NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM, INC. AND AFFILIATE

COMBINED FINANCIAL STATEMENTS

June 30, 2015 and 2014

NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM, INC. AND AFFILIATE

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Independent Auditors' Report

Board of Directors National Association of State Directors of Career Technical Education Consortium, Inc. and Affiliate Silver Spring, Maryland

We have audited the accompanying combined financial statements of National Association of State Directors of Career Technical Education Consortium, Inc. and Affiliate, which comprise the combined statements of financial position as of June 30, 2015 and 2014, and the related combined statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the combined financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of National Association of State Directors of Career Technical Education Consortium, Inc. and Affiliate as of June 30, 2015 and 2014, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Our audits were conducted for the purpose of forming an opinion on the combined financial statements as a whole. The accompanying supplementary information is presented for purposes of additional analysis of the combined financial statements and it is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. This information has been subjected to the auditing procedures applied in the audits of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole.

Rockville, Maryland October ??, 2015

NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM, INC. & AFFILIATE COMBINED STATEMENTS OF FINANCIAL POSITION JUNE 30, 2015 AND 2014

	2015			2014		
ASSETS		<u> </u>				
Current Assets						
Cash and Cash Equivalents	\$	281,356	\$	426,392		
Accounts Receivable		31,569		48,435		
Inventory		27,509		36,242		
Prepaid Expenses		50,662		24,496		
Total Current Assets		391,096		535,565		
Investments		2,637,650		2,593,142		
Property and Equipment						
Equipment and Furniture, Net		8,717		12,785		
Other Assets						
Deposits		9,000		9,000		
Total Assets	\$	3,046,463	\$	3,150,492		
LIABILITIES AND NET ASSETS						
Current Liabilities						
Accounts Payable	\$	5,990	\$	42,718		
Deferred Revenue		238,382		229,676		
Accrued Payroll		77,625		67,981		
Total Current Liabilities		321,997		340,375		
Net Assets				,		
Unrestricted Net Assets		2,724,466		2,700,117		
Temporarily Restricted Net Assets		-		110,000		
Total Net Assets		2,724,466		2,810,117		
Total Liabilities and Net Assets	\$	3,046,463	\$	3,150,492		

The accompanying notes are an integral part of these financial statements.

NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM, INC. & AFFILIATE COMBINED STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

		2015		
UNRESTRICTED SUPPORT AND REVENUES				
Publication Sales	\$	29,574	\$	33,635
Less: Cost of Goods Sold		(11,603)		(14,254)
Net Publication Sales		17,971		19,381
Membership Dues		574,541		557,737
Conference Registration		142,540		335,702
Interest and Dividends		72,587		65,124
Conference Sponsorships		84,250		76,000
Contracts		31,196		16,018
Miscellaneous Income		5,369		22,650
Realized and Unrealized Gain on Investments		21,029		284,403
Net assets released from restrictions		110,000		-
Total Unrestricted Support and Revenues		1,059,483		1,377,015
UNRESTRICTED EXPENSES				
Program Services				
Career Clusters		55,614		428,610
Conferences		219,320		153,493
Member Services		441,068		381,116
Government Relations		92,187		98,199
Board		65,163		-
Lobbying		5,803		4,902
Total Program Services		879,155		1,066,320
Supporting Services				
Management and General		144,419		177,683
Development		11,560		1,561
Total Expenses		1,035,134		1,245,564
Change in Unrestricted Net Assets		24,349		131,451
TEMPORARILY RESTRICTED EXPENSES				
Net assets released from restrictions		(110,000)		-
Change in Temporarily Restricted Net Assets	- <u></u>	(110,000)		
Total Change in Net Assets		(85,651)		131,451
Net Assets - Beginning of Year		2,810,117		2,678,666
Net Assets - End of Year	<u> </u>	2,724,466		2,810,117

The accompanying notes are an integral part of these financial statements.

NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM, INC. & AFFILIATE COMBINED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2015 AND 2014

	2015			2014
CASH FLOWS FROM OPERATING ACTIVITIES		<u> </u>		
Change in Net Assets	\$	(85,651)	\$	131,451
Adjustments to Reconcile Changes in Net Assets				
to Net Cash Provided (Used) by Operating Activities:				
Net Realized and Unrealized Investment Gains		(21,029)		(284,403)
Depreciation		5,901		7,538
Amortization of Bonds		4,527		5,001
Change in Assets and Liabilities:				
Accounts Receivable		16,866		4,235
Inventory		8,733		11,428
Prepaid Expenses		(26,166)		(2,659)
Accounts Payable		(36,728)		(34,531)
Deferred Revenue		8,706		4,010
Accrued Payroll		9,644		6,781
State Holding Accounts		-		(16,092)
Cash Used by Operating Activities		(115,197)		(167,241)
CASH FLOWS FROM INVESTING ACTIVITIES				
Purchase of Equipment and Furniture		(1,834)		(2,304)
Purchase of Investments		(564,480)		(817,207)
Sale of Investments		536,475		890,642
Cash (Used in) Provided by Investing Activities		(29,839)		71,131
Net Decrease in Cash and Cash Equivalents		(145,036)		(96,110)
Cash and Cash Equivalents, Beginning of Year		426,392		522,502
Cash and Cash Equivalents, End of Year	\$	281,356	\$	426,392

The accompanying notes are an integral part of these financial statements.

Note 1. Summary of Significant Accounting Policies

Organization

The National Association of State Directors of Career Technical Education Consortium, Inc. (NASDCTEc), was organized in 1920 as a state membership organization, for two purposes: To support visionary state leadership, cultivate best practices and speak with a collective voice on national policy to promote academic and technical excellence that ensures a career-ready workforce.

Its affiliate, the National Career Technical Education Foundation (NCTEF) was established to support and develop resources and partnerships necessary to ensure high-quality Career Technical Education is advanced throughout the country, leading to a highly skilled workforce and productive economy. NCTEF is under the supervision of NASDCTEc.

NASDCTEc and NCTEF share a vision that states that through leadership, advocacy and partnerships, NASDCTEc/NCTEF support an innovative CTE system that prepares individuals to succeed in education and their careers and poises the United States to flourish in a global, dynamic economy.

NASDCTEc is primarily supported by membership dues, program service revenue, and contract work. The NCTEF is primarily supported through contract work, grants, publication sales and revenue share arrangements.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States. The combined financials statements include the accounts of NASDCTEc and NCTEF, collectively the Association.

Basis of Presentation

The Association's financial reporting classifies resources, for accounting and reporting purposes, into three net asset categories based on the existence or absence of donor imposed restrictions. The Association records unconditional promises to give (pledges) as receivables and revenues and distinguishes between contributions received for each net asset category in accordance with donor-imposed restrictions. A description of the three net asset categories follows.

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Note 1. Summary of Significant Accounting Policies (continued)

Basis of Presentation (continued)

- <u>Unrestricted</u> the portion of the net assets that is not restricted by donor imposed stipulations.
- <u>Temporarily Restricted</u> the portion of the net assets resulting from contributions or other inflows of assets whose use by the Association is limited by donorimposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Association pursuant to those stipulations.
- <u>Permanently Restricted Net Assets</u> Net assets subject to donor-imposed stipulations that they be maintained permanently by the Association. Generally, the donors of these assets permit the Association to use all or part of the income earned on related investments for general or specific purposes. There were no permanently restricted net assets.

Principles of Combination

Due to the common control between NASDCTEc and NCTEF, the organizations have been combined for financial statement purposes. NCTEF is a supporting organization of NASDCTEc within the meaning of Internal Revenue Code Section 509(a)(3). All significant intercompany accounts and transactions have been eliminated.

Revenue Recognition

Membership dues revenue is recognized incrementally throughout the year. Dues collected in advance of the membership renewal date are recorded as deferred revenue. The membership period begins July 1 and ends June 30. Grants that are awarded on a cost reimbursement basis are considered exchange transactions, and revenues are recognized to the extent of direct costs incurred.

Contributions of cash and other assets are reported as temporarily restricted support if they are received with donor stipulations that limit the use of the donated asset. When a temporary restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities and changes in net assets as net assets released from restriction.

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Note 1. Summary of Significant Accounting Policies (continued)

Functional Allocation of Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the statements of activities and changes in net assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Accounts Receivable

Accounts receivable are stated as unpaid balances, less an allowance for doubtful accounts. The Association provides for losses on accounts receivable using the allowance method. The allowance is based on experience and other circumstances. Receivables are considered impaired if full payments are not received in a timely manner. It is the Association's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. At June 30, 2015 and 2014, all receivables are deemed to be collectible.

Income Taxes

NASDCTEc is exempt from federal and state income taxes under Internal Revenue Code Section 501(c)(4). NCTEF is exempt from federal and state income taxes under Internal Revenue Code Section 501(c)(3).

The Association adopted the new accounting for uncertainty in income tax guidance which clarifies the accounting and recognition for tax positions taken or expected to be taken in its income tax returns. The Association's income tax filings are subject to audit by various taxing authorities. The Association's open audit periods are 2011 to 2015. For the years ended June 30, 2015 and 2014, the Association has no material uncertain tax positions to be accounted for in the financial statements under the new rules. The Association recognizes interest accrued related to unrecognized tax benefits in interest expense and penalties in operating expenses. No such interest or penalties were recognized during the years presented.

Note 1. Summary of Significant Accounting Policies (continued)

Cash and Cash Equivalents

For the purposes of the statement of cash flows, the Association considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Investments

Investments in marketable equity securities are stated at fair market value in the statements of financial position. Unrealized gains and losses are included in the accompanying statements of activities and changes in net assets. These amounts are shown net of related investment expenses of \$36,610 and \$34,221 for the years ending June 30, 2015 and 2014, respectively.

Inventory

Inventories, consisting of publications, are stated at the average cost basis.

Property and Equipment

Property and equipment are carried at cost, if purchased or fair market value at the time of donation, if donated. The Association capitalizes all expenditures of property and equipment of \$500 or greater. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Assets are capitalized if the useful life exceeds one year.

Donated Services

At times the Association receives donated services to various management and program service functions. For the years ended June 30, 2015 and 2014, certain printing and consulting services were donated to the Association with a value of \$600 and \$12,669 respectively. These amounts have been reflected in the accompanying financial statements.

Note 2. Investments

The Association has determined the fair value of certain assets and liabilities. The following table presents the Association's fair value hierarchy for the assets and liabilities measured at fair value on a recurring basis as of June 30, 2015:

	Pi A M	ed Market rices in Active larkets .evel 1)	Oth Obser Inp (Leve	vable uts	Unobse Inp (Leve	uts		Total
Corporate bonds	\$	33,382	\$	-	\$	-	\$	33,382
Government bonds		679,395		-		-		679,395
Mutual fund		192,617		-		-		192,617
Equities	1	,732,256						1,732,256
Total investments	<u>\$ 2</u>	2 <u>,637,650</u>	<u>\$</u>		<u>\$</u>		<u>\$ 2</u>	<u>2,637,650</u>

The following table presents the Association's fair value hierarchy for the assets and liabilities measured at fair value on a recurring basis as of June 30, 2014:

	Pi 2 M	ed Market rices in Active larkets ævel 1)	Other Observa Input (Level	ble s	Unobse Inp (Leve	uts		Total
Corporate bonds	\$	33,540	\$	-	\$	-	\$	33,540
Government bonds		689,871		-		-		689,871
Mutual fund		224,473		-		-		224,473
Equities	1	,645,258	<u></u>					1,645,258
Total investments	<u>\$ 2</u>	2,593,142	\$		<u>\$</u>		<u>\$</u>	<u>2,593,142</u>

Financial assets and liabilities valued using level 1 inputs are based on unadjusted quoted market prices within active markets. Financial assets and liabilities valued using level 2 inputs are based primarily on quoted prices for similar assets or liabilities in active or inactive markets. Financial assets and liabilities using level 3 inputs were primarily valued using management's assumptions about the assumptions market participants would utilize in pricing the asset or liability. All investments are considered as level 1 assets. Valuation techniques utilized to determine fair value are consistently applied.

DISCUSSION PURPOSES ONLY

Note 3. Property and Equipment

Property and equipment is summarized as follows:

	2	2014		
Equipment	\$	60,470	\$	64,400
Furniture		34,161		34,932
Total cost		94,631		99,332
Less accumulated depreciation		<u>85,914</u>		86,547
Net property and equipment	<u>\$</u>	8,717	<u>\$</u>	12,785

Note 4. Retirement Plan

The Association contributed 9% of the participants' gross annual salary to the 401(k) plan for the years ending June 30, 2015 and 2014. The total expense for the years ended June 30, 2015 and 2014 was \$ 34,310 and \$ 27,617, respectively.

Note 5. Operating Lease

The Association entered into a ten year lease for office space that began August 1, 2008. The following is a schedule of future minimum lease payments under this operating lease:

2016	\$ 131,196
2017	135,133
2018	139,172
2019	11,626
Total	<u>\$ 417,127</u>

Rental expense for the years ended June 30, 2015 and 2014 was \$130,570 and \$125,448, respectively.

Note 6. Deferred Revenue

Deferred revenue consists of the following at June 30, 2015 and 2014:

	2015	2014
State dues Associate dues Sponsorship and registration	\$ 165,982 24,400 <u>48,000</u>	\$ 196,114 26,000 <u>7,562</u>
Total	<u>\$ 238,382</u>	<u>\$ 229,676</u>

Note 7. Subsequent Events

In preparing its financial statements, the Association's management has evaluated subsequent events through date, 20xx, which is the date the financial statements were available to be issued.

Supplementary Information

NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM, INC. & AFFILIATE SUPPLEMENTARY INFORMATION COMBINING STATEMENT OF FINANCIAL POSITION JUNE 30, 2015

	2015								
		• <u>•</u> <u>·</u>				ombining			
	<u>N</u>	ASDCTEc	1	NCTEF		Entries		Total	
ASSETS									
Current Assets:									
Cash and Cash Equivalents	\$	203,696	\$	77,660	\$	-	\$	281,356	
Intra-Entity Asset		30,187		-		(30,187)		-	
Accounts Receivable, net		16,692		14,877		-		31,569	
Inventory		-		27,509		-		27,509	
Prepaid Expenses		26,925		23,737		-		50,662	
Total Current Assets		277,500		143,783		(30,187)		391,096	
Investments		2,445,033		192,617		-		2,637,650	
Property and Equipment:									
Equipment and Furniture, net		7,066		1,651		-		8,717	
Other Assets:									
Deposits		9,000		-		-		9,000	
Total Assets	\$	2,738,599	\$	338,051	\$	(30,187)	\$	3,046,463	
LIABILITIES AND NET ASSETS									
Current Liabilities:									
Accounts Payable	\$	5,125	\$	865	\$	-	\$	5,990	
Deferred Revenue		238,382		-		-		238,382	
Accrued Payroll		77,625		-		-		77,625	
Intra-Entity Liability		-		30,187		(30,187)		-	
Total Current Liabilities		321,132		31,052		(30,187)		321,997	
Net Assets						,			
Unrestricted		2,417,467		306,999		-		2,724,466	
Temporarily Restricted		-		-		-		-	
Total Net Assets		2,417,467		306,999				2,724,466	
Total Liabilities and Net Assets	\$	2,738,599	\$	338,051	\$	(30,187)	\$	3,046,463	
		, ,							

The accompanying notes are an integral part of these financial statements.

NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM, INC. & AFFILIATE SUPPLEMENTARY INFORMATION COMBINING STATEMENT OF FINANCIAL POSITION JUNE 30, 2014

	2014								
	· · · · · · · · · · · · · · · · · · ·					mbining			
	<u> </u>	ASDCTEc	l	NCTEF]	Entries		Total	
ASSETS									
Current Assets:									
Cash and Cash Equivalents	\$	231,735	\$	194,657	\$	-	\$	426,392	
Intra-Entity Asset		87,774		-		(87,774)		-	
Accounts Receivable, net		17,052		31,383		-		48,435	
Inventory		-		36,242		-		36,242	
Prepaid Expenses		21,409		3,087		-		24,496	
Total Current Assets		357,970		265,369		(87,774)		535,565	
Investments		2,368,669		224,473		-		2,593,142	
Property and Equipment:									
Equipment and Furniture, net		10,491		2,294		-		12,785	
Other Assets:									
Deposits		9,000		-		-		9,000	
Total Assets	\$	2,746,130	\$	492,136	\$	(87,774)	\$	3,150,492	
LIABILITIES AND NET ASSETS									
Current Liabilities:									
Accounts Payable	\$	1,327	\$	41,391	\$	-	\$	42,718	
Deferred Revenue		229,676		-		-		229,676	
Accrued Payroll		67,981		-		-		67,981	
Intra-Entity Liability		-		87,774		(87,774)		-	
Total Current Liabilities		298,984		129,165		(87,774)		340,375	
Net Assets									
Unrestricted		2,447,146		252,971		-		2,700,117	
Temporarily Restricted		-		110,000		-		110,000	
Total Net Assets	······	2,447,146		362,971		-		2,810,117	
Total Liabilities and Net Assets	\$	2,746,130	\$	492,136	\$	(87,774)	\$	3,150,492	

The accompanying notes are an integral part of these financial statements.

NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM, INC. & AFFILIATE SUPPLEMENTARY INFORMATION COMBINING STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2015

	2015							
		ASDCTEc	l	NCTEF	Combining Entries			Total
UNRESTRICTED SUPPORT AND REVENUES								
Publication Sales	\$	-	\$	29,574	\$	-	\$	29,574
Less: Cost of Goods Sold		-		(11,603)		-		(11,603)
Net Publication Sales		-		17,971		-		17,971
Membership Dues		574,541		-		-		574,541
Conference Registration		142,540		-		-		142,540
Interest and Dividends		66,439		6,148		-		72,587
Conference Sponsorships		84,250		-		-		84,250
Contracts		6,245		24,951		-		31,196
Miscellaneous Income		3,198		2,171		-		5,369
Realized and Unrealized Gain on Investments		17,879		3,150		-		21,029
Net assets released from restrictions		-		110,000		-		110,000
Total Unrestricted Support and Revenues		895,092		164,391		-		1,059,483
UNRESTRICTED EXPENSES								
Program Services								
Career Clusters		-		55,614		-		55,614
Conferences		219,320		-		-		219,320
Member Services		441,068		-		-		441,068
Government Relations		92,187		-		-		92,187
Board		40,645		24,518		-		65,163
Lobbying		5,803		-		-		5,803
Total Program Services		793,220	-	80,132		-		873,352
Supporting Services								
Management and General		125,748		18,671		-		144,419
Development		-		11,560		-		11,560
Total Expenses		924,771		110,363		-		1,035,134
Change in Unrestricted Net Assets		(29,679)		54,028		-		24,349
TEMPORARILY RESTRICTED EXPENSES								
Net assets released from restrictions		-		(110,000)		-	<u> </u>	(110,000)
Change in Temporarily Restricted Net Assets				(110,000)				(110,000)
Total Change in Net Assets		(29,679)		(55,972)		-		(85,651)
Net Assets - Beginning of Year		2,447,146		362,971	i	-		2,810,117
Net Assets - End of Year		2,417,467		306,999	\$	-	\$	2,724,466

The accompanying notes are an integral part of these financial statements.

NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM, INC. & AFFILIATE SUPPLEMENTARY INFORMATION COMBINING STATEMENT OF ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2014

				201	4		
	NASD	CTEc	N	CTEF	Combin Entri	0	Total
UNRESTRICTED SUPPORT AND REVENUES							
Publication Sales	\$	-	\$	33,635	\$	-	\$ 33,635
Less: Cost of Goods Sold		-		(14,254)		-	(14,254)
Net Publication Sales		-		19,381		-	 19,381
Membership Dues	5:	57,737		-		-	557,737
Conference Registration	14	44,070		191,632		-	335,702
Interest and Dividends	:	55,407		9,717		-	65,124
Conference Sponsorships	:	57,000		19,000		-	76,000
Contracts		500		15,518		-	16,018
Miscellaneous Income		12,540		10,110		-	22,650
Realized and Unrealized Gain on Investments	2.	48,906		35,497		-	284,403
Total Unrestricted Support and Revenues	1,0	76,160		300,855		-	 1,377,015
UNRESTRICTED EXPENSES							
Program Services							
Career Clusters		-		428,610		-	428,610
Conferences	1	53,493		-		-	153,493
Member Services		81,116		-		-	381,116
Government Relations		98,199		-		-	98,199
Lobbying		4,902		-		-	4,902
Total Program Services		37,710		428,610	••••••	-	 1,066,320
Supporting Services							
Management and General	1	35,580		42,103		-	177,683
Development		-		1,561		-	1,561
Total Expenses	7	73,290		472,274		-	 1,245,564
Change in Net Assets	3	02,870		(171,419)		-	131,451
Net Assets - Beginning of Year	2,1	44,276		534,390		-	 2,678,666
Net Assets - End of Year	\$ 2,4	47,146	\$	362,971	\$	-	\$ 2,810,117

The accompanying notes are an integral part of these financial statements.

NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM, INC. & AFFILIATE SUPPLEMENTARY INFORMATION COMBINING STATEMENT OF CASH FLOWS FOR THE YEAR ENDED JUNE 30, 2015

	2015										
	NA	SDCTEc	1	NCTEF		ombining Entries		Total			
CASH FLOWS FROM OPERATING ACTIVITIES											
Change in Net Assets	\$	(29,679)	\$	(55,972)	\$	-	\$	(85,651)			
Adjustments to Reconcile Changes in Net Assets											
to Net Cash Provided (Used) by Operating Activities:											
Net Realized and Unrealized Investment Gains		(17,877)		(3,152)		-		(21,029)			
Depreciation		5,258		643		-		5,901			
Amortization of Bonds		4,527		-		-		4,527			
Change in Assets and Liabilities:											
Intra-Entity Asset		57,587		-		(57,587)		-			
Accounts Receivable		360		16,506		-		16,866			
Inventory		-		8,733		-		8,733			
Prepaid Expenses		(5,516)		(20,650)		-		(26,166)			
Accounts Payable		3,798		(40,526)		-		(36,728)			
Deferred Revenue		8,706		-		-		8,706			
Accrued Payroll		9,644		-		-		9,644			
Intra-Entity Liability		-		(57,587)		57,587		-			
Cash Provided by (Used in) Operating Activities	•	36,808		(152,005)		-		(115,197)			
CASH FLOWS FROM INVESTING ACTIVITIES											
Purchase of Equipment and Furniture		(1,834)		-		-		(1,834)			
Purchase of Investments		(564,480)		-		-		(564,480)			
Sale of Investments		501,467		35,008		-		536,475			
Cash (Used in) Provided by Investing Activities		(64,847)		35,008		-		(29,839)			
Net Decrease in Cash and Cash Equivalents		(28,039)		(116,997)		-		(145,036)			
Cash and Cash Equivalents, Beginning of Year		231,735		194,657		-		426,392			
Cash and Cash Equivalents, End of Year	\$	203,696	\$	77,660	\$	-	\$	281,356			

The accompanying notes are an integral part of these financial statements.

NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM, INC. & AFFILIATE SUPPLEMENTARY INFORMATION COMBINING STATEMENT OF CASH FLOWS FOR THE YEAR ENDED JUNE 30, 2014

	2014										
	NA	ASDCTEC	NCTEF		Combining Entries			Total			
CASH FLOWS FROM OPERATING ACTIVITIES											
Change in Net Assets	\$	302,870	\$	(171,419)	\$	-	\$	131,451			
Adjustments to Reconcile Changes in Net Assets											
to Net Cash Provided (Used) by Operating Activities:											
Net Realized and Unrealized Investment Gains		(248,906)		(35,497)		-		(284,403)			
Depreciation		5,476		2,062		-		7,538			
Amortization of Bonds		5,001		-		•		5,001			
Change in Assets and Liabilities:											
Intra-Entity Asset		710		-		(710)		-			
Accounts Receivable		(2,198)		6,433		-		4,235			
Inventory		-		11,428		-		11,428			
Prepaid Expenses		(5,509)		2,850		-		(2,659)			
Accounts Payable		(9,839)		(24,692)		-		(34,531)			
Deferred Revenue		4,010		-		-		4,010			
Accrued Payroll		6,781		-		-		6,781			
Intra-Entity Liability				(710)		710		-			
State Holding Accounts		(16,092)		-		-		(16,092)			
Cash Provided by Operating Activities		42,304		(209,545)		-		(167,241)			
CASH FLOWS FROM INVESTING ACTIVITIES											
Purchase of Equipment and Furniture		(2,304)		-		-		(2,304)			
Purchase of Investments		(783,844)		(33,363)		-		(817,207)			
Sale of Investments		629,262		261,380		-		890,642			
Cash (Used in) Provided by Investing Activities		(156,886)		228,017		-		71,131			
Net (Decrease) Increase in Cash and Cash Equivalents		(114,582)		18,472		-		(96,110)			
Cash and Cash Equivalents, Beginning of Year		346,317		176,185		-		522,502			
Cash and Cash Equivalents, End of Year	\$	231,735	\$	194,657	\$	-	\$	426,392			

The accompanying notes are an integral part of these financial statements.

NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL CONSORTIUM STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2015

				M	ember	Services	_								
		Spring nference	Fall Conference	Member Se	vices	Communications	Government Relations		Board	Lobbying	Tot	tal Program	Man	Fotal agement General	 Total
Salaries and benefits	\$	60,163	\$ 54,561	\$ 270	5,220	\$ 44,168	\$ 70,821	\$	29,233 \$	1,312	\$	536,478	\$	44,078	\$ 580,556
Consultants		1,572	2,454	10),160	6,728	-		548	-		21,462		94	21,556
Postage		235	33	i	140	21	58		-	-		487		192	679
Telephone		177	84	. (5,604	71	1,213		233	-		8,382		156	8,538
Equipment and supplies		813	360)	425	666	135		113	-		2,512		5,120	7,632
Travel and meals		34,571	25,079) 4	5,475	4	2,008		3,677	149		70,963		373	71,336
Printing and copying		2,136	426	;	,142	239	575		21	2		4,541		3	4,544
Education		-		. 1	,885	320	265		-	-		2,470		-	2,470
Awards/gifts		280		· 1:	5,745	-			668	-		16,693		-	16,693
Publications and subscriptions		109	109) 4	,185	499	2,640		-	573		8,115		-	8,115
Audio visual		6,173	2,428	1	-	-	-		-	-		8,601		-	8,601
Banking fees		1,983	2,061		816	6	-		-	-		4,866		33,198	38,064
Rent		12,415	11,098	50	5,450	9,009	14,472		5,988	267		109,699		1,286	110,985
Licenses and fees		-			-	-	-		-	-		-		3,200	3,200
Legal fees		-	-		-	-	-		164	3,500		3,664		-	3,664
Accounting and audit fees		-	-		-	-			-	-		-		28,119	28,119
Professional insurance		-	-		-	-	-		-	-		-		4,671	4,671
Depreciation		-			-	-	-		-	-		-		5,258	5,258
Bad debt		-	-		-	90	-		-	-		90		-	90
Total Expenses	\$	120,627	\$ 98,69	3 \$ 37	9,247	\$ 61,821	\$ 92,18	7 \$	40,645 \$	5,803	\$	799,023	\$	125,748	\$ 924,771
	<u> </u>														

The accompanying notes are an integral part of these financial statements.



NATIONAL CAREER TECHNICAL EDUCATION FOUNDATION STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED JUNE 30, 2015

	Career Clusters						_								
	Care Clust Leader Pilo	ter ship	Product Development	ACTE/Vision Conference					Board Total Program		Management and General		lopment]	[otal
Salaries and benefits	\$	-	\$ 3,087	\$ 6,097	\$ 22,575	\$ 2,919	\$	15,498	\$ 50,176	\$	1,939	\$	7,861	\$	59,976
Subcontract		-	505	-	642	-		-	1,147		-		-		1,147
Postage and shipping		-	1,681	-	52	-		-	1,733		-		-		1,733
Telephone		106	-	30	2,626	-		50	2,812		61		11		2,884
Equipment & supplies		176	280	-	25	-		29	510		423		-		933
Travel, meetings and meals		426	-	13	285	-		3,667	4,391		-		1,095		5,486
Printing and copying		108	531	21	82	-		20	762		11		38		811
Publications		• -	-	-	226	-		-	226		-		-		226
Audio visual		439	-	-	-	-		-	439		-		-		439
Bank and credit card fees		-	263	-	-	-		-	263		3,425		-		3,688
Rent		-	1,004	2,006	7,343	953		5,090	16,396		634		2,555		19,585
Legal		-	-	-	325	-		164	489		-		-		489
Accounting and audit		-	-	-	-	-		-	-		10,364		-		10,364
Insurance		-	-	-	-	-		-	-		713		-		713
Depreciation		-	-	-	-	-		-	-		643		-		643
Bad debt expense		-	663	-	-	125		-	788		-		-		788
Licenses/fees		-	-	-	-	-		-	-		458		-		458
Total Expenses	\$	1,255	\$ 8,014	4 \$ 8,167	\$ 34,181	\$ 3,99	7 \$	24,518	\$ 80,132	\$	18,671	\$	11,560	\$	110,363

The accompanying notes are an integral part of these financial statements.



		EXTENDED TO FEBRUARY 16	-											
Forr	Q	90 Return of Organization Exempt F Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			OMB No. 1545-0047									
			-											
		be Service Do not enter social security numbers on this form as Information about Form 990 and its instructions is	-	•	Open to Public Inspection									
AF	or the		ending J	UN 30, 2015										
Bc	heck if	C Name of organization		D Employer identific	ation number									
a 	pplicable	NATIONAL ASSOCIATION OF STATE DIRECTOR												
	Addres change Name	OF CAREER TECHNICAL EDUCATION CONSORTI	UM											
	L change Doing business as 52-1040090													
Image: Instrum Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number Image: Instrum 3.01 - 5.88 - 9.630 3.01 - 5.88 - 9.630														
terrin-														
	ated	City or town, state or province, country, and ZIP or foreign postal code SILVER SPRING, MD 20910		G Gross receipts \$ H(a) Is this a group ret										
	<pre>」return</pre> Applic Ition			for subordinates?										
	pendir	⁹ SAME AS C ABOVE		H(b) Are all subordinates ind										
ΓI	ax-exe	empt status: 501(c)(3) X 501(c)(4) ◀ (insert no.) 4947(a)(1) o	r 527		ist. (see instructions)									
		e: WWW.CAREERTECH.ORG		H(c) Group exemption	number 🕨									
		organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1921 M	State of legal domicile: MD									
Pa	art I	Summary												
e	1	Briefly describe the organization's mission or most significant activities: TO SU	JPPORT	VISIONARY S	STATE									
Governance		LEADERSHIP, CULTIVATE BEST PRACTICES AND												
verr		Check this box		1 1	sets. 16									
Ĝ	3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4													
s S		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			<u>16</u> 9									
vitie		Total number of volunteers (estimate if necessary)			0									
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.									
•		Net unrelated business taxable income from Form 990-T, line 34			0.									
				Prior Year	Current Year									
е		Contributions and grants (Part VIII, line 1h)		0. 759,307.	0. 807,576.									
Revenue			, , , , ,											
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		50,742. 7,152.	60,068.									
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		817,201.	2,598. 870,242.									
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	070,242.									
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.									
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		420,933.	580,556.									
nse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.									
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.											
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		346,969.	343,615.									
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		767,902.	924,171.									
		Revenue less expenses. Subtract line 18 from line 12		49,299.	-53,929.									
ts or				ginning of Current Year	End of Year									
Sse Bala	20	Total assets (Part X, line 16)		2,746,130. 298,984.	2,738,599. 321,132.									
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		2,447,146.	2,417,467.									
		Signature Block		<i><i><i>u</i>, <i>i</i>, <i>i</i>, <i>i</i>, <i>i</i>, <i>i</i>, <i>i</i>, <i>i</i>, <i>i</i></i></i>	4, 41, 40/ •									
		I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of mv	knowledge and belief. it is									
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			· ····, ·· ·									
Sig	n	Signature of officer		Date										
Her		KIMBERLY A. GREEN, EXECUTIVE DIRECTOR												
		Type or print name and title												

	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	BERT L. SWAIN			self-employed P00238304						
Use Only	Firm's address ▶ 111 ROCKVILLE PI									
	ROCKVILLE, MD 20	Phone no. 240 - 403 - 3700								
May the IRS discuss this return with the preparer shown above? (see instructions)										
422001 11 07 14 LHA For Paperwork Reduction Act Notice see the separate instructions										

 432001 11-07-14
 LHA For Paperwork Reduction Act Notice, see the separate instructions.
 Form 990 (2014)

 SEE
 SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION 24

		Pa
Par	t 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: TO SUPPORT VISIONARY STATE LEADERSHIP, CULTIVATE BEST PRACTICES AND	
	SPEAK WITH A COLLECTIVE VOICE ON NATIONAL POLICY TO PROMOTE ACADEMIC	
	AND TECHNICAL EXCELLENCE THAT ENSURES A CAREER-READY WORKFORCE.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	K
	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?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	4
	revenue, if any, for each program service reported.	L
4a	(Code:) (Expenses \$ 219,320 · including grants of \$) (Revenue \$ 226,79	9
	THE ASSOCIATION HOSTS TWO NATIONAL MEETINGS EACH YEAR. THESE MEETINGS	
	PROVIDE ESSENTIAL AND TIMELY INFORMATION REGARDING FEDERAL LEGISLATIC)
	POLICY, RESEARCH, BEST PRACTICES AND NEW AND EMERGING INITIATIVES	
	RELEVANT TO CAREER TECHNICAL EDUCATION LEADERSHIP.	
	SLATE OF OFFICERS FOR CONSIDERATION BY THE MEMBERSHIP. THE AWARDS COMMITTEE IS COMPRISED OF STATE DIRECTORS, FORMER AWARD WINNERS AND APPOINTED STATE STAFF AND IS CONVENED TO SELECT THE EXCELLENCE IN ACTION AWARD WINNERS. THESE AWARDS RECOGNIZE A HIGH-QUALITY PROGRAM STUDY IN EACH OF THE 16 CAREER CLUSTERS. MEMBERS ARE ALSO ENGAGED IN AD HOC TASKS FORCES THAT ARE TARGETED TOWARD A SPECIFIC PROJECT AND	
	TIMELINE. IN ADDITION, MEMBERS PROVIDE FEEDBACK THROUGHOUT THE YEAR	
	THROUGH SURVEYS, WEBINARS AND CONFERENCES THAT SEEK THEIR INPUT,	
	GUIDANCE AND SUPPORT FOR ASSOCIATION-RELATED WORK.	
4c	(Code:)(Expenses \$ 138,635. including grants of \$) (Revenue \$ THE ASSOCIATION IS ACTIVELY ENGAGED IN INCREASING THE VISIBILITY AND STANDING OF THE STATE DIRECTORS AND CAREER TECHNICAL EDUCATION BY ATTENDING HEARINGS, COMMITTEE MEETINGS, AND RELATED MEETINGS IMPACTIN CAREER TECHNICAL EDUCATION.	N
		_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses 798.423.	
	Total program service expenses ► 798,423.) (

OF CAREER TECHNICAL EDUCATION CONSORTIUM

Pa	t IV Checklist of Required Schedules			
			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
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		X
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	L
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			77
	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			v
	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,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L

Form **990** (2014)

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Form 990 (2014)

OF CAREER TECHNICAL EDUCATION CONSORTIUM Part IV Checklist of Required Schedules (continued)

52-1646898 Page 4

			Vac	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	000		Х
a b	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 23
С		28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

432004 11-07-14

Form 990 (2014)

Form 990 (2014) OF CAREER TECHNICAL EDUCATION CONSORTIUM 52-164 Part V Statements Regarding Other IRS Filings and Tax Compliance 52-164

|--|

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	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 in Schedule O	3b		<u> </u>
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		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).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		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			x
h	any contributions that were not tax deductible as charitable contributions?	6a	-+	~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	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		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	_	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	

Form	990	(2014)
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432005 11-07-14

NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM

Form 990 (2014)

Page **6** 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 in Schedule O. See instructions.

