and sales expenses Gain or (loss) | 7a 7b 7c | | ies | (ii) Other | | | | |
| Other Rev | 8 | а | Net gain or (loss) Gross income from fundraisi including \$ contributions reported on Part IV, line 18 | | of | 8a 8b | • | | | | |
| | 9 | c a b | Less. direct expenses Net income or (loss) from Gross income from gamin Part IV, line 19 Less direct expenses | ig ac | tivities. See | 9a 9b | > | | | | |
| | 10 | a b | Net income or (loss) from Gross sales of inventory, and allowances Less cost of goods sold Net income or (loss) from | less | returns , | 10a | | | | | |
| neous | 11 | | MISCELLANEOUS | | | | Business Code 900099 | 26,298. | | | 26,298. |
| Aiscellaneous Revenue | | c d | All other revenue . | - | | _ | | | | | |

▶ 26,298.
▶ 3,720,832.2,902,452.

0.

e Total. Add lines 11a-11d

Total revenue. See instructions

| Sect | on 501(c)(3) and 501(c)(4) organizations must comp | olete all columns. All othe | er organizations must con | nlete column (A) | |
|----------|---|-----------------------------|------------------------------|-------------------------------------|--------------------------|
| 0001 | Check if Schedule O contains a respon | | | ipiete column (A) | X |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | 1 |
| | and domestic governments. See Part IV, line 21 | 709,763. | 709,763. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | ındıvıduals. 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 |
| 4 | Benefits paid to or for members | <u> </u> | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 232,835. | 152,394. | 70,364. | 10,077. |
| 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 | 1,315,101. | 1,013,385. | 233,370. | 68,346. |
| 8 | Pension plan accruals and contributions (include | | 2,020,000 | 233,3700 | 00,040+ |
| • | section 401(k) and 403(b) employer contributions) | 165,597. | 14,605. | 150,992. | |
| 9 | Other employee benefits | 99,750. | 5,350. | 94,400. | |
| 10 | Payroll taxes | 115,546. | 695. | 114,851. | |
| 11 | Fees for services (nonemployees) | | | | • |
| а | Management | | | | |
| b | Legal | 2,342. | | 2,342. | |
| С | Accounting | 112,000. | | 112,000. | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 707 507 | 701 504 | 06 062 | |
| | column (A) amount, list line 11g expenses on Sch O.) | 787,587. | 701,524. | 86,063. | . |
| 12 | Advertising and promotion | 69,965. | 27,820. | 42,145. | |
| 13 14 | Office expenses Information technology | 74,636. | 40,705. | 33,915. | 16. |
| 15 | Royalties | 7 = 7 0 3 0 1 | ±0,703. | 33,313. | 10. |
| 16 | Occupancy | 146,337. | 25,711. | 120,626. | |
| 17 | Travel | 189,659. | 167,095. | 17,278. | 5,286. |
| 18 | Payments of travel or entertainment expenses | | | , = | ., = |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 491,965. | 491,916. | 49. | |
| 20 | Interest . | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 22,881. | 5,010. | 17,871. | ···· |
| 23 | Insurance | 17,958. | 4,317. | 13,641. | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | l ar har ne Salara | , teg, | | |
| а | DUES & SUBSCRIPTIONS | 51,712. | 44,191. | 7,521. | |
| b | RECRUITMENT | 1,997. | 152. | 1,845. | |
| С | BENEFITS ALLOCATION | 0. | 303,556. | -326,733. | 23,177. |
| d | INDIRECT ALLOCATION | 0. | 210,898. | -210,898. | |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 4,607,631. | 3,919,087. | 581,642. | 106,902. |
| 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) | | | | |

NATIONAL COLLEGE ATTAINMENT NETWORK

| Pai | τX | Balance Sheet | | | | | , |
|-----------------------------|----------|--|-----------|--|--------------------------|------------|--|
| | | Check if Schedule O contains a response or not | e to an | y line in this Part X | | | ų. |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 460,018. | 1 | 528,065. |
| | 2 | Savings and temporary cash investments | | . [| 3,188,087. | 2 | 3,754,831. |
| | 3 | Pledges and grants receivable, net | 487,823. | 3 | | | |
| | 4 | Accounts receivable, net | 34,674. | 4 | 29,633. | | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, subst | antial c | contributor, or 35% | <u> </u> | | |
| | | controlled entity or family member of any of thes | e pers | ons | | 5 | <u></u> |
| | 6 | Loans and other receivables from other disqualif | ied per | rsons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | l ın sec | tion 4958(c)(3)(B) | | 6 | |
| S. | 7 | Notes and loans receivable, net | . [| | 7 | | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ϋ́ | 9 | Prepaid expenses and deferred charges | | | 53,677. | 9 | 76,447. |
| | 10a | Land, buildings, and equipment cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 361,812. | | | |
| i | ь | Less accumulated depreciation | 10b | 328,760. | 54,288. | 10c | 33,052. |
| | 11 | Investments - publicly traded securities | | | 11 | | |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | 11 010 | 14 | 11 010 | | |
| | 15 | Other assets. See Part IV, line 11 | | 11,012. | 15 | 11,012. | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | al line 3 | 33) | 4,289,579. | 16 | 4,433,040. |
| | 17 | Accounts payable and accrued expenses | ŀ | 69,943. | 17 | 292,086. | |
| | 18 | Grants payable . | ļ. | 648,927. | 18 | 1,469,698. | |
| | 19 | Deferred revenue | | | 040,927. | 19 | 1,403,030. |
| | 20 | Tax-exempt bond liabilities | 3 N/ | | | 20 | · |
| | 21 | Escrow or custodial account liability. Complete I | | i i | | 21 | |
| es | 22 | Loans and other payables to any current or form | | | *, > | | 1 |
| = | ł | trustee, key employee, creator or founder, subst | | | | 22 | [|
| Liabilities | | controlled entity or family member of any of thes Secured mortgages and notes payable to unrela | | The state of the s | | 23 | |
| _ | 23 24 | Unsecured notes and loans payable to unrelated | | · | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | · | ··· | | |
| | 23 | parties, and other liabilities not included on lines | - | | | | |
| | | of Schedule D | , | , complete rate x | 21,025. | 25 | 8,371. |
| | 26 | Total liabilities. Add lines 17 through 25 | | • | 739,895. | 26 | 1,770,155. |
| | | Organizations that follow FASB ASC 958, che | ck her | e ▶ X | | | |
| S | 1 | and complete lines 27, 28, 32, and 33. | -11 1101 | · | | | 1 |
| 2 | 27 | Net assets without donor restrictions | | | 2,134,939. | 27 | 2,272,060. |
| Bak | 28 | Net assets with donor restrictions | | | 1,414,745. | 28 | 390,825. |
| 臣 | | Organizations that do not follow FASB ASC 9 | 58, ch | eck here 🕨 🗌 | | | |
| Ē | | and complete lines 29 through 33. | • | | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| sets | 30 | Paid-in or capital surplus, or land, building, or ed | uipme | nt fund | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated in | | T T | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | • | [| 3,549,684. | 32 | 2,662,885. |
| - | 33 | Total liabilities and net assets/fund balances | | | 4,289,579. | 33 | 4,433,040. |
| | | | | | | | Form 990 (2019) |

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Form 990 (2019)

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

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

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 on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

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

OMB No 1545-0047

2019 - Open to Public

Inspection
Employer identification number

NATIONAL COLLEGE ATTAINMENT NETWORK 31-1793562 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 5 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). 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 university An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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) 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 II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (III) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to - "

| Sec | qualify under the tests listed better A. Public Support | elow, please comp | lete Part II.) | | | | |
|------|--|----------------------|------------------------|------------------------|--|-----------------------|-------------------|
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | _(c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Gifts, grants, contributions, and | | | , | * | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 4376425. | 3254141. | 7081599. | 294,397. | 778,611. | 15785173. |
| 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 | 994,807. | 1142214. | 1253591. | 2499246. | 2902452. | 8792310. |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| • | ization'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 | 5371232. | 4396355. | 022E100 | 2793643. | 2601062 | 24577483. |
| | Total. Add lines 1 through 5 | 53/1232. | 4390333. | 8335190. | 2/93043. | 3001003. | 243//403. |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | 3487251. | 2436786. | 6177123. | 1128208. | 1485039. | 14714407. |
| 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 | | | | | | 0. |
| c | Add lines 7a and 7b | 3487251. | 2436786. | 6177123. | 1128208. | 1485039. | 14714407. |
| _ | Public support. (Subtract line 7c from line 6) | | | | | | 9863076. |
| | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 6 | 5371232. | 4396355. | 8335190. | 2793643. | 3681063. | 24577483. |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2,181. | 2,133. | 5,440. | 16,047. | 13,471. | 39,272. |
| ۰ | Unrelated business taxable income | 2/1011 | 2/2001 | 3/1101 | 20/01/1 | | 33/2/20 |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| , | Add lines 10a and 10b | 2,181. | 2,133. | 5,440. | 16,047. | 13,471. | 39,272. |
| 11 | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | 23,068. | 2,316. | 11,965. | 21,673. | 26,298. | 85,320. |
| 40 | assets (Explain in Part VI.) | 5396481. | 4400804. | 8352595. | 2831363. | | 24702075. |
| | Total support. (Add lines 9, 10c, 11, and 12) | | | | • | | • |
| 14 | First five years. If the Form 990 is for check this box and stop here | r the organization s | s first, second, third | a, fourth, or fifth ta | ix year as a section | 1 50 I(c)(3) organiza | ation, |
| Sec | ction C. Computation of Publi | c Support Per | centage | | · · · · · | | |
| | Public support percentage for 2019 (I | | | column (fl) | | 15 | 39.93 % |
| 16 | Public support percentage from 2018 | | • • | Joidinia (1)) | | 16 | 37.28 % |
| | ction D. Computation of Inves | | | | ······································ | 1 10 1 | 37.20 /0 |
| 17 | Investment income percentage for 20 | - | | ne 13. column (fl) | | 17 | .16 % |
| 18 | Investment income percentage from | • | • | e 10, column (ijj | | 18 | .12 % |
| | 33 1/3% support tests - 2019. If the | | | n line 14 and line | 15 is more than 3 | | |
| 136 | more than 33 1/3%, check this box ar | | | | | | V IS HOL \(\tau\) |
| t | 33 1/3% support tests - 2018. If the | organization did n | ot check a box on | line 14 or line 19a | , and line 16 is mo | ore than 33 1/3%, a | · |
| | line 18 is not more than 33 1/3%, che | | - | | | - | ▶□ |
| 20 | Private foundation. If the organization | on did not check a | box on line 14, 19a | a, or 19b, check th | is box and see ins | tructions | |

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. / | AII | Suppo | orting | Org | anizations |
|--------------|-----|-------|--------|-----|------------|
|--------------|-----|-------|--------|-----|------------|

- 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.
- 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).
- 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?
- c 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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.)

| | Yes | No |
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| Sche | dule A (Form 990 or 990-EZ) 2019 NATIONAL COLLEGE ATTAINMENT NETWORK 31-17 | 9356 | 2 Pa | age 5 |
|----------|--|-----------|----------|--------------|
| Pai | rt IV 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) | | | l |
| | below, the governing body of a supported organization? | 11a | | |
| | 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. tion B. Type I Supporting Organizations | 11c | | |
| <u> </u> | tion b. Type i oupporting organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 100 | 1,00 |
| • | 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, | | | i |
| | 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 | | L |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | 1 |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | , | | |
| | Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | لـــــا | |
| Sec | tion 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 | | | 1 |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| 800 | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | L | |
| Sec | tion D. All Type III Supporting Organizations | | V | |
| | Did the average tipe avoide to each of the comparted eventuations, by the last day of the fifth month of the | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | · | | |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | \ \ | <u> </u> | |
| | 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 | | L |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | • | | |
| а | 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 inst | ructions, | | |
| 2 | Activities Test. Answer (a) and (b) below. | r | 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 Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | i i | • | ' |
| | how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | , | | 1 |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | l ' | ' |
| | activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | ĺ | |
| а | | | | <u> </u> |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |

| | edule A (Form 990 or 990-EZ) 2019 NATIONAL COLLEGE ATTAIN | | | 31-1793562 Page 6 |
|------|--|------------|---------------------------|---------------------------------|
| Рa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on | Nov. 20, 1970 (explain i | n Part VI). See instructions. A |
| | other Type III non-functionally integrated supporting organizations must co | mplete S | ections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| _1_ | Net short-term capital gain | 1 | | • |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| _4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | , | |
| 6 | Portion of operating expenses paid or incurred for production or | | | • |
| | collection of gross income or for management, conservation, or |]] | • | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | • | |
| _8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Pnor 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): | , | * * 19 | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI) | | | 1 |
| 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 | | 1 |
| Sect | ion 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 | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functionally | y integrat | ed Type III supporting or | rganization (see |
| | instructions). | _ | · · · · · | |