52-1646898

X

 Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year	ning relations or under erson? rior Form ation's a elect or nembers, uring the y	hip with the direct n 990 wa assets? appoint , stockh year by th	any other as filed?	3 4 5 6	Yes
 If there are material differences in voting rights among members of the governing body, or if the governed body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 Enter the number of voting members included in line 1a, above, who are independent	ning relations or under erson? rior Form ation's a elect or nembers, uring the y	hip with the direct n 990 wa assets? appoint , stockh year by th	any other as filed?	16 2 3 4 5 6	
 If there are material differences in voting rights among members of the governing body, or if the govern body delegated broad authority to an executive committee or similar committee, explain in Schedule 0 Enter the number of voting members included in line 1a, above, who are independent	ning relations or under erson? rior Form ation's a elect or nembers, uring the y	hip with the direct n 990 wa assets? appoint , stockh year by th	any other as filed?	16 2 3 4 5 6	x
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 2 Did any officer, director, trustee, or key employee have a family relationship or a business officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or of officers, directors, or trustees, or key employees to a management company or other performed by the organization make any significant changes to its governing documents since the picture of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) mersons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the activation body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> 9 Section B. Policies (<i>This Section B requests information about policies not required by the organizati</i>	relations or under erson? rior Form ation's a elect or nembers uring the y	hip with the direct n 990 wa assets? appoint , stockh /ear by th	a any other ect supervision as filed? t one or nolders, or	2 2 3 4 5 6	X
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 5 Did the organization become aware during the year of a significant diversion of the organization bave members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) mersons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> Section B. Policies (<i>This Section B requests information about policies not required by the</i> 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities 	ation's a elect or nembers wring the y	appoint , stockh /ear by th	t one or nolders, or	5	X
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 b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> 6 Section B. Policies (<i>This Section B requests information about policies not required by the</i> 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities 	not be re			8a	X
 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> Section B. Policies (<i>This Section B requests information about policies not required by the</i> 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities 	not be re			8b	X
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I0a Did the organization have local chapters, branches, or affiliates?b If "Yes," did the organization have written policies and procedures governing the activities	interna			<u></u>	
b If "Yes," did the organization have written policies and procedures governing the activities			<u> </u>		Yes
b If "Yes," did the organization have written policies and procedures governing the activities				10a	1.00
and branches to ensure their operations are consistent with the organization's exempt pu				10b	
Ite. Use the experimentian provided a complete early of this Form 000 to all members of ite acu					x
11a Has the organization provided a complete copy of this Form 990 to all members of its gov	-	buy berc	sre ming the form	? 11a	
b Describe in Schedule O the process, if any, used by the organization to review this Form 9				10	v
					X X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that co				12b	<u> </u>
c Did the organization regularly and consistently monitor and enforce compliance with the p					37
in Schedule O how this was done					X
13 Did the organization have a written whistleblower policy?					X
14 Did the organization have a written document retention and destruction policy?				14	X
15 Did the process for determining compensation of the following persons include a review a	nd appro	oval by ir	ndependent		
persons, comparability data, and contemporaneous substantiation of the deliberation and	decisior	ו?			
a The organization's CEO, Executive Director, or top management official				15a	Х
b Other officers or key employees of the organization				15b	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a Did the organization invest in, contribute assets to, or participate in a joint venture or simila	ar arrang	ement v	with a		
taxable entity during the year?				16a	
b If "Yes," did the organization follow a written policy or procedure requiring the organization	i to evalu	uate its p	participation		
in joint venture arrangements under applicable federal tax law, and take steps to safeguar					
exempt status with respect to such arrangements?				16b	
Section C. Disclosure					
17 List the states with which a copy of this Form 990 is required to be filed NONE					
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990,	and 990)-T (Sect	tion 501(c)(3)s on	ly) availar	ble
for public inspection. Indicate how you made these available. Check all that apply.			(),-)- 511		
	er <i>(exnla</i>	in in Scl	hedule O)		
19 Describe in Schedule O whether (and if so, how) the organization made its governing docu	• •		,	and finan	icial
statements available to the public during the tax year.			s interest policy,	unu man	Jai
SLALETTETTES AVAILANTE TO THE DUDIE UNTITU THE LAK VEAL.			nd roostda.		
	otion'- "		nu recoras: 🗩		
20 State the name, address, and telephone number of the person who possesses the organize	ation's t	oooks ar	_		
20 State the name, address, and telephone number of the person who possesses the organiz KIMBERLY A. GREEN - 301-588-9630					
20 State the name, address, and telephone number of the person who possesses the organiz KIMBERLY A. GREEN 301-588-9630 8484 GEORGIA AVENUE, NO. 320, SILVER SPRING,		2091			000
20 State the name, address, and telephone number of the person who possesses the organiz KIMBERLY A. GREEN - 301-588-9630					1 990 9

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OF CAREER TECHNICAL EDUCATION CONSORTIUM 52-1646898 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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per	(do box	not c , unle	(C Posi heck ss pe	c) ition more rson	than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer D	Key employee	Highest compensated highest compensated snark.		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOHN FISCHER	1.50									_
PAST PRESIDENT		х		Х				0.	0.	0.
(2) JUNE SANFORD	0.50									_
DIRECTOR		х						0.	0.	0.
(3) ERIC SUHR	0.50									_
DIRECTOR		х						0.	0.	0.
(4) LEE BURKET	0.50					ľ –				_
DIRECTOR		х						0.	0.	0.
(5) JEAN MASSEY	0.50			\sim						
DIRECTOR		х						0.	0.	0.
(6) KATHLEEN CULLEN	0.50									•
DIRECTOR		X						0.	0.	0.
(7) ERIC SPENCER	0.50									•
DIRECTOR		х						0.	0.	0.
(8) RICHARD KATT	0.50									•
DIRECTOR		X						0.	0.	0.
(9) WAYNE KUTZER	0.50									
DIRECTOR		X						0.	0.	0.
(10) MIKE RAPONI	0.50									
DIRECTOR		Х						0.	0.	0.
(11) ELANIE PAPADAKIS	0.50									
DIRECTOR		X						0.	0.	0.
(12) SHEILA RUHLAND	0.50									
ASSOCIATE MEMBER		X						0.	0.	0.
(13) ROD DUCKWORTH	2.00									0
PRESIDENT(JAN-JUNE)/VICE PRESIDENT		X		X				0.	0.	0.
(14) JOANNE HONEYCUTT	2.00									0
SECRETARY/TREASURER		X		X				0.	0.	0.
(15) BERNADETTE HOWARD	0.50									0
DIRECTOR		X						0.	0.	0.
(16) SCOTT STUMP	0.50									0
PRESIDENT(JULY-JANUARY)		X		X			<u> </u>	0.	0.	0.
(17) KIMBERLY GREEN	41.50							100.000	_	20 512
EXECUTIVE DIRECTOR				Х				166,098.	0.	32,713.
432007 11-07-14						_				Form 990 (2014)

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7 2014.05020 NATIONAL ASSOCIATION OF STA 20696161

Page 7

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Form		R TECHNI	ICZ	ΑL	ED	UU	CAT	CI	ON CONSORTIU	M 52-16	546	898	Р	age 8
Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	l Hi	ghe	st (Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	box offic	not ch , unles cer and	s pers	tion nore son i recto	than is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organizations (W-2/1099-MIS	in I S	ar com	(F) stimate nount other pensa rom th	of ation
(10)		related organizations below line) 34.00	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			an	anizat d relat anizati	ed
	KATE BLOSVEREN KREAMER CIATE EXECUTIVE DIRECTOR	34.00					x		104,562.		0.	1	7,4	79.
						4								
1b	Sub-total								270,660.		0.	5	0,1	92.
c d	Total from continuation sheets to Part V Total (add lines 1b and 1c)								270,660.		0.	5	0 1	0. 92.
2	Total number of individuals (including but i						e) wł	no r		.000 of reportabl	• •		• / ±	
	compensation from the organization						-,			,	-			2
													Yes	No
3	Did the organization list any former officer			/ 1		-	-		-			•		x
4	line 1a? If "Yes," complete Schedule J for a For any individual listed on line 1a, is the s								her compensation from			3		
-	and related organizations greater than \$15									the organization		4	х	
5	Did any person listed on line 1a receive or									idual for services				
_	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ch p	bers	son .					5		X
	tion B. Independent Contractors		-		-+					¢100.000 of com		-		
1	Complete this table for your five highest co the organization. Report compensation for	-									ipens	ation	TOITI	
	(A)				5				(B)			(0	;)	
	Name and business	address	N	ONE					Description of s	ervices	C	ompe	nsatio	n
2	Total number of independent contractors	(including but n	ot li	mitec	d to t		~	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organ	ization 🕨				(U					_	000	001.1
432008												⊦orm	99U (2014)

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52-1646898 Page **9** OF CAREER TECHNICAL EDUCATION CONSORTIUM

Other Control Description of the set	Pa	rt V			e or note to any lin	e in this Part VIII			
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Form 990 (2014)

NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM

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		CHNICAL EDU	CATION CONSO		46898 Page 10
	ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	molete column (A)	
0000	Check if Schedule O contains a respons		-		
	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		experiese	general expenses	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	198,150.	179,627.	18,523.	
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	301,457.	276,627.	24,830.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	17,049.	16,901.	148.	
9	Other employee benefits	31,828.	31,529.	299.	
10	Payroll taxes	32,072.	31,794.	278.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	3,664.	3,664.		
с	Accounting	28,120.		28,120.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	33,185.		33,185.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	17,530.	17,436.	94.	
12	Advertising and promotion				
13	Office expenses	20,563.	11,880.	8,683.	
14	Information technology				
15	Royalties				
16	Occupancy	87,472.	86,186.	1,286.	
17	Travel	11,686.	11,313.	373.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	104,596.	104,596.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,258.		5,258.	
23	Insurance	4,671.		4,671.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount list line 24e expenses on Sebedule O.)				
~	amount, list line 24e expenses on Schedule 0.)	16,413.	16,413.		
a b	PUBLICATIONS AND SUBSCR	7,897.	7,897.		
D D	EDUCATION	2,470.	2,470.		
d	BAD DEBT	90.	90.		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	924,171.	798,423.	125,748.	0.
25 26	Joint costs. Complete this line only if the organization	,•			
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

432010 11-07-14

13390106 769045 2069616000

10

Form **990** (2014)

10 33 2014.05020 NATIONAL ASSOCIATION OF STA 20696161

Form 990 (2014)

NATIONAL ASSOCIATION OF STATE DIRECTORS

OF CAREER TECHNICAL EDUCATION CONSORTIUM 52-1646898 Page 11

<u>m 990 (</u> art X	Balance Sheet	CONSORTIOM		1040090 Page
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	231,735.	2	203,690
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	104,826.	4	46,87
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	21,409.	9	26,92
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 42,362.			
b	Less: accumulated depreciation 10b 35,296.	10,491.	10c	7,06
11	Investments - publicly traded securities	2,368,669.	11	2,445,03
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	9,000.		9,00
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,746,130.		2,738,59
17	Accounts payable and accrued expenses	69,308.	17	82,75
18	Grants payable		18	
19	Deferred revenue	229,676.		238,38
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		27	
20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	298,984.		321,13
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	,		
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	2,447,146.	27	2,417,46
28	Temporarily restricted net assets		28	, , -
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	2,447,146.	33	2,417,46
33	Total liabilities and net assets/fund balances	2,746,130.		2,738,59
1.04		2,710,100.	1 04	Form 990 (20

432011 11-07-14

NATIONAL	ASSOCIATION	OF STATE	DIRECTORS

Form	990 (2014) OF CAREER TECHNICAL EDUCATION CONSORTIUM	52-164	6898	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			42.
2	Total expenses (must equal Part IX, column (A), line 25)	2			71.
3	Revenue less expenses. Subtract line 2 from line 1	3			29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,447	7,1	46.
5	Net unrealized gains (losses) on investments	5	24	1,2	50.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,417	7,4	67.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2014)

 Section 501(c)(3) org Section 501(c) (other Section 527 organiz If the organization ansistic section 501(c)(3) org 	For Org Complete Information a wered "Yes," to ganizations: Com- r than section 50 ations: Complete wered "Yes," to ganizations that	anizations Exempt From Inco e if the organization is describ bout Schedule C (Form 990 or 990 Form 990, Part IV, line 3, or F aplete Parts I-A and B. Do not c D1(c)(3)) organizations: Complet e Part I-A only. Form 990, Part IV, line 4, or F have filed Form 5768 (election of have NOT filed Form 5768 (election of	me Tax Under section bed below. ► Attack D-EZ) and its instructions form 990-EZ, Part V, I omplete Part I-C. te Parts I-A and C belo form 990-EZ, Part VI, under section 501(h)):	n 501(c) and section 527 n to Form 990 or Form 99 is ^{at} www.irs.gov/form990 line 46 (Political Campaig w. Do not complete Part I- line 47 (Lobbying Activiti Complete Part II-A. Do not	b. Open to Public Inspection gn Activities), then B. es), then a complete Part II-B.
		Form 990, Part IV, line 5 (Pro			
Tax) (see separate inst					
Name of organization	NATIONA OF CARE	tions: Complete Part III. L ASSOCIATION OF ER TECHNICAL EDU	JCATION CON	SORTIUM	nployer identification number 52-1646898
Part I-A Comple	ete if the org	anization is exempt un	der section 501(c	c) or is a section 527	organization.
2 Political expenditur	es	ation's direct and indirect politi		▶	\$
Part I-B Comple	ete if the org	anization is exempt un	der section 501(c	c)(3).	
2 Enter the amount o3 If the organization i	f any excise tax ncurred a sectio nade?	incurred by the organization un incurred by organization managen n 4955 tax, did it file Form 4720	gers under section 499 D for this year?	55▶	
Part I-C Comple	ete if the org	anization is exempt un	der section 501(c		
		by the filing organization for se			\$
		ization's funds contributed to o	-		•\$
		. Add lines 1 and 2. Enter here			φ
					\$
5 Enter the names, a made payments. For contributions receive	ddresses and er or each organiza ved that were pr	1120-POL for this year? nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro-	EIN) of all section 527 aid from the filing organ a separate political o	political organizations to w nization's funds. Also ente rganization, such as a sep	hich the filing organization r the amount of political
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter -	contributions received and

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014

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NATIONAL ASSOCIATION OF STATE DIRECTORS

Schedule C (Form 990 or 990-EZ) 2014 OF	AREER !	FECHNICAL EI	UCATION CON	SORTIU 52-1	L646898 Page 2
Part II-A Complete if the organiza section 501(h)).	ition is exe	empt under sectio	on 501(c)(3) and file	ed Form 5768 (election under
A Check	longs to an af	filiated group (and list i	n Part IV each affiliated	aroup member's par	ne address FIN
expenses, and share of exp	0	• • •		group member e na	no, addroso, Env,
B Check ► □ if the filing organization ch		• •	ovisions apply.		
	obbying Expe	enditures		(a) Filing organization's totals	(b) Affiliated group totals
1 . Total John ving avganditures to influence		(grace reate labby ing)			
1a Total lobbying expenditures to influenceb Total lobbying expenditures to influence			r i i i i i i i i i i i i i i i i i i i		
—	-	• • • •			
			ſ		
 d Other exempt purpose expenditures e Total exempt purpose expenditures (add 		ط <i>ا</i>			
			F		
f Lobbying nontaxable amount. Enter the a If the amount on line 1e, column (a) or (b) is					
Not over \$500,000		bbying nontaxable an			
		f the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the exe			
Over \$1,000,000 but not over \$1,500,000	. ,	00 plus 10% of the exe			
Over \$1,500,000 but not over \$17,000,00		00 plus 5% of the exce	ess over \$ 1,500,000.		
Over \$17,000,000	\$1,000	,000.			
	(
g Grassroots nontaxable amount (enter 25	, ,				
h Subtract line 1g from line 1a. If zero or les					
i Subtract line 1f from line 1c. If zero or les					
j If there is an amount other than zero on e reporting section 4911 tax for this year?			zation file Form 4720		Yes No
		veraging Period Under			
(Some organizations that ma				of the five columns	below.
	See the sepa	rate instructions for li	nes 2a through 2f.)		
L	obbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