Schedule A (Form 990 or 990-EZ) 2019

| | dule A (Form 990 or 990-EZ) 2019 NATIONAL COLLE | | | 1-1793562 Page 7 |
|-------|--|---------------------------------------|--|-------------------------------------|
| Par | t V Type III Non-Functionally Integrated 509 | a)(3) Supporting Orga | nizations (continued) | <u> </u> |
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | npt purposes | | · |
| 2 | Amounts paid to perform activity that directly furthers exempt | t purposes of supported | | |
| | organizations, in excess of income from activity | · · · · · · · · · · · · · · · · · · · | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | • | | |
| 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. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which th | e organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | · · · · · · · · · · · · · · · · · · · | | |
| 3 | Excess distributions carryover, if any, to 2019 | · · · · · · · · · · · · · · · · · · · | | |
| а | From 2014 | | | |
| b | From 2015 | ¹£, | | |
| С | From 2016 | | | |
| d | From 2017 | | , | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | <u>. </u> | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7· \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h | | | |
| • | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | ; | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7 | | | |
| а | Excess from 2015 | | | |
| b | Excess from 2016 | | | |
| С | Excess from 2017 | | | |
| d | Excess from 2018 | | 1 | |

Schedule A (Form 990 or 990-EZ) 2019

e Excess from 2019

| Part VI Supplemental | | de the explanations re | | | 31-1793562 17b. Part III. line 12. | Page 8 |
|--|---|---|---|---|--|--|
| Part IV, Section A, I line 1, Part IV, Sect | lines 1, 2, 3b, 3c, 4b, 4 ion D, lines 2 and 3; Pa | c, 5a, 6, 9a, 9b, 9c, 11 | a, 11b, and 11c; Part Ic, 2a, 2b, 3a, and 3b | IV, Section B, lines 1; Part V, line 1; Part V, | and 2, Part IV, Section Section B, line 1e, Pai | C, rt V, |
| SCHEDULE A, PART | III, LINE 1 | l2, EXPLANAT | ION FOR OTH | HER INCOME: | • . | |
| OTHER INCOME | | | | | · | • |
| 2015 AMOUNT: \$ | 23,068. | | | | | |
| 2016 AMOUNT: \$ | 2,316. | | · | | | |
| 2017 AMOUNT: \$ | 11,965. | | | • | | |
| 2018 AMOUNT: \$ | 04 683 | | | | | |
| 2019 AMOUNT: \$ | 26,298. | | | | | |
| • | | | | | | • |
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| | | | <u> </u> | | | |

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2019

Open to Public Linspection

Department of the Treasury Internal Revenue Service

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

| | 2-4 504(-)(4) (5) - (0) | O lat. D. A.III | | | |
|-------------|--|--|---------------------------|------------------------------|--|
| | Section 501(c)(4), (5), or (6) organizat ne of organization | ions Complete Part III. | | | player identification number |
| INAII | _ | | ACONTO MERCANDO | į . | ployer identification number |
| 100 | NATIONA | L COLLEGE ATTAIN anization is exempt und | MENT NETWORK | or in a continu 527 c | 31-1793562 |
| Ľ, | rt(l=A) Complete if the org | janization is exempt und | er section 50 (c) | or is a section 527 C | rgamzauon. |
| | | | | | |
| 1 | Provide a description of the organiz | ation's direct and indirect politic | al campaign activities i | n Part IV. | |
| | Political campaign activity expendit | | | | \$ |
| 3 | Volunteer hours for political campai | gn activities | | | |
| | | | | · | |
| Pa | rtileB Complete if the org | anization is exempt und | er section 501(c)(| 3). | |
| 1 | Enter the amount of any excise tax | incurred by the organization und | ler section 4955 | • | \$ |
| 2 | Enter the amount of any excise tax | incurred by organization manage | ers under section 4955 | ▶ | \$ |
| 3 | If the organization incurred a sectio | n 4955 tax, did it file Form 4720 | for this year? | ,,,, | Yes No |
| 4a | Was a correction made? | | | | . Yes No |
| | If "Yes," describe in Part IV. | | | | |
| Pa | rt(I=C Complete if the org | anization is exempt und | er section 501(c), | except section 501 | c)(3). |
| 1 | Enter the amount directly expended | by the filing organization for sec | ction 527 exempt funct | tion activities | \$ |
| 2 | Enter the amount of the filing organ | ization's funds contributed to otl | her organizations for se | ection 527 | |
| | exempt function activities | | | ▶ | \$ |
| 3 | Total exempt function expenditures | . Add lines 1 and 2. Enter here a | nd on Form 1120-POL, | | |
| | line 17b | | | • | \$ |
| 4 | Did the filing organization file Form | 1120-POL for this year? | | - | Yes No |
| | Enter the names, addresses and en | • | N) of all section 527 po | litical organizations to whi | |
| | made payments. For each organization | • • | | - | • • |
| | contributions received that were pro- | omptly and directly delivered to a | a separate political orga | anization, such as a separ | ate segregated fund or a |
| | political action committee (PAC) If | addıtıonal space is needed, prov | ide information in Part | IV. | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from | (e) Amount of political |
| | (2) | (2) / 13 3 1 3 3 | (0) = | filing organization's | contributions received and |
| | | | 1 | funds. If none, enter -0 | |
| | | | | | delivered to a separate political organization. |
| | | | | | If none, enter -0 |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| | dule C (Form 990 or 990-EZ) 2019 t II-A Complete if the org | NATIONAL CO | . LLEGE ATTAI npt under sectior | NMENT NETWOR 501(c)(3) and file | RK 31-1 d Form 5768 (ele | 793562 Page 2 |
|----|--|-------------------------|---|------------------------------------|----------------------------------|--------------------------------|
| | neck In if the filing organization expenses, and share | re of excess lobbying | iliated group (and list in expenditures). nd "limited control" pro | | group member's name | e, address, EIN, |
| | Limi | ts on Lobbying Expe | | Total apply. | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lobbying expenditures to influ | uence public opinion (| grassroots (obbying) | | 12,933. | ر |
| | Total lobbying expenditures to influ | • • • | , | | 6,158. | ,· |
| | Total lobbying expenditures (add li | • | , (=====,==g, | • | 19,091. | |
| | Other exempt purpose expenditure | • • | | | 4,588,540. | |
| е | Total exempt purpose expenditure | s (add lines 1c and 1d | Ŋ | | 4,607,631. | |
| f | Lobbying nontaxable amount, Enter | er the amount from the | e following table in both | columns. | 380,382. | |
| | If the amount on line 1e, column (a) o | r (b) is: The lob | bying nontaxable am | ount is: | | |
| | Not over \$500,000 | 20% of | the amount on line 1e. | | | |
| | Over \$500,000 but not over \$1,000 | 0,000 \$100,00 | 00 plus 15% of the exc | ess over \$500,000. | • | 1 |
| | Over \$1,000,000 but not over \$1,5 | 00,000 \$175,00 | 00 plus 10% of the exc | ess over \$1,000,000. | | |
| | Over \$1,500,000 but not over \$17, | 000,000 \$225,00 | 00 plus 5% of the exces | s over \$1,500,000. | | |
| ļ | Over \$17,000,000 | \$1,000, | 000. | | | |
| | | | | | | |
| g | Grassroots nontaxable amount (en | ter 25% of line 1f) | | • | 95,096. | • |
| h | Subtract line 1g from line 1a. If zero | o or less, enter -0- | | - | 0. | |
| i | Subtract line 1f from line 1c. If zero | or less, enter -0- | | | 0. | |
| j | If there is an amount other than ze | ro on either line 1h or | line 1i, did the organiza | tion file Form 4720 | | |
| | reporting section 4911 tax for this | year [?] | | | | Yes No |
| | (Some organizations the | nat made a section 5 | eraging Period Under 01(h) election do not f ate instructions for lir | nave to complete all o | f the five columns be | low. |
| | | Lobbying Expe | nditures During 4-Yea | r Averaging Period | | |
| | Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 ′ | (c) 2018 | (d) 2019 | (e) Total |
| 2a | Lobbying nontaxable amount | 352,573. | 416,613. | 395,102. | 380,382. | 1,544,670. |

b Lobbying ceiling amount 2,317,005. (150% of line 2a, column(e)) 6,042. 21,264. 16,667. 19,091. 63,064. c Total lobbying expenditures 88,143. 98,776. 95,096. 386,168. 104,153. d Grassroots nontaxable amount e Grassroots ceiling amount 579,252. (150% of line 2d, column (e)) 19,491. 6,558. 12,933. f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990 EZ) 2019 NATIONAL COLLEGE ATTAINMENT NETWORK 31-1793562 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For ea | or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | |) | (b) | |
|--------|---|-----------------|--------------|------------|-----|
| | lobbying activity. | Yes | No | Amo | unt |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or | | | | |
| | local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| | or referendum, through the use of: | | | | |
| а | Volunteers? | | | | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | |
| C | Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| е | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i | Other activities? | | | | |
| j | Total. Add lines 1c through 1i ` | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | 6 | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | ` | | | |
| C | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | • |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | |
| Par | Complete if the organization is exempt under section 501(c)(4), section 501(c)(6). | 1 501(c)(t |), or sec | | |
| | • | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section | prior year? | 3 | | |
| 1 | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members | | 1 | - <u> </u> | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic | al | | | |
| _ | expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | | 2a | | |
| | Carryover from last year | | 2b | | |
| c | Total | | 2c | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | 3 | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce | ess | [| | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po- | | <u> </u> | | |
| | expenditure next year? | | 4 | | 4 |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | | 5 | | |
| Par | | | | | |
| Provi | de the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group | list), Part II- | A, lines 1 a | nd 2 (see | |
| | ctions); and Part II-B, line 1. Also, complete this part for any additional information. | | | | |
| | | | | | |
| | | | | | |
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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 Open to Public Inspection

Name of the organization

NATIONAL COLLEGE ATTAINMENT NETWORK

Employer identification number 31-1793562

| Pa | rt I Organizations Maintaining Donor Advised | | r Accounts. Complete if the |
|-----|---|---|-------------------------------------|
| • | organization answered "Yes" on Form 990, Part IV, line | | |
| | | (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 advisors in w | riting that the assets held in donor advised | funds |
| | are the organization's property, subject to the organization's e | - | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | • | — — . |
| | for charitable purposes and not for the benefit of the donor or | | |
| | impermissible private benefit? | | . Yes No |
| Pa | rt II Conservation Easements. Complete if the org | anization answered "Yes" on Form 990, Pa | |
| 1 | Purpose(s) of conservation easements held by the organizatio | | |
| | Preservation of land for public use (for example, recreati | | historically important land area |
| | Protection of natural habitat | | certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contribution 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 easements | | 2b |
| С | Number of conservation easements on a certified historic strue | cture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired af | ter 7/25/06, and not on a historic structure | |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | ased, extinguished, or terminated by the or | rganization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ease | ement is located > | • |
| 5 | Does the organization have a written policy regarding the period | odic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it I | holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | andling of violations, and enforcing conser | vation easements during the year |
| | — | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handle | ing of violations, and enforcing conservatio | n easements during the year |
| | \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | satisfy the requirements of section 170(h)(| 4)(B)(ı) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footnot | ote to the organization's financial statement | ts that describes the |
| Da | organization's accounting for conservation easements | Art Historical Transcript Offi | 0:: |
| Fai | rt III Organizations Maintaining Collections of | | er Similar Assets. |
| | Complete if the organization answered "Yes" on Form 9 | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | | |
| | of art, historical treasures, or other similar assets held for publi | | nerance of public |
| | service, provide in Part XIII the text of the footnote to its finance | | |
| D | If the organization elected, as permitted under FASB ASC 958 | • | |
| | art, historical treasures, or other similar assets held for public e | exhibition, education, or research in further | ance of public service, |
| | provide the following amounts relating to these items | | . . |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | . \$ |
| _ | (ii) Assets included in Form 990, Part X | | > - |
| 2 | If the organization received or held works of art, historical treas | | ain, proviαe |
| _ | the following amounts required to be reported under FASB AS | U 908 relating to these items. | . |
| a | Revenue included on Form 990, Part VIII, line 1 | | * |
| | ASSESS SCRIPTOR IN FORM WHILL MORE Y | | |