432042 10-21-14

NATIONAL ASSOCIATION OF STATE DIRECTORS

Schedule C (Form 990 or 990-EZ) 2014 OF CAREER TECHNICAL EDUCATION CONSORTIU 52-1646898 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 e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)		
of the	e lobbying activity.	Yes	No	Amo	ount	
1 a	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: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?Other activities?					
	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)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	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	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				Х	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				X	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			ection		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," O	R (b) Par	t III-A, lir	ne 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
	expenditure next year?	4				
_	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 I	I-A, lines 1 a	and 2 (see		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2014

432043 10-21-14

SCHEDULE D Form 990) Department of the Treasury	► Con	nplete if the organization a	Incial Statemen answered "Yes" to Form 99 11c, 11d, 11e, 11f, 12a, or Form 990.	0,	OMB No. 1545-0047
nternal Revenue Service		Schedule D (Form 990) and	d its instructions is at www		
Name of the organizati			STATE DIRECTOR CATION CONSORTI		ployer identification numb 52-1646898
Part I Organiza			or Other Similar Fun		
	n answered "Yes" to Form				
			Donor advised funds	(b) Fur	nds and other accounts
1 Total number at er	nd of year				
	of contributions to (during y				
	f grants from (during year)				
	t end of year				
5 Did the organizatio	on inform all donors and do	onor advisors in writing that	t the assets held in donor ad	vised funds	
are the organization	on's property, subject to th	e organization's exclusive l	egal control?		Yes 📖 N
6 Did the organization	on inform all grantees, don	ors, and donor advisors in v	writing that grant funds can b	be used only	
for charitable purp	oses and not for the bene	fit of the donor or donor ad	visor, or for any other purpos	se conferring	
impermissible priv					Yes 📖 N
			answered "Yes" to Form 990	, Part IV, line 7	
		by the organization (check a			
		g., recreation or education)	Preservation of a hi	, ,	
	of natural habitat		Preservation of a ce	ertified historic	structure
	of open space				ation account on the last
		ition held a qualified conser	vation contribution in the for	m of a conserv	ation easement on the last
day of the tax year	1.				Held at the End of the Tax Y
a Total number of co	onservation easements			2a	
			uded in (a)		
			06, and not on a historic stru		
			inguished, or terminated by t		n during the tax
year 🕨				C	C C
4 Number of states	where property subject to	conservation easement is le	ocated ►		
5 Does the organiza	tion have a written policy r	regarding the periodic moni	toring, inspection, handling o	_ of	
violations, and enf	forcement of the conservat	tion easements it holds?			Yes I
6 Staff and voluntee	r hours devoted to monite	oring, inspecting, and enforce	cing conservation easements	during the yea	ar 🕨
7 Amount of expens	ses incurred in monitoring,	inspecting, and enforcing c	conservation easements duri	ng the year 🕨	\$
8 Does each conser	vation easement reported	on line 2(d) above satisfy th	ne requirements of section 1	70(h)(4)(B)(i)	
and section 170(h))(4)(B)(ii)?				Yes III M
9 In Part XIII, describ	be how the organization re	ports conservation easeme	ents in its revenue and expen	se statement,	and balance sheet, and
		e to the organization's finan	cial statements that describe	es the organiza	tion's accounting for
conservation ease		Collections of Art Liv	torical Traceruse or	Oth or Circi	
		ed "Yes" to Form 990, Part I	storical Treasures, or	Other Simi	iar Assels.
	-				
-			ot to report in its revenue stat		
			ucation, or research in furthe	rance of public	c service, provide, in Part A
		nents that describes these i		ont and balanc	a shoot works of art histori
			report in its revenue stateme or research in furtherance of p		
relating to these it		bile exhibition, education, o	research in furtherance of	Sublic Service,	provide the following arriod
-		line 1			\$
.,			other similar assets for finand		
		ed under SFAS 116 (ASC 95		J, p. 546	
				►	\$
HA For Paperwork Re	eduction Act Notice, see	the Instructions for Form	990.		Schedule D (Form 990) 20
32051 0-01-14			16		20
	5 2069616000	2014 05020	16 NATIONAL ASSOC		57 0 T T T T T T T T T T T T T T T T T T T

		L ASSOCIATI						
Sche	dule D (Form 990) 2014 OF CARE	ER TECHNICA	AL EDUCATI	ON CONS	SORTI	JM 52-1	646898	Page 2
Pa	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, o	or Other	Similar Ass	sets(continu	ied)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	t are a sigi	nificant use of i	ts collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange progra	ms			
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further t	he organizatio	on's exem	pt purpose in P	art XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma					-	Yes	No No
Pa	t IV Escrow and Custodial Arran						/, line 9, or	
	reported an amount on Form 990, Pa		C			·		
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contributior	ns or other as	sets not in	ncluded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII							
-							Amount	
с	Beginning balance					1c		
	Additions during the year							
	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII.				-	,		
	t V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year		-		k (a) Four	ears hack
10	Beginning of year balance	(a) Ourient year						
	Contributions							
	Net investment earnings, gains, and losses			· · · · ·				
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
g	End of year balance			L				
2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	ind administer	red for the	organization	-	
	by:							res No
	(i) unrelated organizations							
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pa	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" to Form 990,	Part IV, line 11a. S	ee Form 990,	Part X, lin	ne 10.		
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Acc	umulated	(d) Book	value
		basis (investm	ent) basis	(other)	depre	eciation		
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment		4	2,362.		35,296.	7	,066.
	Other							
	Add lines 1a through 1e. (Column (d) must e		K, column (B), line 1	10c.)			7	,066.
	· · · · · · · · · · · · · · · · · · ·	,				Schedu	le D (Form	990) 2014

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Schedule D (Form 990) 2014 OF CAREER TE				2-1646898 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" to				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" to (a) Description of investment				d-of-year market value
	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" to	o Form 990, Part IV, lin	e 11d. See Form 990,	Part X, line 15.	
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
Part X Other Liabilities. Complete if the organization answered "Yes" to	o Form 990, Part IV, lin	e 11e or 11f. See Forr	n 990, Part X, line 25	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes			-	
(2)				
(3)				
(4)				
(5)]	
(6)]	
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) ►			
2. Liability for uncertain tax positions. In Part XIII, provide t				
organization's liability for uncertain tax positions under F	FIN 48 (ASC 740). Che	ck here if the text of th		
			Sch	nedule D (Form 990) 2014

NATIONAL ASSOCIATION OF STATE DIRECTORS

Schedule D (Form 990) 20	14 OF	CAREER	TECHNICAL	EDUCATION	CONSORTIU	M 52-16	46898	Page 4
Part XI Reconcili	ation of Re	venue per A	Audited Financi	al Statements V	Vith Revenue p	per Return.		
Complete if t	he organizatio	n answered "Ye	es" to Form 990, Par	t IV, line 12a.				
1 Total revenue, gains	, and other su	oport per audit	ed financial stateme	nts		1		
2 Amounts included of	n line 1 but no	t on Form 990,	Part VIII, line 12:					
a Net unrealized gains	(losses) on in	vestments		2a				
b Donated services a	nd use of facilit	ies		2b				
c Recoveries of prior	/ear grants							
d Other (Describe in F	art XIII.)			2d				
e Add lines 2a throug								
3 Subtract line 2e from	n line 1					3		
4 Amounts included of								
a Investment expense								
b Other (Describe in F	art XIII.)			4b				
c Add lines 4a and 4b						4c		
5 Total revenue. Add		1 1	, ,	/				
Part XII Reconcili	•	-			With Expenses	s per Return.		
			es" to Form 990, Par					
						1		
2 Amounts included of		,	,		1			
a Donated services a	nd use of facilit	ies						
b Prior year adjustme								
c Other losses								
d Other (Describe in F								
e Add lines 2a throug								
						3		
4 Amounts included of	,				1			
a Investment expense								
b Other (Describe in F				4b				
c Add lines 4a and 4b								
5 Total expenses. Add			qual Form 990, Part I	, line 18.)		5		

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

PART X, LINE 2:

THE ASSOCIATION ADOPTED THE NEW ACCOUNTING FOR UNCERTAINTY IN INCOME TAX
GUIDANCE WHICH CLARIFIES THE ACCOUNTING AND RECOGNITION FOR TAX POSITIONS
TAKEN OR EXPECTED TO BE TAKEN IN ITS INCOME TAX RETURNS. THE ASSOCIATION'S
INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE
ASSOCIATION'S OPEN AUDIT PERIODS ARE 2011 TO 2015. FOR THE YEARS ENDED
JUNE 30, 2015 AND 2014, THE ASSOCIATION HAS NO MATERIAL UNCERTAIN TAX
POSITIONS TO BE ACCOUNTED FOR IN THE FINANCIAL STATEMENTS UNDER THE NEW
RULES. THE ASSOCIATION RECOGNIZES INTEREST ACCRUED RELATED TO UNRECOGNIZED
TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. NO
SUCH INTEREST OR PENALTIES WERE RECOGNIZED DURING THE YEARS PRESENTED.

adula D (Farm 000) 001 1				TCAL I	OF STATE	DIRECTORS CONSORTIUM52-164689	8
nedule D (Form 990) 2014 art XIII Supplemental Info	rmatio	כאתפנא On (continue	d)		DUCATION	COMBORT TOMD2-104009	- Page
						*	
						Schedule D (Forn	
						Cohodula D / Cours	

 $13390106 \ 769045 \ 2069616000$

2014.05020 NATIONAL ASSOCIATION OF STA 20696161

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
	rm 990)		2014			
•	·		2014			
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspe		
Nan	ne of the organizatio		Employer id			mber
_		OF CAREER TECHNICAL EDUCATION CONSORTIUM	52-1	64689	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed in Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (e.g., maid, chauffeur, o	chet)			
D		on line 1a are checked, did the organization follow a written policy regarding payment or		41		
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2		
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's			
3		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	·	compensation consultant X Compensation survey or study				
	·	ther organizations X Approval by the board or compensation of	ommittee			
			ommittee			
4	During the year did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	•	ce payment or change-of-control payment?		4a		x
b		ceive payment from, a supplemental nonqualified retirement plan?				X
с		ceive payment from, an equity-based compensation arrangement?				X
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.				
5	For persons listed	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
	If "Yes" to line 5a c	r 5b, describe in Part III.				
6	For persons listed	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	-				
						X
b		ation?		6b		X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				
		es 5 and 6? If "Yes," describe in Part III		7		X
8	•	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
_		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?			<i></i>	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	n 990)) 2014

432111 10-13-14

NATIONAL ASSOCIATION OF STATE DIRECTORS

Schedule J (Form 990) 2014

OF CAREER TECHNICAL EDUCATION CONSORTIUM 52-1646898

Page 2

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) KIMBERLY GREEN	(i)	166,098.	0.	0.		17,227.	198,811.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 NATIONAL ASSOCIATION OF STATE DIRECTORS Emplo OF CAREER TECHNICAL EDUCATION CONSORTIUM 52 OMB No. 1545-0047

Employer identification number 52 - 1646898

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VOICE ON NATIONAL POLICY TO PROMOTE ACADEMIC AND TECHNICAL EXCELLENCE

THAT ENSURES A CAREER-READY WORKFORCE.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

GIVEN THE ELIMINATION OF THE FOUNDATION'S CAREER CLUSTERS INSTITUTE AS

A STAND ALONE PROGRAM, THE BOARD CHOSE TO CONTINUE THE EXCELLENCE IN

ACTION AWARDS PROGRAM AND CHOSE TO INTEGRATE THE PROGRAM INTO THE

ASSOCIATION'S SPRING MEETING TO GIVE VISIBILITY TO THE PROGRAMS IN THE

NATION'S CAPITAL AND AMONG NATIONAL POLICYMAKERS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION HAS THREE CATEGORIES OF MEMBERSHIP - STATE DIRECTORS,

ASSOCIATE MEMBERS AND ORGANIZATIONAL MEMBERS. THE STATE DIRECTORS ARE

DESIGNATED BY THE STATE AND ARE THE INDIVIDUAL WHO LEADS THE

PERKINS-DEFINED ELIGIBLE AGENCY. THERE IS ONLY ONE STATE DIRECTOR PER STATE

AND SAID STATE DIRECTOR IS INDIVIDUALLY ELIGIBLE TO VOTE AT ASSOCIATION

BUSINESS MEETINGS.

432211 08-27-14

FORM 990, PART VI, SECTION A, LINE 7A:

THE BYLAWS PROVIDE GUIDANCE FOR THE ELECTION OF OFFICERS. ANNUALLY, THE NOMINATIONS COMMITTEE PUTS FORTH A SLATE OF OFFICERS - PRESIDENT, VICE PRESIDENT, SECRETARY/TREASURER AND PAST PRESIDENT - FOR CONSIDERATION BY THE MEMBERSHIP. NOMINATIONS ARE SOLICITED FROM THE STATE DIRECTORS AND ARE VETTED BY THE COMMITTEE. THE COMMITTEE PREPARES THE BALLOT FOR PRESENTATION AT THE ANNUAL BUSINESS MEETING. AT THE ANNUAL BUSINESS MEETING LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule Q (Form 990 or 990-EZ) (2014)

24 47 13390106 769045 2069616000 2014.05020 NATIONAL ASSOCIATION OF STA 20696161

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM	Employer identification number 52-1646898
NOMINATIONS ARE ALSO ACCEPTED FROM THE FLOOR. THE STATE D	IRECTORS OR THEIR
PROXIES CAST VOTES AT THE ANNUAL MEETING FOR THE OFFICERS	• VACANT OFFICER
POSITIONS ARE ADDRESSED BY THE PROCEDURE IN THE BYLAWS.	

FORM 990, PART VI, SECTION A, LINE 7B:

THE BYLAWS DEFINE WHICH DECISIONS MUST BE APPROVED BY THE MEMBERSHIP. AT EACH MEETING OF THE MEMBERSHIP, A BUSINESS MEETING IS HELD. AT SAID BUSINESS MEETING OFFICERS PROVIDE A BOARD AND FINANCIAL/AUDIT UPDATE TO THE MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED BY MANAGEMENT, AND THEN REVIEWED BY THE FINANCE

COMMITTEE. THE FINANCE COMMITTEE, ONCE COMFORTABLE WITH THE RETURN,

FORWARDS IT TO THE BOARD WITH A RECOMMENDATION FOR APPROVAL. THE BOARD

REVIEWS THE 990 AND APPROVES THE 990 FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BYLAWS REQUIRE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. BOARD MEMBERS ARE ASKED TO RECUSE THEMSELVES SHOULD THEY HAVE ANY POSSIBLE CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR HAS AN EMPLOYMENT CONTRACT THAT ESTABLISHES A

BASELINE SALARY. THE CONTRACT ALLOWS FOR AN ANNUAL BONUS IF AGREED UPON

PERFORMANCE MEASURES ARE MET. SALARY INCREASES ARE DETERMINED BY THE

EXECUTIVE COMMITTEE. WHEN A SALARY INCREASE IS CONSIDERED, THE EXECUTIVE

COMMITTEE DOES BENCHMARK SALARY AND BENEFITS USING THE ASAE GUIDE, AS WELL

AS OTHER RESOURCES, AND ALSO TAKES INTO CONSIDERATION THE EXECUTIVE'S 432212 08-27-14
Schedule O (Form 990 or 990-EZ) (2014) 25
48 13390106 769045 2069616000 2014.05020 NATIONAL ASSOCIATION OF STA 20696161

Schedule O	(Form 990	or 990-F7)	(2014)

Name of the organization NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM Page 2 Employer identification number 52-1646898

LONGEVITY WITH THE ORGANIZATION AND STANDING IN THE CAREER TECHNICAL

EDUCATION COMMUNITY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION WILL PROVIDE A COPY OF THEIR GOVERNING DOCUMENTS, CONFLICT

OF INTEREST POLICY AND FINANCIAL STATEMENTS UPON REQUEST.