| Sche Par | The state of the s | L COLLEGE A | | | | | | 31-17 | | |
|-------------|--|------------------------|------------|---------------|----------------|---------------|---------------------------------------|----------------|-------------|-----------|
| ш | Using the organization's acquisition, accessi | | | | • | | | _ | (continu | ea) |
| 3 | | on, and other records | s, check | arry or the r | ollowing triat | make sigi | illicant i | use or its | | |
| _ | collection items (check all that apply): Public exhibition | _ | . — | l oan ar aval | hange progra | m | | | | |
| a | | 0 | _ | | nange progra | | | | | |
| b | Scholarly research | е | ' Ш' | Otrier | | | | | | |
| C | Preservation for future generations | | | | | nla avama | .+ | aa in Dart | VIII | |
| 4 | Provide a description of the organization's co | • | | - | _ | | | se in Fart. | AIII. | |
| 5 | During the year, did the organization solicit o | | | | | r Similar a | 55615 | Γ. | 7 ٧ | ☐ No |
| Dar | to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter | | | | | Vas" on F | ·· | Dort IV I | Yes | IIIO |
| rai | reported an amount on Form 990, Par | · | ete ii the | organizatio | n answered | res on r | omi 990 |), Fart IV, I | irie 9, or | |
| | Is the organization an agent, trustee, custodi | | arv for c | ontributions | or other ass | ets not in | cluded | | | |
| | on Form 990, Part X? | | , | | | | | | Yes | ☐ No |
| h | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing ta | able . | | | | | | |
| U | Tros, explain the arrangement in rail value | and complete the for | .oving a | | | | | | Amount | |
| _ | Beginning balance | | | | | | 1c | | | |
| C | Additions during the year | | | | • | | 1d | | | |
| u - | Distributions during the year | | | | | | 1e | | | |
| e | <u> </u> | • | • | | - | • | 1f | | | |
| f | Ending balance | | | | istadial sassi | int liability | | | Yes | No |
| | Did the organization include an amount on Fo | | | | | | , : | <u> </u> | _ res | |
| Par | If "Yes," explain the arrangement in Part XIII. | | | | | | · · · · · · · · · · · · · · · · · · · | | | <u> </u> |
| rai | t V Endowment Funds. Complete | | | | | | | baalı | (-) Faure | |
| | | (a) Current year | (b) P | rior year | (c) Two year | S DACK (| d) Inree | years back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | , | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | _ | | | | | | | |
| f | Administrative expenses | | | | 1 | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end balance | e (line 1g | , column (a) |) held as: | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| ь | Permanent endowment | % | | | | | | | | |
| _ | | % | | | | | | | | |
| • | The percentages on lines 2a, 2b, and 2c sho | · - | | | | | | | | |
| За | Are there endowment funds not in the posse | | ation that | t are held ar | nd administer | ed for the | organiz | ation | | |
| Ų. | by | | | | | | 3 | | [· | Yes No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | |
| | (ii) Related organizations | | - | | | | | | 3a(ii) | \neg |
| | If "Yes" on line 3a(ii), are the related organizations | tions listed as requir | od on S | obodulo P2 | | | | | 3b | |
| _ | 1,7 | • | | | | | | | _ <u>3</u> | |
| Bar | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm | | wment | urius. | | | | | | |
| rar | | |) Down 114 | / line 11 = 0 | For- 000 | Dort V I | no 10 | | | |
| | Complete if the organization answere | | | | | | | | / N D1- | |
| | Description of property | (a) Cost or o | | , , | or other | | cumulat | | (d) Book | value |
| | | basis (investr | nent) | Dasis | (other) | аер | reciation | ' | | |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | 4 555 | | 10 = | | | 01.5 |
| C | Leasehold improvements | | _ | | 4,755. | | 10,5 | | | ,216. |
| d | Equipment | | | | 9,799. | | <u>97,6</u> | | | ,158. |
| ее | Other | | | 22 | 7,258. | 2 | <u>20,5</u> | 80. | | ,678. |
| Total | . Add lines 1a through 1e. (Column (d) must e | gual Form 990. Part | X. colum | n (B). line 1 | 0c.) | | A | | 33 | ,052. |

Schedule D (Form 990) 2019

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(8) (9)

SCHEDULE

(Form 990)
Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

2019
Open to Public
Inspection

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

Employer identification number 31-1793562

2 |

X Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection NATIONAL COLLEGE ATTAINMENT NETWORK Part I General Information on Grants and Assistance criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | 55,000. Part II can | be duplicated if additio | inal space is neede | ğ. | | | |
|--|---------------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| 1 (a) Name and address of organization or government | (p) 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 noncash assistance | (h) Purpose of grant or assistance |
| CITIZENS FOR EDUCATIONAL EXCELLENCE - P.O. BOX 261125 - CORPUS CHRISTI, TX 78426 | 75-3137924 | 501C3 | 10,000. | 0 | | | * FAFSA AWARD OF EXCELLENCE |
| PARTNERSHIP FOR LA SCHOOLS 1055 WILSHIRE BOULEVARD SUITE 1850 LOS ANGELES , CA 90017 | 26-1759681 | 501C3 | 10,000. | 0 | | | POSTSECONDARY ADVISING |
| ROCHESTER EDUCATION FOUNDATION 250 MILL STREET ROCHESTER, NY 14614 | 27-0132133 | 501C3 | 10,000. | 0 | | | FAFSA AWARD OF EXCELLENCE |
| UTAH HIGHER EDUCATION ASSISTANCE AUTHORITY - 60 SOUTH 400 WEST - SALT LAKE CITY, UT 84101 | 87~6000545 | 115 | 10,000. | 0. | | | FAFSA AWARD OF EXCELLENCE |
| ACADEMIC SUCCESS PROGRAM 5440 HARVEST HILL ROAD SUITE 234 DALLAS, TX 75230 | 26-4673797 | 501C3 | 11,000. | .0 | | | ADVOCACY |
| COLLEGE SUCCESS ARIZONA 4040 E. CAMELBACK RD STE 220 PHOENIX , AZ 85018 | 20-2366755 | 50103 | 11,000. | 0. | | | ADVOCACY |