432212 08-27-14	Schedule O (Form 990 or 990-EZ) (20
3390106 769045 2069616000	26 49 2014.05020 NATIONAL ASSOCIATION OF STA 2069616

Department of the Treasury Internal Revenue Service		nformation about Schedule R (Form 9	ach to Form 990. 990) and its instructions is a	it <u>www.irs.aov/for</u> i	n990.		Open to P Inspect	
Name of the organizat	ion NATIONAL ASS	OCIATION OF STATE D CHNICAL EDUCATION C	IRECTORS	•		Employer ide 52-16	ntification n	umber
Part I Identificati	ion of Disregarded Entities Comp	plete if the organization answered "Yes	" on Form 990, Part IV, line 33	3.				
		(b) Primary activity	(c) Legal domicile (state o foreign country)	or Total inco	(e) me End-of-year	assets Dir	(f) rect controlling entity	g
		=						
		=						
		nizations Complete if the organization	answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one o	or more related tax	-exempt	
	Identification of Disregarded Entities Control (a) Name, address, and EIN (if applicable) of disregarded entity Identification of Related Tax-Exempt On organizations during the tax year. (a) Name, address, and EIN of related organization NaL CAREER TECHNICAL EDUCATION ATION - 73-1086246, 8484 GEORGIA AND	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlli entity	ng _{cont}	(g) 512(b)(13) trolled titty?
NATTONAL CAREER T	PECHNICAL EDUCATION				501(c)(3))		Yes	No
	L086246, 8484 GEORGIA AVE,	(b) (c) ss, and EIN Primary activity rganization Primary activity AL EDUCATION ADVANCE AND SUPPORT CAREER		501(C)(3)	509(A)(2)	N/A		x
For Paperwork Redu	ction Act Notice. see the Instruc	tions for Form 990.				Schedu	le R (Form 99	90) 2014

Related Organizations and Unrelated Partnerships ▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

SCHEDULE R (Form 990)

OMB No. 1545-0047

2014

NATIONAL ASSOCIATION OF STATE DIRECTORS Schedule R (Form 990) 2014 OF CAREER TECHNICAL EDUCATION CONSORTIUM

52-1646898 Page 2

Part III

III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	partne	^{I or} Percentage ^{ing} ownership r?
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes I	lo
					~						
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(b contr enti	i) ;tion b)(13) rolled ;ity?
		country)		of trubty		400010		Yes	
	1								
	1								
	1	<u></u>							<u> </u>

NATIONAL ASSOCIATION OF STATE DIRECTORS

Schedule R (Form 990) 2014 OF CAREER TECHNICAL EDUCATION CONSORTIUM

Part V	Transactions With Related Organizations Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
--------	---	--

lote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)			X
c Gift, grant, or capital contribution from related organization(s)	1c		Σ
d Loans or loan guarantees to or for related organization(s)			Σ
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)			2
g Sale of assets to related organization(s)	1g		2
h Purchase of assets from related organization(s)	1h		Σ
i Exchange of assets with related organization(s)	<u>1i</u>		2
j Lease of facilities, equipment, or other assets to related organization(s)			2
k Lease of facilities, equipment, or other assets from related organization(s)	1k		Σ
I Performance of services or membership or fundraising solicitations for related organization(s)			2
m Performance of services or membership or fundraising solicitations by related organization(s)			2
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
o Sharing of paid employees with related organization(s)		X	
p Reimbursement paid to related organization(s) for expenses			2
q Reimbursement paid by related organization(s) for expenses		X	+
r Other transfer of cash or property to related organization(s)	1r		2
s Other transfer of cash or property from related organization(s)			12

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
NATIONAL CAREER TECHNICAL EDUCATION (1) FOUNDATION	0	59,974.	TIME ALLOCATION
_(2)			
(3)			
_(4)			
(5)			
_(6)			
432163 08-14-14	29		Schedule R (Form 990) 2014

NATIONAL ASSOCIATION OF STATE DIRECTORS Schedule R (Form 990) 2014 OF CAREER TECHNICAL EDUCATION CONSORTIUM

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(b)	(c)	(d)		<u>, </u>	(f)	(g)	(r		(i)	(j)	(k)
(a)			(4) Dradominant incomo	(e) Are a partners 501(c) orgs.	, ill				'		()) General	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)	s sec. (3)	Share of total	end-of-year	Disprotion tion allocat	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs.	?′	income	assets		ions?	of Schedule K-1	partner	
		country)	sections 512-514)	Yes I	No	Income	a55615	Yes	No	(FORM 1065)	Yes No)
						P						
												+
												1

Schedule R (Form 990) 2014

NAJ	CIONAL .	ASSOCIATION	I OF	STATE	DIRECTORS
OF	CAREER	TECHNICAL	EDUC	ATION	CONSORTIUM52-

Schedule R	(Form 990) 2014	OF CARE	ER TECHNICAL	EDUCATION	CONSORTIUM52-1646898	Page 5
Part VII	(Form 990) 2014 Supplemental Info	rmation				
	Provide additional inform	nation for respons	es to questions on Sch	edule R (see instruct	ions).	
432165 08-14-	14			21	Schedule R (Form 9	90) 2014
				31	54	

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

•141 F.	90 PAGE 10	_				_		990	_						
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	COMPUTER AND EQUIPMENT	VARIOUS	SL	3.00		16	17,255.				17,255.	9,097.		2,775.	11,872.
2	FURNITURE AND FIXTURE	VARIOUS	SL	7.00		16	25,107.				25,107.	20,941.		2,483.	23,424.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						42,362.				42,362.	30,038.		5,258.	35,296.
	* GRAND TOTAL 990 PAGE 10 DEPR						42,362.				42,362.	30,038.		5,258.	35,296.

428111 05-01-14

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 4562		iation and Am				OMB No. 1545-0172
		 Information on Lis Attach to your tax ret 		/) 990		2014
		2 and its separate instru	uctions is at ww	w.irs.gov/for	m4562.	Attachment Sequence No. 179
Name(s) shown on return			ess or activity to whi	ch this form relate	S	Identifying number
NATIONAL ASSOCIATION OF CAREER TECHNICAL				NCE 10		52-1646898
Part I Election To Expense Certain Pl					V hoforo v	
1 Maximum amount (see instructions	<u> </u>	· ·			1 1	500,000.
2 Total cost of section 179 property p	,	instructions)				5007000
3 Threshold cost of section 179 prop						2,000,000.
4 Reduction in limitation. Subtract lin						, ,
5 Dollar limitation for tax year. Subtract line 4 from						
6 (a) Description	of property	(b) Cost (busin	ness use only)	(c) Elected	l cost	
7 Listed property. Enter the amount f	rom line 29		7			
8 Total elected cost of section 179 p	operty. Add amounts	in column (c), lines 6 and	17		8	
9 Tentative deduction. Enter the sma						
10 Carryover of disallowed deduction						
11 Business income limitation. Enter the						
12 Section 179 expense deduction. A					12	
13 Carryover of disallowed deduction			▶ 13			
Note: Do not use Part II or Part III below						
Part II Special Depreciation Allo						
14 Special depreciation allowance for				-		
15 Property subject to section 168(f)(1						5,258.
16 Other depreciation (including ACRS Part III MACRS Depreciation (Depreciation)		aparty) (Saa instructions			16	J,2J0.
MACKS Depreciation (D		Section A	-)			
17 MACRS deductions for assets place	od in convice in tax va		1		17	
17 MACRS deductions for assets place18 If you are electing to group any assets placed i					Ϋ́ Η Ϋ́ Ι	
		e During 2014 Tax Year			tion Syste	em
	(b) Month and	(c) Basis for depreciation	(d) Recovery			
(a) Classification of property	year placed in service	(business/investment use only - see instructions)	period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
	/		27.5 yrs.	MM	S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		39 yrs.	MM	S/L	
i Nonresidential real property	/			MM	S/L	
Section C - Asse	ts Placed in Service	During 2014 Tax Year U	sing the Altern	ative Depred	iation Sys	stem
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	
Part IV Summary (See instruction						
21 Listed property. Enter amount from	line 28				21	
22 Total. Add amounts from line 12, lin	nes 14 through 17, lin	es 19 and 20 in column (g	g), and line 21.			
Enter here and on the appropriate I	ines of your return. Pa	artnerships and S corpora	ations - see instr		22	5,258.
23 For assets shown above and place	d in service during the	e current year, enter the				
portion of the basis attributable to	section 263A costs		23			
⁴¹⁶²⁵¹ 01-08-15 LHA For Paperwork Reduc	tion Act Notice, see					Form 4562 (2014
	C000 001	32 4 05020 NAUT		0073 m T		56
390106 769045 206961	0000 201	4.05020 NATI	UNAL ASS	OCTATI(NN OF	PIA TACARTOT

		CAREER									1646		
Part V Listed Proper recreation, or a		utomobiles, o	certain oth	ner vehicles	, certain a	ircraft, ce	ertain com	puters, a	and prop	perty use	ed for en	tertainm	ent,
Note: For any	vehicle for w	hich you are	using the	standard m	ileage rate	e or dedu	cting lease	e expens	e, comp	leteonly	24a, 24	lb, colur	nns (
through (c) of S	Section A, all	l of Section E	8, and Sec	tion C if ap	plicable.					,		-,	- (
		on and Othe		-	on: See th		-						
24a Do you have evidence to s			nent use cla	aimed?	Yes		24b If "Y	es," is th	ne evide	nce writt	ten?	Yes	N
(a) Type of property	(b) Date	(c) Business	:/	(d)		e) epreciation	(f)		g)		h)		(i) cted
lype of property (list vehicles first)	placed in	investme	nt of	Cost or her basis	(business/	investment	Recovery period		thod/ ention		eciation uction	sectio	
	service	use percent	age		use	only)	ponou	00110				CC	ost
25 Special depreciation allo		•	,	•		0	,						
used more than 50% in	a qualified b	ousiness use							. 25				
26 Property used more that	in 50% in a c	qualified busi	ness use:										
	1 1		%										
	1 1		%										
	: :		%										
27 Property used 50% or le	ess in a qual	ified busines	s use:		_								
			%					S/L -					
	: :		%					S/L -					
	: :		%					S/L -					
28 Add amounts in column	ı (h), lines 25	through 27.	Enter here	e and on lin	e 21, page	e 1			28				
29 Add amounts in column											. 29		
				3 - Informa							•		
Complete this section for ve	hicles used	by a sole pro	prietor, p	artner, or of	ther "more	than 5%	owner."	or related	d persor	n. If you	provided	vehicle	5
to your employees, first ans													
				Joo II you III			o oompiou	ng the c			Verneree		
			(;	a)	(b)		(c)	6	d)	6	e)	(1	1
30 Total business/investment	miles driven d	luring the		icle	Vehicle		/ehicle		nicle		nicle	Veh	
year (do not include com		•			Volliolo			101		101	11010	001	
31 Total commuting miles of													
32 Total other personal (no													
driven						-							
33 Total miles driven during													
Add lines 30 through 32								N ₂		N	N	N	
34 Was the vehicle availab			Yes	No 1	(es No	o Yes	s No	Yes	No	Yes	No	Yes	N
during off-duty hours?													
35 Was the vehicle used p	, ,												
than 5% owner or relate						_							
36 Is another vehicle availa				Ť									
use?													
		- Questions											
Answer these questions to	determine if	you meet an	exception	to comple	ting Section	on B for v	ehicles us	ed by er	nployee	s who a	r e not m	ore than	5%
owners or related persons.													
37 Do you maintain a writte	en policy stat	tement that p	prohibits a	ll personal	use of veh	iicles, inc	luding cor	nmuting	, by you	r		Yes	N
38 Do you maintain a writte	en policy stat	tement that p	orohibits p	ersonal use	e of vehicle	es, excep	ot commut	ing, by y	/our				
employees? See the ins	structions for	r vehicles use	ed by corp	orate office	ers, directo	ors, or 1%	6 or more	owners					
39 Do you treat all use of v	ehicles by er	mployees as	personal	use?									
39 DO YOU LIEAL AILUSE OF V	an fivo vohio	les to your e	mployees,	, obtain info	ormation fr	om your	employees	s about					
•	an nve vernc												
40 Do you provide more th													
40 Do you provide more th the use of the vehicles,	and retain th	erning gualif	eu autom										-
40 Do you provide more th the use of the vehicles,41 Do you meet the require	and retain th ements conc			ot complete	Section E	3 for the a	covered ve	nicies.					
40 Do you provide more th the use of the vehicles,	and retain th ements conc			ot complete	Section E	3 for the o	covered ve	nicies.					_
 40 Do you provide more th the use of the vehicles, 41 Do you meet the require Note: <i>If your answer to</i> Part VI Amortization (a) 	and retain th ements conc 37, 38, 39, 4				(c)	for the c	(d)	nicies.	(e)			(f)	
 40 Do you provide more th the use of the vehicles, 41 Do you meet the require Note: If your answer to Part VI Amortization 	and retain th ements conc 37, 38, 39, 4	!0, or 41 is "Y	(b) te amortization	Am		3 for the d			Amortiza	tion	An fo	(f) nortization r this year	_
 40 Do you provide more th the use of the vehicles, 41 Do you meet the require Note: <i>If your answer to</i> Part VI Amortization (a) Description o 	and retain thements conc 37, 38, 39, 4 f costs	20, or 41 is "Y	(b) te amortization begins	Am	(C) ortizable	3 for the c	(d) Code			tion	An fo	nortization	
 40 Do you provide more th the use of the vehicles, 41 Do you meet the require Note: <i>If your answer to</i> Part VI Amortization (a) Description o 	and retain thements conc 37, 38, 39, 4 f costs	20, or 41 is "Y	(b) te amortization begins 14 tax yea	Am	(C) ortizable	3 for the c	(d) Code		Amortiza	tion	An fo	nortization	
 40 Do you provide more th the use of the vehicles, 41 Do you meet the require Note: <i>If your answer to</i> Part VI Amortization (a) Description o 	and retain thements conc 37, 38, 39, 4 f costs	20, or 41 is "Y	(b) (b) te amortization begins 14 tax yea	Am	(C) ortizable	for the c	(d) Code		Amortiza	tion	An fo	nortization	
 40 Do you provide more the use of the vehicles, 41 Do you meet the require Note: If your answer to a Part VI Amortization (a) Description of 42 Amortization of costs the part of the part	and retain the ements conc 37, 38, 39, 4 f costs nat begins du	20, or 41 is "Y Da uring your 20	(b) te amortization begins 14 tax yea : :	Am a ar:	(c) ortizable mount		(d) Code section		Amortiza period or per	tion centage	An fo	nortization	
 40 Do you provide more the the use of the vehicles, 41 Do you meet the require Note: If your answer to part VI Amortization (a) Description of 42 Amortization of costs the 43 Amortization of costs the 	and retain the ements conc 37, 38, 39, 4 f costs nat begins du nat began be	20, or 41 is "Y Da uring your 20 ifore your 20	(b) te amortization begins 14 tax yea : : : : 14 tax yea	Am ar: r	(c) ortizable mount		(d) Code section		Amortiza period or per	tion centage 43	An fo	nortization	
 40 Do you provide more the the use of the vehicles, 41 Do you meet the require Note: If your answer to a Part VI Amortization (a) Description of 42 Amortization of costs the part of the part	and retain the ements conc 37, 38, 39, 4 f costs nat begins du nat began be	20, or 41 is "Y Da uring your 20 ifore your 20	(b) te amortization begins 14 tax yea : : : : 14 tax yea	Am ar: r	(c) ortizable mount		(d) Code section		Amortiza period or per	tion centage	fo	nortization	

NATIONAL ASSOCIATION OF STATE DIRECTORS

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at *www.irs.gov/form8868* ·

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time

		Enter filer's identifying number
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	NATIONAL ASSOCIATION OF STATE DIRECTORS	
	OF CAREER TECHNICAL EDUCATION CONSORTIUM	52-1646898
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 8484 GEORGIA AVENUE, NO. 320	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

SILVER SPRING, MD 20910

Enter the Return code for the return that this application is for (file a separate application for each return)	0	1	7
			_

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
KIMBERLY A. GR	EEN		

		,									
The books are in the care of \blacktriangleright			AVENUE,	NO.	320	-	SILVER	SPRING,	MD	20910	
Telephone No. ► 301-588	-9630)		Fax No.							

•	If this i	s for	r a Group Return, enter the c	organization's four dig	it Group Exemption Number (GEN)	. If this is for the whole group, check	this
I	🕨 [If it is fau mant of the away we	ahaali thia hay 🔊			

box **b** . If it is for part of the group, check this box **b** and attach a list with the names and EINs of all members the extension is for.

1	I request an automatic 3-mo	nth (6 month	ns for a corpor	ation req	uired to fil	e Form 9	990-T)) extension of tim	ne until
	πποστλον 15	2016							

FEBRUARY	тэ,	2010	_ , to file the exempt organization return for the organization named above. The extension
is for the organization	n's retur	n for:	

calendar year	or	
tax year beginr	ning JUL	1,

,	and	ending	JUN	3

2015

0.

If the tax year entered in line 1 is for less than 12 months, check reason:
 Initial return
 Final return
 Change in accounting period

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

2014

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$

by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453	-EO ar	nd Form 8879-EO 1	for payment
instructions.			

LHA	For Privacy Act and Paperwork Reduction Act Notice, see instructions.
423841 05-01-14	

58 STA 20696161

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34 2014.05020 NATIONAL ASSOCIATION OF

13390106 769045 2069616000

С

-	\mathbf{NEXT}	YEAR	FEDERAL	-	
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NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM

					_					TION COND		
Asset No.	Description		Da Acq	ate uired		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	MACHINERY & EQUIPMENT		Т									
		R.			ac	TT	2 00	17 955		17 955	11 070	F 202
	COMPUTER AND EQUIPMENT	Ň	AR	ιE	55	56	3.00	17,255.		17,255.	11,872.	5,383.
	FURNITURE AND FIXTURE	1	7AR	ιE	SS	SL	7.00	25,107.		25,107.	23,424.	1,683.
	* 990 PAGE 10 TOTAL MACHINERY &											
	EQUIPMENT							42,362.		42,362.	35,296.	7,066.
	* GRAND TOTAL 990 PAGE 10 DEPR							40 262		40 260	25,200	7,066.
	" GRAND TOTAL 990 PAGE IU DEPR							42,362.		42,362.	35,296.	1,000.
					Т							
				_	_							
			-									
				Ц.								
						~						
					_							

			EXTENDED TO FEBRUARY 16, 2	2016	
	Ω	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
For	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	e (except private foundation	s 2014
		of the Treasury	Do not enter social security numbers on this form as it may		Open to Public
		enue Service	▶ Information about Form 990 and its instructions is at _{WW} dar year, or tax year beginning JUL 1, 2014 and ending		Inspection
				JUN 30, 2015	
Bc	heck if pplicab		of organization	D Employer identific	ation number
	Addre		DATION, INC.		
	Name Chang		usiness as	73-10	86246
	Initial		r and street (or P.O. box if mail is not delivered to street address) Room/s		•••
	 Final return	8/8/	GEORGIA AVENUE 320		88-9630
	termir ated	n-	town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	97,852.
	Amen	SILV	VER SPRING, MD 20910-5604	H(a) Is this a group ret	um
		^{ca-} F Name a	and address of principal officer: KIMBERLY A. GREEN	for subordinates?	
	pendi	SAME	AS C ABOVE	H(b) Are all subordinates inc	Iuded? Yes No
		empt status:		527 If "No," attach a li	st. (see instructions)
			CAREERTECH.ORG	H(c) Group exemption	
	_			Year of formation: 1980 M	State of legal domicile: MD
Pa	art I			יססמוזס שעים מת	
e	1	DEVELOP	be the organization's mission or most significant activities: TO PROVI P THE RESOURCES AND PARTNERSHIPS NECES	SARV TO ENSURE	
nan	2		x ► if the organization discontinued its operations or disposed of r		
ver	3				7
ß	4		dependent voting members of the governing body (rat VI, line Hz)		7
Š	-		of individuals employed in calendar year 2014 (Part V, line 2a)		0
vitie	6		of volunteers (estimate if necessary)		0
Activities & Governance	7 a	Total unrelate	ed business revenue from Part VIII, column (C), line 12	7a	0.
-			business taxable income from Form 990-T, line 34		0.
				Prior Year	Current Year
ē	8	Contributions	and grants (Part VIII, line 1h)	0.	0.
Revenue	9	•	ice revenue (Part VIII, line 2g)	226,150.	24,951.
Re			come (Part VIII, column (A), lines 3, 4, and 7d)	40,586. 22,210.	14,314.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	288,946.	20,142. 59,407.
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	200,940.	0.
	13 14		milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	0.	0.
6				156,214.	59,976.
Ise	16a	Professional f	iundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b	Total fundrais	er compensation, employee benefits (Part IX, column (A), lines 5-10) fundraising fees (Part IX, column (A), line 11e) sing expenses (Part IX, column (D), line 25) • <u>11,560.</u>		-
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	308,779.	50,387.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	464,993.	110,363.
	19		expenses. Subtract line 18 from line 12	-176,047.	-50,956.
Net Assets or Fund Balances				Beginning of Current Year	End of Year
sets	20	Total assets (I	Part X, line 16)	492,136.	338,051.
at As	21		s (Part X, line 26)	129,165.	31,052.
			fund balances. Subtract line 21 from line 20	362,971.	306,999.
	art II	-		totomonto and to the best of mu	knowledge and helief it !-
			I declare that I have examined this return, including accompanying schedules and st e. Declaration of preparer (other than officer) is based on all information of which prep		knowledge and bellet, it is
u ue,	corre		. Declaration of preparet (other than oncer) is based on an information of which pre	parer nas any knowledge.	
Sig	n	Signatur	e of officer	Date	
Her			BERLY A. GREEN, EXECUTIVE DIRECTOR		

	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	BERT L. SWAIN			self-employed P00238304
Preparer	Firm's name 🕞 DIXON HUGHES GOO	DMAN LLP		Firm's EIN 56-0747981
Use Only	Firm's address ▶ 111 ROCKVILLE PI			
	ROCKVILLE, MD 20	850		Phone no. 240 - 403 - 3700
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
432001 11-0	7-14 LHA For Paperwork Reduction Act Notic	Form 990 (2014)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

orm **990** (201) 60

	NATIONAL CAREER TECHNICAL EDUCATION
_	1990 (2014) FOUNDATION, INC. 73-1086246 Page 2
Ра	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III X
1	Check if Schedule O contains a response or note to any line in this Part III
•	TO PROVIDE THE SUPPORTS AND DEVELOP THE RESOURCES AND PARTNERSHIPS
	NECESSARY TO ENSURE HIGH-QUALITY CAREER TECHNICAL EDUCATION IS
	ADVANCED THROUGHOUT THE COUNTRY, LEADING TO A HIGHLY SKILLED WORKFORCE
	AND PRODUCTIVE ECONOMY.
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? X Yes 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 measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	ASSOCIATION'S BOARD PROVIDES POLICY LEADERSHIP FOR THE FOUNDATION'S
	ACTIVITIES, WHICH INCLUDES THE CAREER CLUSTERS INITIATIVE.
41-	(Code:) (Expenses \$ 8,014. including grants of \$) (Revenue \$ 19,492.)
4b	(Code:) (Expenses \$8,014. including grants of \$) (Revenue \$9,492.) THE FOUNDATION DEVELOPS AND SELLS PRODUCTS THAT ADVANCE AND SUPPORT THE
	ADOPTION OF CAREER CLUSTERS BY SECONDARY, POST SECONDARY AND ADULT
	PROGRAMS. THESE PRODUCTS ARE BUILT UPON THE COPYRIGHTED CAREER CLUSTER
	KNOWLEDGE AND SKILLS STATEMENTS AND THE COMMON CAREER TECHNICAL CORE
	STANDARDS AND ARE DESIGNED TO PROVIDE INFORMATION, TOOL KITS AND
	RESOURCES TO EDUCATORS AND OTHER STAKEHOLDERS AS THEY SEEK TO ADOPT AND
	EXPAND THEIR IMPLEMENTATION OF CAREER CLUSTERS, PATHWAYS AND PROGRAMS
	OF STUDY.
4c	(Code:) (Expenses \$ 12,164. including grants of \$) (Revenue \$ 2,653.)
	NCTEF PARTNERS OTHER ORGANIZATIONS TO SHARE BEST PRACTICES AND
	HIGHLIGHT RELEVANT POLICY AND RESEARCH ESSENTIAL TO ADVANCING THE
	IMPLEMENTATION OF CAREER CLUSTERS AND THE COMMON CAREER TECHNICAL CORE. THIS IS ACCOMPLISHED THOUGH SESSIONS AND WORKSHOPS HELD AT PARTNERING
	ORGANIZATIONS' EVENTS OR CONFERENCES.
	OKGANIZATIONS EVENTS OK CONFERENCES.
4.1	Other program convises (Deserving in Schedule Q.)
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 80,132.
	Form 990 (2014)
43200 11-07	2
	2 61
340	105 769045 2069615000 2014.05020 NATIONAL CAREER TECHNICAL E 20696151

FOUNDATION, INC.

Form 990 (2014)

Part IV Checklist of Required Schedules

			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	X	37
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		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	_		v
	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	~		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
-	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>x</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			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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			
	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			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	104	x	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
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, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

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		86246	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
		_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	·····		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer			
U				x
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
29 20	Did the organization receive more than \$25,000 in non-cash combined on the similar assets, or qualified conservation	29		
30		30		x
24	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		- 23
31		24		x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 23
32		200		x
22	Schedule N, Part II	32		- 23
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
05	Part V, line 1			x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		v	
	If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O			(a.c
		Form	990	(2014)

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Form	990 (2014) FOUNDATION, INC. 73-1086	246	P	age 5
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
		_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	Зb		
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		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).			
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		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		X
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u>/n</u>		- 23
8		8		
٥	sponsoring organization have excess business holdings at any time during the year?	0		
9 2		9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
 а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	000	(0014

Form S	990	(2014)
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NATIONAL CAREER TECHNICAL EDUCATION FOUNDATION, INC.

Form 990 (2014)

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Part VI	Go	vernance, Manage	ement, and Disclosure For	each "Ye	s" response to lines 2 throug	h 7b below, an	nd for a "No'	' response
	to lir	ne 8a, 8b, or 10b below,	describe the circumstances, proc	cesses, or	changes in Schedule O. See	instructions.		

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		
ect	tion A. Governing Body and Management		V.	
4.	Enter the number of voting members of the governing body at the end of the tax year	7	Yes	
	Enter the number of voting members of the governing body at the end of the tax year 1a	4		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
		7		
	Enter the number of voting members included in line 1a, above, who are independent 1b	4		
	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		╀
	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		╞
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Ļ
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
	Did the organization have members or stockholders?	6		L
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		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	ſ
	Each committee with authority to act on behalf of the governing body?	8b	Х	T
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			T
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		l
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	T
0a	Did the organization have local chapters, branches, or affiliates?	10a		t
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			t
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		l
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		t
		12a	x	ľ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	╉
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	- 23	╉
		10-	x	l
	in Schedule O how this was done	12c 13	X	╀
	Did the organization have a written whistleblower policy?		X	╀
	Did the organization have a written document retention and destruction policy?	14	~	╀
	Did the process for determining compensation of the following persons include a review and approval by independent			L
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	L
	The organization's CEO, Executive Director, or top management official	15a	Х	Ļ
	Other officers or key employees of the organization	15b		Ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			L
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			L
	taxable entity during the year?	16a		l
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ect	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed NONE			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finan	cial	
	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:			
	KIMBERLY A. GREEN - 301-588-9630			
	8484 GEORGIA AVENUE, NO. 320, SILVER SPRING, MD 20910-5604			
2006	11-07-14	Form	990	(
_000	6		5	1
	·	200	596:	

(E)

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Form 990	(2014)	FOUNDATION,	INC.		73-10
Part VII	Compensation	of Officers, Direc	ctors, Trustees	, Key Employees,	Highest Compensated
	Employees, an	d Independent Co	ontractors		

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

(B)

(A)

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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

 (\mathbf{C})

(D)

(E)

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector	ecto					the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e.	pens		(W-2/1099-MISC)		organization
	organizations below	ual tr	onal		ploye	t com				and related
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) ROD DUCKWORTH	1.00	드	=	ò	l ₹	H e	E			
PRESIDENT(JANJUNE)/VICE PRESIDENT		x		x				0.	0.	0.
(2) CHERYL CARRIER	0.50									
DIRECTOR		х						0.	0.	0.
(3) WILLIAM SYMONDS	0.50									
DIRECTOR		х						0.	0.	0.
(4) JOHN FISCHER	0.50									
PAST PRESIDENT		х		Х				0.	0.	0.
(5) TIM HODGES	0.50									
DIRECTOR		х						0.	0.	0.
(6) JOANNE HONEYCUTT	1.00									_
SECRETARY/TREASURER		х	r	х				0.	0.	0.
(7) SCOTT STUMP	0.50									
PRESIDENT(JULY-JANUARY)		Х		х				0.	0.	0.
(8) KIMBERLY GREEN	14.00									~ ~ ~ ~ ~
EXECUTIVE DIRECTOR				X				0.	166,098.	32,713.
(9) KATE BLOSVEREN KREAMER	12.00								104 560	1 7 4 7 0
ASSISTANCE EXECUTIVE DIRECTOR						X		0.	104,562.	17,479.
432007 11-07-14						7				Form 990 (2014)

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		FOUNDATI				0.00	4 11:	aho	<u></u>	Compensated Employe	73-1	086	246	P	age 8
1 41	(A) Name and title		(B) Average hours per week	(do box	(C) Position do not check more than one ox, unless person is both an officer and a director/trustee)			than	one h an	(D) Reportable compensation	(E) Reportable compensation		an	(F) stimate	of
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from relate organizatior (W-2/1099-MI	าร	com fr org and	other pensa om th anizat d relat anizat	ation 1e tion ted
				-											
				-											
	Sub-total									0.	270,6	60.	5	0 1	92.
с	Total from continuation = Total (add lines 1b and 1 Total number of individual	c)	I, Section A							0.	270,6	0. 60.			0. 92.
	compensation from the or	ganization 🕨		-			,							Yes	0 No
3	Did the organization list ar line 1a? If "Yes," complete	-				-	-	-		÷ .			3		x
4	For any individual listed or and related organizations	greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	ə J i	for such individual			4	х	
5	Did any person listed on li rendered to the organizati tion B. Independent Contr	on? If "Yes," com											5		X
1	Complete this table for yo	ur five highest co										npens	sation 1	rom	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation										on				
2	Total number of independ \$100,000 of compensation		•	iot lii	mite	d to		se li: 0	steo	d above) who received n	nore than				
43200 11-07-	8												Form	990 ((2014)

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FOUNDATION, INC.

Form 990 (2014)

	t VII	Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns 1a					
	b	· · · · · · · · · · · · · · · · · · ·					
Ϋ́́		Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d					
Sin		Government grants (contributions) 1e					
her	т	All other contributions, gifts, grants, and similar amounts not included above 1f					
ΒĒ		similar amounts not included above [1f] Noncash contributions included in lines 1a-1f: \$					
and	-	Total. Add lines 1a-1f					
			Business Code				
e	2 a	CONTRACT INCOME	900009	24,951.	24,951.		
er vi	b						
	с						
Rev	d						
Program Service Revenue	е						
-	f	All other program service revenue		04 0F1			
_		Total. Add lines 2a-2f		24,951.	-		
	3	Investment income (including dividends, intere other similar amounts)	,	6,148.			6,148
	4	Income from investment of tax-exempt bond p					
	5	Royalties	-				
	-	(i) Real	(ii) Personal				
	6 a	Gross rents					
	b						
	с						
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 35,008.					
	b	Less: cost or other basis					
		and sales expenses					
		Gain or (loss) 8,166.		0 166			0 166
		Net gain or (loss)	····· >	8,166.			8,166.
ne	8 a	Gross income from fundraising events (not					
Other Revenue		including \$ of					
Re		contributions reported on line 1c). See					
her	h	Part IV, line 18 a Less: direct expenses b					
đ			►				
		Gross income from gaming activities. See					
	υu	Part IV, line 19a					
	b	Less: direct expenses b					
			►				
		Gross sales of inventory, less returns					
		and allowances a					
	b	Less: cost of goods sold b	11,603.				
Ļ	С	Net income or (loss) from sales of inventory	1	17,971.	17,971.		
╞			Business Code	0 1 7 1	0 1 7 1		
		OTHER INCOME	900099	2,171.	2,171.		
	b						
	с С	All other revenue					
		All other revenue		2,171.			
	е 12	Total revenue. See instructions.		59,407.	45,093.	0.	14,314.
432009 11-07-				0272070			Form 990 (2014)
				9			
340	105	769045 2069615000 20	014.05020) NATIONAL	CAREER TEC	HNICAL E	20696151

NATIONAL CAREER TECHNICAL EDUCATION FOUNDATION, INC.

	1990 (2014) FOUNDATION, T IX Statement of Functional Expense	INC.	AL EDUCATION	73-10	86246 Page 10
			or organizations must or	mploto column (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon	ise or note to any line in (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	22,426.	19,676.	740.	2,010
6	Compensation not included above, to disqualified		,		•
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	F	29,058.	23,625.	930.	4,503
7 0	Other salaries and wages	25,050•	23,023.	550•	-,505
8	Pension plan accruals and contributions (include	1,775.	1,443.	57.	275
~	section 401(k) and 403(b) employer contributions)	3,452.	2,777.	108.	567
9	Other employee benefits	3,452.	2,655.	108.	506
10	Payroll taxes	3,203.	2,000.	104.	000
11	Fees for services (non-employees):				
а	Management	400	100		
b	Legal	489.	489.		
С	Accounting	10,364.		10,364.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	1,586.	1,586.		
12	Advertising and promotion				
13	Office expenses	10,733.	6,306.	4,378.	49
14	Information technology		-		
15	Boyaltion				
16	Occupancy	19,585.	16,396.	634.	2,555
17	Travel	5,486.	4,391.		1,095
18	Payments of travel or entertainment expenses	.,	_, ~		
10	,				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20					
20	Interest				
21	Payments to affiliates	643.		643.	
22	Depreciation, depletion, and amortization	643. 713.		713.	
23	Insurance	/13.		/13.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) (=	=		
а	BAD DEBT	788.	788.		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	110,363.	80,132.	18,671.	11,560
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)				
) 11-07-14				Form 990 (2014

432010 11-07-14

Form **990** (2014)

10 14340105 769045 2069615000 2014.05020 NATIONAL CAREER TECHNICAL E 20696151

Form 990 (2014) Part X Balance Sheet

NATIONAL CAREER TECHNICAL EDUCATION FOUNDATION, INC.