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

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| Schedule I (Form 990) NATIONAL COLLEGE ATTAINMEN Pait II Continuation of Grants and Other Assistance to Governments and | COLLEGE A | ATTAINMENT NE | T NETWORK Organizations in the United States | | (Schedule I (Form 990), Part II.) | | 31-1793562 Page 1 |
|--|------------|----------------------------------|--|---|--|---|---------------------------------------|
| (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 |
| EDUCATION IS FREEDOM FOUNDATION 1111 W. MOCKINGBIRD IN. SUITE 1300B DALLAS , TX 75247 | 04-3643313 | 501C3 | 11,000. | .0 | • | | ADVOCACY |
| FOUNDATION FOR STUDENTS RISING ABOVE - PO BOX 192492 - SAN FRANCISCO, CA 94119 | 81-0615887 | 50103 | 11,000. | 0, | | - | ADVOCACY |
| LEADERSHIP ENTERPRISE FOR DIVERSE AMERICA - 315 WEST 39TH STREET SUITE 607 - NEW YORK , NY 10018 | 33-1071771 | 50103 | 11,000. | 0, | | | ADVOCACY |
| MID-AMERICA REGIONAL COUNCIL 600 BROADWAY, SUITE 200 KANSAS CITY, MO 64105 | 20-1824454 | 50,103 | 11,000. | 0, | | | ADVOCACY |
| MN STATE COLL, STUDENT ASSN. 1515 ROBERT STREET S, WEST ST. PAUL, MN 55418 | 41-1804559 | 501C3 | 11,000, | 0. | • | | ADVOCACY |
| NEED LAW & FINANCE BUILDING 429 4TH AVE. PITTSBURGH, PA 15219 | 25-6070821 | 50103 | 11,000. | 0 | - I | | ADVOCACY |
| ROWAN COUNTY CROSBY SCHOLARS 225 N. MAIN STREET, SUITE 102 SALISBURY, NC 28144 | 46-2621465 | 501C3 | 11,000. | 0. | | | ADVOCACY |
| STUDENT U 600 UMSTEAD ST. DURHAM, NC 27701 | 27-3460491 | 50103 | 11,000. | . 0 | | | ADVOCACY |
| WOODWARD HINES EDUCATION FOUNDATION - PO BOX 5008 - JACKSON, MS 39296 | 64-0860939 | 50103 | 11,000. | 0. | | | ADVOCACY |
| | | | | | | | Schedule I (Form 990) |

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| | (Schedule I (Form 990), Part II) | |
|-------------------------------------|---|--|
| NETWORK | Organizations in the United States (Schedule I (Form 990), Part II) | |
| NATIONAL COLLEGE ATTAINMENT NETWORK | rnments and (| |
| COLLEGE | Assistance to | |
| NATIONAL | on of Grants and Other Assistance to Gove | |
| Schedule i (Form 990) | Part II Continuation | |

| (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 |
|---|------------|----------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| BRIDGE THE GAP COLLEGE PREP PO BOX 1390 SAUSALITO, CA 94965 | 91-1930327 | 50103 | 15,000. | .0 | | | POSTSECONDARY SUCCESSS PROGRAMMING |
| CITY SQUASH 602 E. 187TH ST. SUITE 204 BRONX, NY 10458 | 42-1535583 | 50103 | 15,000. | 0. | | | POSTSECONDARY SUCCESSS PROGRAMMING |
| COLLEGE ACCESS NOW. 3211 MARTIN LUTHER KING JR WAY S. S SEATTLE, WA 98144 | 68-0624494 | 50103 | 15,000. | 0. | | | POSTSECONDARY SUCCESSS |
| COLLEGE VISIONS 131 WASHINGTON STREET SUITE 205 PROVIDENCE, RI 02903 | 27-2344723 | 50103 | 15,000. | 0. | | | POSTSECONDARY SUCCESSS PROGRAMMING |
| ONTARIO-MONTCLAIR PROMISE SCHOLARS PO BOX 1426 ONTARIO, CA 91762 | 90-0716973 | 50103 | 15,000. | 0 | | | POSTSECONDARY ADVISING |
| PROJECT GRAD HOUSTON 3000 RICHMOND AVENUE, SUITE 400 HOUSTON, TX 77098 | 76-0450397 | 50103 | 15,000. | 0. | | | POSTSECONDARY SUCCESSS PROGRAMMING |
| SPRINGFIELD PUBLIC SCHOOLS (MA) 1550 MAIN STREET SPRINGFIELD, MA 01103 | 04-6001415 | 115 | 15,000. | 0. | | | POSTSECONDARY ADVISING |
| TEENSHARP 1200 N. FRENCH STREET WILMINGTON, DE 19801 | 27-2246880 | 501C3 | . 15,000. | 0 | | | POSTSECONDARY SUCCESSS PROGRAMMING |
| CAPITAL PARTNERS FOR EDUCATION 1413 K. ST. NW THIRD FLOOR WASHINGTON , DC 20005 | 52-1832497 | 50103 | 15,250. | 0 | | | POSTSECONDARY SUCCESSS PROGRAMMING |

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| Schedule I (Form 990) NATIONAL COLLEGE ATTAINMENT NETWORK Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States | COLLEGE A | ATTAINMENT NI | NETWORK | | (Schedule I (Form 990), Part II.) | | 31-1793562 Page 1 |
|--|------------|----------------------------------|--------------------------|---|--|--|---------------------------------------|
| (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 |
| CROSBY SCHOLARS PROGRAM 2701 UNIVERSITY PARKWAY WINSTON SALEM , NC 27105 | 31-1523230 | 50103 | . 15,250. | .0 | | · | POSTSECONDARY SUCCESSS PROGRAMMING |
| DEGREES OF CHANGE 1102 COMMERCE ST, SUITE 400 TACOMA, WA 98401 | 45-3035382 | 50103 | 15,250. | 0 | | | POSTSECONDARY SUCCESSS PROGRAMMING |
| PREP NEXT, DC PREP PROGRAM 701 EDGEWOOD ST, NE WASHINGTON , DC 20017 | 02-0550253 | 50103 | 15,250. | .0 | | | POSTSECONDARY SUCCESSS PROGRAMMING |
| COLLEGE HORIZONS, INC. PO BOX 1262 PENA BLANCA, NM 87041 | 20-1730126 | 50103 | 16,500. | 0 | | | POSTSECONDARY SUCCESSS PROGRAMMING |
| DENTON ISD 1307 N. LOCUST DENTON, TX 76201 | 75-6001311 | 115 | 25,000. | 0 | | | PAFSA AWARD OF EXCELLENCE |
| I KNOW I CAN-COLUMBUS 1108 CITY PARK SUITE 301 COLUMBUS , OH 43206 | 31-1229135 | 50103 | 25,000. | 0 | | | POSTSECONDARY ADVISING |
| OPERATION JUMP START 3515 LINDEN AVENUE LONG BEACH, CA 90807 | 33-0629895 | 50103 | 26,000. | 0 | | | POSTSECONDARY SUCCESSS PROGRAMMING |
| ACHIEVE MINNBAPOLIS 2829 UNIVERSITY AVENUE SE SUITE 850 MINNBAPOLIS, MN 55414 | 41-1425264 | 50103 | 28,313. | .0 | | | POSTSECONDARY ADVISING |
| PUGET SOUND ESD 800 OAKESDALE AVE SW, RENTON, WA 98057 | 91-0851413 | 115 | 30,000. | 0 | | | POSTSECONDARY ADVISING |
| | | | | | | | Schedule I (Form 990) |