Check if Schedule Q contains a response or note to any line in the Part X (A) Beginning of year (B) End of year 1 Cash-non-interest-bearing 1 2 2 Savings and temporary cash investments 194, 657. 2 77, 660. 3 Pledges and grants receivable, net 31, 383. 4 14, 877. 4 Accounts nearbable, net 31, 383. 4 14, 877. 5 Loans and other receivables from other disqualified persons (as defined under section 49580(11)), persons described in section 49586(38(8), and contributing employees beneficiary organizations of eaction 501(69) voltraray 6 9 Prepaid depenses and deferred charges 3, 087. 9 23, 7, 509. 10 Data char cereviables from other disqualified persons (as defined under section 49580(11)), persons describes 2, 2, 294. 10 1, 651. 11 Inventories for sale or use 30, 087. 9 23, 737. 10 52, 269. 2 492, 136. 16 338, 051. 12 Inventories for sale oscuritios. 22, 1473. 11 192, 617. 12 Inventories of sale oscuritios. <t< th=""><th>Pa</th><th>t X</th><th>Balance Sheet</th><th></th><th></th><th></th><th></th><th></th></t<>	Pa	t X	Balance Sheet					
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33 10tal net assets of fund balances 33 300,999 34 Total liabilities and net assets/fund balances 492,136 34 338,051	Net					362 971		306 999
	_							
		34	Total liabilities and het assets/fund balances			∃ J2,1J0•	34	Form 990 (2014)

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NATIONAL	CAR	EER	TECHNICAL	EDUCATION
FOIINDATTO	N	TNC		

	1990 (2014) FOUNDATION, INC.	73-108	6246	Paç	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			07.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			63.		
3	evenue less expenses. Subtract line 2 from line 1				-50,956.		
4	let assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				362,971.		
5	let unrealized gains (losses) on investments 5				16.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	ough 9 (must equal Part X, line 33,					
_	column (B)) 10				99.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	b Were the organization's financial statements audited by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,						
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit					
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			_				

Form **990** (2014)

432012 11-07-14

SCHEDULE A	Dublic Cho	vity Status ar		alia C.			OMB No. 1545-0047		
Form 990 or 990-EZ) Public Charity Status and Public Support							2014		
	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.								
Department of the Treasury Internal Revenue Service	Attach to Form 990 or			Open to Public					
	Information about Schedule A				ww.irs.gov/fo		Inspection identification number		
Name of the organization	NATIONAL CAREE FOUNDATION, IN		EDUCA	TION			3-1086246		
Part I Reason for	r Public Charity Status (omplete th	nis part.) Se	ee instruction		5 1000240		
	rivate foundation because it is:								
·	ention of churches, or association	. .		,					
2 A school descri	bed in section 170(b)(1)(A)(ii). (Attach Schedule E.)							
3 A hospital or a c	cooperative hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).				
4 A medical resea	rch organization operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
city, and state:									
-	operated for the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental (unit describ	ed in		
	(1)(A)(iv). (Complete Part II.) or local government or governr	nontal unit described in	contion 1	70(6)(1)(4)	64				
	that normally receives a substa				.,	he general	public described in		
	1)(A)(vi). (Complete Part II.)		nom a got			no general			
	ust described in section 170(b)	(1)(A)(vi). (Complete Pa	t II.)						
9 🗌 An organization	that normally receives: (1) more	e than 33 1/3% of its su	pport from	contributi	ons, members	ship fees, a	nd gross receipts from		
activities related	to its exempt functions - subje	ct to certain exceptions	, and (2) no	o more tha	n 33 1/3% of	its support	from gross investment		
	elated business taxable income	(less section 511 tax) fi	rom busine	esses acqu	ired by the o	ganization	after June 30, 1975.		
	9(a)(2). (Complete Part III.)								
	organized and operated exclus					orry out the	nurnesses of one or		
Ũ	organized and operated exclus upported organizations describe								
	h 11d that describes the type of								
[* *]	porting organization operated, s			•		° °	giving		
	l organization(s) the power to re								
organization.	You must complete Part IV, Se	ections A and B.							
	porting organization supervised				-		-		
	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. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,								
	organization(s) (see instructions					lly integrate	ed with,		
	functionally integrated. A supp					rted organi:	zation(s)		
	ctionally integrated. The organized								
requirement (s	see instructions). You must cor	nplete Part IV, Section	s A and D	, and Part	v.				
e 🗌 Check this bo	x if the organization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	II, Type III			
	tegrated, or Type III non-function								
	supported organizations						1		
g Provide the following (i) Name of supported	information about the supporte	ed organization(s).	(iv) Is the o	organization	(v) Amount of	monetary	(vi) Amount of		
organization		(described on lines 1-9	listed	in your	support		other support (see		
		above or IRC section (see instructions))	Yes	document?	Instruct	ions)	Instructions)		
NASDCTEC	52-1646898	9	Х		59	974.			
Total						974.	0.		
	ction Act Notice, see the Inst	ructions for			Scheo	lule A (Fori	m 990 or 990-EZ) 2014		
Form 990 or 990-EZ. 432	021 09-17-14	1	3				72		

Schedule A (Form 990 or 990-EZ) 2014

Concaulo	<i>'</i> ' ('
Part II	

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	(4) 2010		(0) 2012	(4) 2010		
8	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
٥	Net income from unrelated business						
9				~			
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
		to (accinctructi	l iono)			12	
	Gross receipts from related activities, or First five years. If the Form 990 is for		,	rd fourth or fifth t			
13							
Se	organization, check this box and stop ction C. Computation of Public	c Support Pe	rcentage				
	Public support percentage for 2014 (li			column (f))		14	%
	Public support percentage from 2013		•				<u>%</u>
	33 1/3% support test - 2014. If the or						
102	stop here. The organization qualifies a						
F	33 1/3% support test - 2013. If the or						
	and stop here. The organization qualif						
170	10% -facts-and-circumstances test						
1/2							
	and if the organization meets the "fact			-	-	-	
	meets the "facts-and-circumstances" t	-	-				
b	10% -facts-and-circumstances test						
	more, and if the organization meets the						e 🔊
~	organization meets the "facts-and-circu						
18	Private foundation. If the organization	did not check a	box on line 13, 16	ia, 16b, 17a, or 17	b, check this box	and see instructio	ns ►

Schedule A (Form 990 or 990-EZ) 2014

432022 09-17-14

14340105 769045 2069615000

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

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

	ndar year (or fiscal year beginning in) 🕨 🔤	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Tota
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or 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	· · · · · · · · · · · · · · · · · · ·							
5	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and				-			
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨 🔤	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Tota
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
h	Unrelated business taxable income							
U	(less section 511 taxes) from businesses acquired after June 30, 1975							
~	Add lines 10a and 10b							
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain							
12	or loss from the sale of capital							
	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)							
13	assets (Explain in Part VI.)	he organization's	s first, second. thi	d, fourth. or fifth ta	x year as a sectio	n 501(a	c)(3) organiz	zation.
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t	0			2	•		
13 14	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here			d, fourth, or fifth ta	2	•		
13 14 Sec	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here ction C. Computation of Public	Support Pe	rcentage	· · ·		······		
13 14 Sec 15	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here ction C. Computation of Public Public support percentage for 2014 (lin	e 8, column (f) d	rcentage ivided by line 13, o	column (f))		15		
13 14 Sec 15 16	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here ction C. Computation of Public Public support percentage for 2014 (lin Public support percentage from 2013 s	e 8, column (f) d Schedule A, Part	rcentage ivided by line 13, o III, line 15	column (f))		······		
13 14 5ec 15 16	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here ction C. Computation of Public Public support percentage for 2014 (lin Public support percentage from 2013 section D. Computation of Invest	e 8, column (f) d Chedule A, Part	rcentage ivided by line 13, o III, line 15 e Percentage	:olumn (f))	·	15 16		
13 14 5ec 15 16 5ec 17	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here public support percentage for 2014 (ling Public support percentage from 2013 section D. Computation of Investion Investment income percentage for 2014	e 8, column (f) d Schedule A, Part :ment Incom 4 (line 10c, colur	rcentage ivided by line 13, d III, line 15 e Percentage nn (f) divided by lin	column (f)) ne 13, column (f))		15 16 17		
13 14 15 16 5ec 17 18	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here extion C. Computation of Public Public support percentage for 2014 (lin Public support percentage from 2013 s ction D. Computation of Invest Investment income percentage for 201 Investment income percentage from 201	e 8, column (f) d Schedule A, Part ment Incom 4 (line 10c, colur 013 Schedule A,	rcentage ivided by line 13, d III, line 15 e Percentage nn (f) divided by lin Part III, line 17	column (f))		15 16 17 18		····· •
13 14 15 16 5ec 17 18	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here ction C. Computation of Public Public support percentage for 2014 (lin Public support percentage from 2013 S ction D. Computation of Invest Investment income percentage for 201 Investment income percentage from 20 33 1/3% support tests - 2014. If the c	e 8, column (f) d Schedule A, Part ment Incom 4 (line 10c, colur 013 Schedule A, rganization did r	rcentage ivided by line 13, o III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box	column (f)) ne 13, column (f)) on line 14, and line	15 is more than 3	15 16 17 18 3 1/3%	6, and line 1	17 is not
13 14 5ec 15 16 5ec 17 18 19a	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here ction C. Computation of Public Public support percentage for 2014 (lin Public support percentage from 2013 S ction D. Computation of Invest Investment income percentage from 20 33 1/3% support tests - 2014. If the c more than 33 1/3%, check this box and	Support Pe e 8, column (f) d Schedule A, Part ment Incom 4 (line 10c, colur 13 Schedule A, rganization did r d stop here. The	rcentage ivided by line 13, o III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box e organization qual	column (f)) ne 13, column (f)) on line 14, and line ifies as a publicly s	15 is more than 3 upported organiza	15 16 17 18 33 1/3% ation	6, and line 1	17 is not
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13 14 Sec 15 16 Sec 17 18 19a b	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here ction C. Computation of Public Public support percentage for 2014 (lin Public support percentage from 2013 S ction D. Computation of Invest Investment income percentage from 201 33 1/3% support tests - 2014. If the c more than 33 1/3%, check this box and 33 1/3% support tests - 2013. If the c line 18 is not more than 33 1/3%, check	Support Pe e 8, column (f) d Schedule A, Part ment Incom 4 (line 10c, colur D13 Schedule A, rganization did r d stop here. The rganization did r k this box and s	rcentage ivided by line 13, o III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box e organization qual not check a box or top here. The orga	column (f)) ne 13, column (f)) on line 14, and line ifies as a publicly s I line 14 or line 19a anization qualifies a	15 is more than 3 upported organiza , and line 16 is mo is a publicly supp	15 16 17 18 33 1/3% ation ore thar orted o	6, and line 1 n 33 1/3%, a rganization	17 is not and
13 14 15 16 Sec 17 18 19a b	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for t check this box and stop here ction C. Computation of Public Public support percentage for 2014 (lin Public support percentage from 2013 S ction D. Computation of Invest Investment income percentage from 20 33 1/3% support tests - 2014. If the comore than 33 1/3%, check this box and 33 1/3% support tests - 2013. If the comore test - 2013. If the comore test - 2013. If the comore test - 2013. If the comore test - 2013. If the comore test - 2013. If the comore test - 2013. If the comore test - 2013. If the comore test - 2013. If the comore test - 2013. If the comore test - 2013. If the comore test - 2013. If the comore test - 2013. If the comore test - 2013. If the comore test - 2013. If the comore test - 2013. If the comore test - 2013. If the comore test - 201	Support Pe e 8, column (f) d Schedule A, Part ment Incom 4 (line 10c, colur D13 Schedule A, rganization did r d stop here. The rganization did r k this box and s	rcentage ivided by line 13, o III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box e organization qual not check a box or top here. The orga	column (f)) ne 13, column (f)) on line 14, and line ifies as a publicly s I line 14 or line 19a anization qualifies a	15 is more than 3 upported organiza , and line 16 is mo is a publicly supp is box and see ins	15 16 17 18 33 1/3% ation orre thar orted o structio	6, and line 1 n 33 1/3%, a rganization ns	17 is not and

Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC.

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4b

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Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 11a or 11b 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 9(a)) 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 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **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.)

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Schedule A (Form 990 or 990-EZ) 2014

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Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC. Part IV Supporting Organizations (continued) 73-1086246 Page 5

s the organization accepted a gift or contribution from any of the following persons? person who directly or indirectly controls, either alone or together with persons described in (b) and (c) ow, the governing body of a supported organization? amily member of a person described in (a) above? 15% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" <i>to a, b, or c, provide detail in Part VI.</i> Description of the supporting Organizations If the directors, trustees, or membership of one or more supported organizations have the power to ularly appoint or elect at least a majority of the organization's directors or trustees at all times during the year? <i>If</i> "No," describe in <i>Part VI</i> how the supported organization(s) effectively operated, supervised, or the director at least of the organization bed means the organization and the organization for the organization of th	11a 11b 11c	Yes	1
 berson who directly or indirectly controls, either alone or together with persons described in (b) and (c) bow, the governing body of a supported organization? amily member of a person described in (a) above? box controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. b Type I Supporting Organizations 	11b	Yes	
ow, the governing body of a supported organization? amily member of a person described in (a) above? 5% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI. D B. Type I Supporting Organizations If the directors, trustees, or membership of one or more supported organizations have the power to ularly appoint or elect at least a majority of the organization's directors or trustees at all times during the year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	11b	Yes	
amily member of a person described in (a) above? 5% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in <i>Part VI</i> . n B. Type I Supporting Organizations If the directors, trustees, or membership of one or more supported organizations have the power to ularly appoint or elect at least a majority of the organization's directors or trustees at all times during the year? <i>If</i> "No," describe in <i>Part VI</i> how the supported organization(s) effectively operated, supervised, or	11b	Yes	
5% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI. B. Type I Supporting Organizations I the directors, trustees, or membership of one or more supported organizations have the power to ularly appoint or elect at least a majority of the organization's directors or trustees at all times during the year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		Yes	
B. Type I Supporting Organizations I the directors, trustees, or membership of one or more supported organizations have the power to ularly appoint or elect at least a majority of the organization's directors or trustees at all times during the year? If "No," describe in <i>Part VI</i> how the supported organization(s) effectively operated, supervised, or	11c	Yes	L
I the directors, trustees, or membership of one or more supported organizations have the power to ularly appoint or elect at least a majority of the organization's directors or trustees at all times during the year? If "No," describe in <i>Part VI</i> how the supported organization(s) effectively operated, supervised, or		Yes	
ularly appoint or elect at least a majority of the organization's directors or trustees at all times during the year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		Yes	Τ.
ularly appoint or elect at least a majority of the organization's directors or trustees at all times during the year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
ntrolled the organization's activities. If the organization had more than one supported organization,			
scribe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	x	Ľ
anizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-	- 11	┢
the organization operate for the benefit of any supported organization other than the supported			
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re a majority of the organization's directors or tructops during the tax year also a majority of the directors		165	┢
	4		t
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the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	t
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stees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		T
	· ·		t
the organization exercise a substantial degree of direction over the policies, programs, and activities of each			10
the organization exercise a substantial degree of direction over the policies, programs, and activities of each ts supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		I
	The organization satisfied the Activities Test. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	If how providing such benefit carried out the purposes of the supported organization(s) that operated, or controlled the supporting organization. 2 Image: C. Type II Supporting Organizations 2 The a majority of the organization's directors or trustees during the tax year also a majority of the directors rrustees of each of the organization was vested in the same persons that controlled or managed supported organization(s)? If "No," describe in Part VI how control management of the supporting Organization was vested in the same persons that controlled or managed supported organization(s). 1 Image: Type III Supporting Organization was vested in the same persons that controlled or managed supported organization(s). 1 Image: Type III Supporting Organizations 1 the organization provide to each of its supported organization, by the last day of the fifth month of the anization is not the corecently filed as of the date of notification, and (3) copies of the anization's officers, directors, or trustees either (0) appointed organizations 1 Image: Type III Supporting Organization supported organization, by the last day of the fifth month of the anization's officers, directors, or trustees either (0) appointed organization is ported organization's and the governing body of a supported organization, and (3) copies of the anization's officers, directors, or trustees either (0) appointed organization's invalue. 2 Image: Type III Functionally-Integrated Supporting Organizations and the supported organization's invalue. 2 Ima organization statisfied the Activities Test. Complete Ime 2 bel	Implementation Implementation Implementation Implementation Implementation

NATIONAL CAREER TECHNICAL EDUCATION Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 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 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 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 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

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NATIONAL CAREER TECHNICAL EDUCATION A 2014 FOUNDATION TNC

Sche	dule A (Form 990 or 990 EZ) 2014 FOUNDATION, I	INC.	7	3-1086246 Page 7
Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	IS	
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 t	the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
-	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
 b				
 C				
d				
-	From 2013			
-				
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
с				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART IV, SECTION A, LINE 3B

A PUBLIC SUPPORT TEST WAS PREPARED FOR 2010-2014 TO CONFIRM

QUALIFICATION OF SUPPORTED ORGANIZATION.

PART IV, SECTION A, LINE 3C

BOARD MEMBERS OVERLAP ORGANIZATIONS SO THERE IS ASSURANCE THAT PROPER

CONTROLS ARE IN PLACE.