| Schedule (Form 990) INATIONAL COLLEGE ATTAINMENT NETWORK [Part II] Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | Assistance to Go | NATIONAL COLLEGE ATTAINMENT NETWORK Brants and Other Assistance to Governments and Organizations in | ETWORK | ited States (Sche | dule I (Form 990), Pa | | 31-1/93562 Page 1 |
|---|------------------|---|--------------------------|---|---|--|------------------------------------|
| (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 |
| AZCAN/COLLEGE SUCCESS ARIZONA 4040 CAMELBACK ROAD SUITE 220 PHOENIX , AZ 85018 | 20-2366755 | 501C3 | 100,000. | •0 | | | PAFSA AWARD OF EXCELLENCE |
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(f) Description of noncash assistance 90 (e) Method of valuation (book, FMV, appraisal, other) GRANT FUNDS MUST BE USED SPECIFICALLY FOR THE PURPOSED OUTLINED IN THE GRANT PROPOSAL. Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. 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. GRANTEES ANY GRANT FUNDS UNEXPENDED OR UNCOMMITTED AT THE END OF THE GRANT PERIOD MAKE AN ANNUAL REPORT TO NCAN ON GRANT ACTIVITY AND FINANCIALS. (d) Amount of non-cash assistance THE ORGANIZATIONS, (c) Amount of cash grant PER SIGNED GRANT AGREEMENTS BETWEEN NCAN AND (b) Number of recipients MUST BE. PROMPTLY RETURNED TO NCAN (a) Type of grant or assistance PART I, LINE 2: Part III

Schedule I (Form 990) (2019)

932102 10-26-19

Page 2

31-1793562

NATIONAL COLLEGE ATTAINMENT NETWORK

Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

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.

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

2019 2019

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

NATIONAL COLLEGE ATTAINMENT NETWORK

Employer identification number 31-1793562

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization X a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of. X a The organization? 5a X b Any related organization? 5h If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X a The organization? 6a X b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

NATIONAL COLLEGE ATTAINMENT NETWORK

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 aren't 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.

| | | (B) Breakdown of \ | (B) Breakdown of W-2 and/or 1099-MISC compensation | 3C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|---------------------------------|--------------|--------------------------|--|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (a)-(i)(a) | in column (B) reported as deferred on prior Form 990 |
| (1) KIMBERLY COOK | E | 182,679. | 11,000. | 216. | 25,885. | 13,055. | 232,835. | 0 |
| EXECUTIVE DIRECTOR | : 🗉 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (2) ELIZABETH MORGAN | ΙΞ | 160,97 | 0 | 331. | 20,618. | 1,423. | 183,343. | 0. |
| DIRECTOR OF EXTERNAL RELATIONS | € | 0 | 0 | 0 | • 0 | • 0 | • 0 | 0 |
| (3) COLETTE HADLEY | Ξ | 134,28 | 0 | 619. | 17,355. | 10,208. | 162,470. | 0. |
| DIRECTOR OF CONSULTING SERVICES | Ξ | 0 | 0. | 0 | • 0 | • 0 | 0 | 0. |
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

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.

2019
Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** NATIONAL COLLEGE ATTAINMENT NETWORK 31-1793562 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GAPS IN POSTSECONDARY ATTAINMENT FOR ALL STUDENTS. FORM 990, PART VI, SECTION A, LINE 6: NATIONAL COLLEGE ATTAINMENT NETWORK HAS MEMBERS. THE ONLY RIGHT GIVEN TO REGULAR MEMBER ORGANIZATIONS IS THE RIGHT TO ELECT THE MEMBERS OF NCAN'S GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7A: EACH YEAR AT THE NCAN ANNUAL MEETING EACH REGULAR MEMBER ORGANIZATION IS GIVEN ONE VOTE TO CAST FOR ANY NEW AND RENEWING BOARD MEMBERS FOR THAT PARTICULAR YEAR. FORM 990, PART VI, SECTION A, LINE 7B: MEMBERS OF THE ORGANIZATION ELECT THE ORGANIZATION'S BOARD OF DIRECTORS AT THE ANNUAL MEMBERSHIP MEETING. FORM 990, PART VI, SECTION B, LINE 11B: THE FEDERAL FORM 990 IS REVIEWED INITIALLY BY THE IN-CHARGE ACCOUNTANT, THEN REVIEWED BY THE BOARD OF DIRECTORS. THE FINAL PRODUCT IS MADE AVAILABLE FOR REVIEW AND COMMENTS PRIOR TO FILING THE RETURN. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY THROUGH ANNUAL BOARD MEETINGS AND STAFF

MEETINGS.

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 |
|--|---|
| Name of the organization NATIONAL COLLEGE ATTAINMENT NETWORK | Employer identification number 31-1793562 |
| | |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| FOR THE EXECUTIVE DIRECTOR, THEY RECEIVED COMPARABILITY DA | ATA AND |
| BENCHMARKING STUDY BY HR CONSULTANT, WHICH WAS THEN REVIEW | VED BY THE BOARD |
| COMMITTEE AND THE COMPENSATION WAS THEN DECIDED UPON. FOR | EMPLOYEES, THE |
| ORGANIZATION WORKED WITH AN HR CONSULTANT AND RECEIVED COM | MPARABILITY DATA |
| AND A SALARY BENCHMARKING STUDY THE ORGANIZATION USED FOR | DETERMINING THE |
| COMPENSATION OF THE EMPLOYEE. | · |
| · | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| THE DOCUMENTS ARE SHARED WITH MEMBERS AT THE ANNUAL MEETIN | IG, AND ARE POSTED |
| TO THE ORGANIZATION'S WEBSITE UNDER THE MEMBERS ONLY SECTI | ON. THESE |
| DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST. | |
| | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| CONSULTANTS: | |
| PROGRAM SERVICE EXPENSES | 701,524. |
| MANAGEMENT AND GENERAL EXPENSES | 86,063. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 787,587. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 787,587. |
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1001 Connecticut Avenue NW Suite 300 Washington, DC 20036 Phone (202) 347-4848 www.collegeaccess org

Board Members

Nate Easley, Ph D. Board President EasleyFoundSolutions, LLC

> Steve Colón Board Vice President Bottom Line

> > Adam Berg Board Treasurer AEM Corporation

Jamie Sears Board Secretary UBS Americas

Tına Fernandez Achieve Atlanta

Marlene Ibsen Travelers Foundation

Paul Luna Helios Education Foundation

> Candy Marshall TheDream.US

Stephen M. Smith Intellispark

Herb Tillery College Success Foundation – District of Columbia

Ricardo Torres National Student Clearinghouse

> Executive Director Kım Cook

NCAN Board of Directors Resolution 20-01 February 7, 2020

RESOLVED, that the National College Access Network shall change its name to the National College Attainment Network, effective February 7, 2020, and will make all necessary updates to its Articles of Incorporation, Bylaws, and registrations.

Nathaniel Easley, Ph.D.

Board President



DATE 02/14/2020 DOCUMENT ID 202004204450

DESCRIPTION AMENDMENT TO ARTICLES (AMD) **FILING** 50 00

EXPED 0.00

COPY CERT

0.00 0 00

Receipt

This is not a bill Please do not remit payment

C T CORPORATION SYSTEM 4400 EASTON CMNS WAY **STE 125** COLUMBUS, OH 43219

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose 1245406

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

NATIONAL COLLEGE ATTAINMENT NETWORK

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

AMENDMENT TO ARTICLES

Effective Date: 02/11/2020

202004204450



United States of America State of Ohio Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 14th day of February, A.D. 2020.

Fort flow **Ohio Secretary of State** Form 541 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Certificate of Amendment

(Nonprofit, Domestic Corporation)
Filing Fee: \$50
Form Must Be Typed

| theck the appropriate box: | | |
|-----------------------------|---------------------------|---|
| Amendment to existing | Articles of Incorporation | n by Members pursuant to Ohio Revised Code section 1702.38(C) (128-AMD) |
| | | rsuant to Ohio Revised Code section 1702.38(D) or by Directors pursuant to AN) - The following articles supersede the existing articles and all |
| | | |
| Complete the following info | ormation: | |
| | | |
| Name of Corporation | NATIONAL COLLEGI | E ACCESS NETWORK, INC. |

A copy of the resolution of amendment must be attached to this document.

Note: If amended and restated articles were adopted, amended articles must set forth all provisions required in original articles other than with respect to the initial directors pursuant to Ohio Revised Code section 1702.38(A). In the case of adoption of the resolution by the directors, a statement of the basis for such adoption shall be provided.

Form 540 Prescribed by.



Toll Free: 877.767.3453 Central Ohio: 614.466.3910

OhioSoS.gov

business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

For screen readers. follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedita) P.O. Box 1329 Columbus, OH 43218

Expedite Filing (Two business day processing time, Requires an additional \$100,00)

P.O. Box 1390 Columbus, OH 43216

Certificate of Amendment

(For-Profit, Domestic Corporation) Filing Fee: \$50 Form Must Be Typed

| Check appropriate box: |
|---|
| ☑Amendment to existing Articles of Incorporation (125-AMDS) |
| Amended and Restated Articles (122-AMAP) - The following articles superscde the existing articles and all amendments thereto. |
| Complete the following information: |
| Complete the following miornation: |
| NATIONAL COLLEGE ACCESS NETWORK, INC. |
| Charter Number 1245406 |
| Check one box below and provide information as required: |
| The articles are hereby amended by the Incorporators. Pursuant to Ohio Revised Code section 1701.70 (A), incorporators may adopt an amendment to the articles by a writing signed by them if initial directors are not named in the articles or elected and before subscriptions to shares have been received. |
| The articles are hereby amended by the Directors. Pursuant to Ohio Revised Code section 1701.70(A), directors may adopt amendments if initial directors were named in articles or elected, but subscriptions to shares have not been received. Also, Ohio Revised Code section 1701.70(B) sets forth additional cases in which directors may adopt an amendment to the articles. |
| The resolution was adopted pursuant to Ohio Revised Code section 1701.70(B) (In this space insert the number 1 through 10 to provide basis for adoption.) |
| ☐ The articles are hereby amended by the Shareholders pursuant to Ohio Revised Code section 1701.71. |
| ☐ The articles are hereby amended and restated pursuant to Ohio Revised Code section 1701.72. |

| By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document. | |
|---|-------------------------------------|
| Required | National College Attainment Network |
| Must be signed by an authorized officer of the Corporation pursuant to the Ohio Revised Code section 1702.38(G). | Signature |
| | Kımberly M Cook |
| | By (if applicable) |
| If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box. | Kımberly M Cook |
| | Print Name |
| If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box. | Signature |
| | By (if applicable) |
| | Print Name |

A copy of the resolution of amendment is attached to this document.

Note: If amended articles were adopted, they must set forth all provisions required in original articles except that articles amended by directors or shareholders need not contain any statement with respect to initial stated capital. See Ohio Revised Code section 1701.04 for required provisions.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document. Required Attainment Must be signed by all Signature incorporators, if amended by incorporators, or an authorized officer if amended by directors or By (if applicable) shareholders, pursuant to Ohio Revised Code section 1701.73(B) and (C). M. Cook If authorized representative **Print Name** is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box. Signature If authorized representative is a business entity, not an individual, then please print the business name in the By (if applicable) "signature" box, an authorized representative of the business entity must sign in the "By" box **Print Name** and print their name in the "Print Name" box.



Building Connections Advancing Equity Promoting Success.

1001 Connecticut Avenue NW Suite 300 Washington, DC 20036 Phone (202) 347-4848 www.collegeaccess.org

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> **Executive Director** Kim Cook

NCAN Board of Directors Resolution 20-01 February 7, 2020

RESOLVED, that the National College Access Network shall change its name to the National College Attainment Network, effective February 7, 2020, and will make all necessary updates to its Articles AEM Corporation of Incorporation, Bylaws, and registrations.

Nathaniel Easley, Ph.D.

Board President