432028 09-17-14	Schedule A (Form 990 or 990-EZ) 201
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SCHE (Form 99	EDULE D 90)	► Com	plemental Finan	swered "Yes" to Form 990),	OMB No. 1545-0047
Department	t of the Treasury		ne 6, 7, 8, 9, 10, 11a, 11b, 11 ► Attach to For	m 990.		Open to Public
nternal Rev	venue Service		chedule D (Form 990) and it AREER TECHNICAL	ts instructions is at www.j	•	
Name of	f the organizati	FOUNDATION		EDUCATION	En	nployer identification num $73 - 1086246$
Part I	Organiza		onor Advised Funds o	r Other Similar Fund	s or Acco	
		on answered "Yes" to Form				·
	-		(a) Do	onor advised funds	(b) Fu	inds and other accounts
1 To	tal number at e	nd of year				
		of contributions to (during ye				
		at end of year				
	-		nor advisors in writing that th			
			e organization's exclusive lega			Yes
			ors, and donor advisors in writ			
			it of the donor or donor advis		-	Yes
Part I	permissible priv		mplete if the organization ans			
			by the organization (check all t		i aitiv, iiie i	
		n of land for public use (e.g.	, ,	Preservation of a his	torically imp	ortant land area
Γ		of natural habitat	, recreation of caddationy	Preservation of a cer		
		n of open space				
2 Co			ion held a qualified conservat	tion contribution in the form	n of a conser	vation easement on the las
	y of the tax yea					
	, ,					Held at the End of the Tax
a To	tal number of c	onservation easements			2a	
b To	tal acreage rest	tricted by conservation ease	ements		2b	
			tified historic structure include			
d Nu	umber of conser	rvation easements included	in (c) acquired after 8/17/06,	and not on a historic struc	ture	
list	ted in the Natio	nal Register			2d	
3 Nu	umber of conser	rvation easements modified	, transferred, released, exting	uished, or terminated by th	ne organizatio	on during the tax
	ar 🕨					
4 Nu	umber of states	where property subject to a	conservation easement is loca	ated ►		
5 Do	bes the organiza	ation have a written policy re	egarding the periodic monitor	ing, inspection, handling of		
		forcement of the conservati				
			ring, inspecting, and enforcing		0,	·
			nspecting, and enforcing con			• \$
			on line 2(d) above satisfy the i	•		
			ports conservation easements			
			to the organization's financia	i statements that describes	s the organiz	ation's accounting for
	nservation ease		ollections of Art, Histo	prical Treasures, or (Other Sim	ilar Assets
i art i			d "Yes" to Form 990, Part IV, I			
1a lft		-	er SFAS 116 (ASC 958), not to		ment and ha	alance sheet works of art
	•	· •	eld for public exhibition, educa	•		
			ents that describes these iter			
			er SFAS 116 (ASC 958), to rep		nt and baland	ce sheet works of art. histor
			blic exhibition, education, or re			
	ating to these it					u u
	•		line 1		►	\$
		ed in Form 990, Part X			>	\$
• •			art, historical treasures, or oth			
	-		d under SFAS 116 (ASC 958)		-	
			1		►	\$
HA Fo	r Paperwork P	eduction Act Notice see	the Instructions for Form 99	00.		Schedule D (Form 990) 2
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	NATIONA	L CAREER T	ECHNICAL	EDUCATIO	NC				
Sche	dule D (Form 990) 2014 FOUNDAT	ION, INC.				73-10	86246	5 Pa	age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical 7	Freasures, c	or Other	Similar Asse	ets(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	ne following tha	t are a sign	ificant use of its	collectior	n item	IS
	(check all that apply):								
а	Public exhibition	c	Loan or ex	xchange progra	ams				
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's ca	ollections and expla	in how they furthe	r the organization	on's exemp	t purpose in Pa	rt XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical tr	easures, or othe	er similar as	ssets	_		_
	to be sold to raise funds rather than to be m	aintained as part of	the organization's	collection?		L	Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizat	tion answered "	'Yes" to Fo	rm 990, Part IV,	line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod		-				_		-
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:						
							Amount		
	Beginning balance					10			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f	_		
	Did the organization include an amount on F					?∟	Yes		
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i					<u></u>	1 6 1 5		
		(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three years back	(e) Four	years	Dack
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
	Grants or scholarships			4					
е	Other expenditures for facilities								
_	and programs								
	Administrative expenses								
~	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column	(a)) held as:					
a	Board designated or quasi-endowment		%						
D	Permanent endowment	%							
С	Temporarily restricted endowment	<u>%</u>							
0-	The percentages in lines 2a, 2b, and 2c should be the second seco								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are neit	and administe	red for the	organization	Г	Vaa	Na
	by:							Yes	No
	(i) unrelated organizations						. 3a(i)		
h	(ii) related organizations		n Cabadula D2				. 3a(ii)		
-	If "Yes" to 3a(ii), are the related organization:						3b		
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm	<u>v</u>	owment lunds.						
I UI	Complete if the organization answere) Part IV line 11a	See Form 990	Part X line	10			
	Description of property	(a) Cost or d		st or other		imulated	(d) Book	valu	۵
	Description of property	basis (investi		is (other)	.,	ciation		valu	-
1a	Land		,	. ,					
	Buildings								
	Leasehold improvements								
	Equipment			52,269.	5	0,618.	-	L,6	51.
	Other							-	
	Add lines 1a through 1e. (Column (d) must e		X, column (B), line	e 10c.)				L,6	51.
				,		Schedul	e D (Form		

10-01-14

NATIONAL	CARE	\mathbf{ER}	TECHNICAL	EDUCATION
FOUNDATIO	N. I	NC.		

	(Form 990) 2014	FOUNDATION,	INC.	7	73-1086246 Page 3
Part VII	Investments -	Other Securities.			
				11b. See Form 990, Part X, line 12.	
		GOTY (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
. ,					
	held equity interests	;			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
) must aqual Form 000	D, Part X, col. (B) line 12.)			
		Program Related.			
	•		to Form 000 Port IV line	11c. See Form 990, Part X, line 13.	
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or o	end-of-vear market value
(1)	(4) 2000		(10) 20011 10100		
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990	D, Part X, col. (B) line 13.)			
Part IX	Other Assets.				
	Complete if the org	anization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		(a)	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			~		
(7)					
(8)					
(9)					
		orm 990, Part X, col. (B) lin	e 15.)		
Part X	Other Liabilitie				
			to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
<u>1.</u>		escription of liability		(b) Book value	
	eral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	<i>a</i>) · · · -				
		orm 990, Part X, col. (B) lin			
•				to the organization's financial statemen	
organiza	ation's liability for un	certain tax positions unde	r FIN 48 (ASC 740). Chec	k here if the text of the footnote has be	
				S	chedule D (Form 990) 2014

NATIONAL	CAREER	TECHNICAL	EDUCATION

	edule D (Form 990) 2014 FOUNDATION, INC.		/3-1086246	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With Rever	ue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е			2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>2.)</u>		
Ра	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements			
2				
-	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	
а				
a b	Donated services and use of facilities	2a	1	
a b c	Donated services and use of facilities Prior year adjustments	2a 2b		
b	Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		
b	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		
b c d	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	2e	
b c d e	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	2e	
b c d e 3	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	2e	
b c d 3 4	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	2e	
b c d 3 4	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	2e 3	
b c d 3 4	Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	2e 3 	

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

PART X, LINE 2:

THE FOUNDATION ADOPTED THE NEW ACCOUNTING FOR UNCERTAINTY IN INCOME TAX
GUIDANCE WHICH CLARIFIES THE ACCOUNTING AND RECOGNITION FOR TAX POSITIONS
TAKEN OR EXPECTED TO BE TAKEN IN ITS INCOME TAX RETURNS. THE FOUNDATION'S
INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES.
THE FOUNDATION'S OPEN AUDIT PERIODS ARE 2011 TO 2015. FOR THE YEAR ENDED
JUNE 30, 2015 AND 2014, THE FOUNDATION HAS NO MATERIAL UNCERTAIN TAX
POSITIONS TO BE ACCOUNTED FOR IN THE FINANCIAL STATEMENTS UNDER THE NEW
RULES. THE FOUNDATION RECOGNIZES INTEREST ACCRUED RELATED TO UNRECOGNIZED
TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES. NO
SUCH INTEREST OR PENALTIES WERE RECOGNIZED DURING THE YEARS PRESENTED.

Schedule D (Form 990) 2014	NATIONAL CAREER TECHNICAL EDUCATION FOUNDATION, INC.	73-1086246 Page5
Schedule D (Form 990) 2014 Part XIII Supplemental Info	prmation (continued)	
		Schedule D (Form 990) 2014
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14340105 769045 2069615000

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SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47			
	rm 990)		2014						
-	-		ΖU	14	t				
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to					
Interr	al Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for	rm990.	Inspe					
Nan	ne of the organizatio		Employer ide			mber			
		FOUNDATION, INC.	73-10)8624	6				
Pa	rt I Question	s Regarding Compensation				·			
	o				Yes	No			
1a		iate box(es) if the organization provided any of the following to or for a person listed in Form	990,						
		line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or o	, jaka setter set							
	Travel for com								
		cation and gross-up payments							
		spending account Personal services (e.g., maid, chauffeur, o	cher)						
h	If any of the bayes	on line to are abacked, did the arganization follow a written policy regarding payment or							
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b					
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
2	•	ers, including the CEO/Executive Director, regarding the items checked in line 1a?		2					
	trustees, and onice								
3	Indicate which if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's						
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization							
		ation of the CEO/Executive Director, but explain in Part III.							
	Compensation								
	·	compensation consultant X Compensation survey or study							
		ther organizations \overline{X} Approval by the board or compensation of	committee						
4	During the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a re								
а	•	ce payment or change-of-control payment?		4a		Х			
b		ceive payment from, a supplemental nonqualified retirement plan?				X			
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		. 4c		X			
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.							
5	For persons listed i	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the r	evenues of:							
а	The organization?			5 a		X			
b	Any related organiz	ation?		5 b		X			
	If "Yes" to line 5a c	r 5b, describe in Part III.							
6	-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
	contingent on the r	0							
а	The organization?			. 6a		X			
b		ration?		6b		X			
_		r 6b, describe in Part III.							
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				v			
_		es 5 and 6? If "Yes," describe in Part III		. 7		X			
8	•	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v			
-		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
		n 53.4958-6(c)?							
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forr	n 990)) 2014			

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Schedule J (Form 990) 2014

FOUNDATION, INC.

73-1086246

Page 2

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compens			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(B)(i)-(D)	in column (B) reported as deferred in prior Form 990		
(1) KIMBERLY GREEN	(i)	0.	0.	0.	0.	0.	0.	0.		
EXECUTIVE DIRECTOR	(ii)	166,098.	0.	0.	15,486.	17,227.	198,811.	0.		
	(i)									
	(ii)									
	(i)									
	(ii)				· ·					
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i) (ii)									
	(i)									
	(i) (ii)									
	(i)									
	(ii)									
	(i)		~							
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i)									
	(ii)									
	(i) (ii)									
	100						1			

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Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 NATIONAL CAREER TECHNICAL EDUCATION Emplo FOUNDATION, INC. 73



73-1086246

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HIGH-QUALITY CAREER TECHNICAL EDUCATION IS ADVANCED THROUGHOUT THE

COUNTRY, LEADING TO A HIGHLY SKILLED WORKFORCE AND PRODUCTIVE ECONOMY.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

AFTER A CAREFUL REVIEW OF THE REVENUE/EXPENSES AND THE GOALS OF THE

EVENT, THE BOARD UNANIMOUSLY AGREED TO DISCONTINUE A STAND-ALONE CAREER

CLUSTER INSTITUTE IN LIEU OF DELIVERING THE CONTENT IN OTHER VENUES

THROUGH PARTNERING ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS REVIEWED BY MANAGEMENT, AND THEN REVIEWED BY THE FINANCE

COMMITTEE. THE FINANCE COMMITTEE, ONCE COMFORTABLE WITH THE RETURN,

FORWARDS IT TO THE BOARD WITH A RECOMMENDATION FOR APPROVAL. THE BOARD

REVIEWS THE 990 AND APPROVES THE 990 FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BYLAWS REQUIRE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. BOARD

MEMBERS ARE ASKED TO RECUSE THEMSELVES SHOULD THEY HAVE ANY POSSIBLE

CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR HAS AN EMPLOYMENT CONTRACT THAT ESTABLISHES A

BASELINE SALARY. THE CONTRACT ALLOWS FOR AN ANNUAL BONUS IF AGREED UPON

PERFORMANCE MEASURES ARE MET. SALARY INCREASES ARE DETERMINED

 BY THE EXECUTIVE COMMITTEE. WHEN A SALARY INCREASE IS CONSIDERED, THE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2014)

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14340105 769045 2069615000 2014.05020 NATIONAL CAREER TECHNICAL E 20696151

Schedule O (Form 990 or 990-EZ) (2014) Name of the organization NATIONAL CAREER TECHNICAL EDUCATION FOUNDATION, INC.	Employer identification num 73-1086246
EXECUTIVE COMMITTEE DOES BENCHMARK SALARY AND BENEFITS	USING THE ASAE
GUIDE, AS WELL AS OTHER RESOURCES, AND ALSO TAKES INTO	CONSIDERATION THE
EXECUTIVE'S LONGEVITY WITH THE ORGANIZATION AND STANDING	G IN THE CAREER
TECHNICAL EDUCATION COMMUNITY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION WILL PROVIDE A COPY OF THEIR GOVERNING D	OCUMENTS, CONFLICT
OF INTEREST POLICY AND FINANCIAL STATEMENTS UPON REQUES	т.
· · · · · · · · · · · · · · · · · · ·	
122212	
sc 30 30 340105 769045 2069615000 2014.05020 NATIONAL CAREER T	chedule O (Form 990 or 990-EZ) (2

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service												
Name of the organizat	ion NATIONAL CARE FOUNDATION, I		FION			Employ 73-	er identific -10862	ation nu 46	umber			
Part I Identificat	ion of Disregarded Entities Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.								
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity					(f Direct co ent)			
		-										
		-										
		-										
Part II Identificat organizatio	ion of Related Tax-Exempt Organia ns during the tax year.	cations Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34 b	ecause it had one	or more relate	ed tax-exem	ıpt				
	(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Exempt Code Public charity Dir section status (if section 501(c)(3))		Public charity Direct contro status (if section entity		Section 5 contr enti	olled ity?			
NASDCTEC - 52-16	16898							Yes	No			
8484 GEORGIA AVE		ADVANCE AND SUPPORT CAREER										
SILVER SPRING, MI	20910	TECHNICAL EDUCATION	MARYLAND	501(C)(4)		N/A			x			
		-										
		-										

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

Schedule R (Form 990) 2014

FOUNDATION, INC. Schedule R (Form 990) 2014

73-1086246 Page 2

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partn	^{I or} Percentage ^{ing} ownership ^{r?}
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
						~					
										+	
	1										
	4										

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction (b)(13) trolled tity?
		country)				400010			No
	1								
	1								
	•	32	•	•		Caha	dula D (Farm		0014

Schedule R (Form 990) 2014 FOUNDATION, INC.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			X
Gift, grant, or capital contribution to related organization(s)			X
Gift, grant, or capital contribution from related organization(s)			Z
Loans or loan guarantees to or for related organization(s)			Σ
Loans or loan guarantees by related organization(s)			2
Dividends from related organization(s)			2
Sale of assets to related organization(s)			2
Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			1
Lease of facilities, equipment, or other assets from related organization(s)	1k		2
Performance of services or membership or fundraising solicitations for related organization(s)			
Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	
Reimbursement paid to related organization(s) for expenses	1 p	X	T
Reimbursement paid by related organization(s) for expenses	1q	X	T
Other transfer of cash or property to related organization(s)	1r		2
Other transfer of cash or property from related organization(s)			
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transactions			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NASDCTEC	0	59,974.	TIME ALLOCATION
(2) NASDCTEC	Q	199.	ACTUAL EXPENSES
(3)			
<u>(4)</u>			
(5)			
_(6)	22		
432163 08-14-14	33		Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)		<u>, </u>	(f)	(g)	(h	•	(i)	(j)	(k)	
Name, address, and EIN	Primary activity	Legal domicile	(4) Dredominant income	(e) Are a partners 501(c) orgs.) all	Share of			J	(I) Code V-UBI	(J) General		
of entity	Filling activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)	s sec.)(3)	total	end-of-year	Dispro tion allocat	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managir		
orentity		country)	excluded from tax under	orgs.	?	income			ons?	of Schedule K-1	partner		
		country)	Sections 512-514)	Yes I	No	Income	233613	Yes	No	(FUTIT 1065)	Yes N	<u>م</u>	
												<u> </u>	
				\vdash	\rightarrow								
				+				$\left \right $				+	

Schedule R (Form 990) 2014

IATIONAL	CAREER	TECHNICAL	EDUCATION

Schedule R (Form 990) 2014	NATIONAL CAREER TECHNICAL EDUCATI FOUNDATION, INC.	73-1086246 P
Part VII Supplemental Info		
	nation for responses to questions on Schedule R (see instructions).	
	•	
32165 08-14-14		Schedule R (Form 990
12 11 11 11 11 11 11 11 11 11 11 11 11 1	35	

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

•••••••••••••••••••••••••••••••••••••••	O PAGE IU							990					-	_	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	FURNITURE	VARIOUS	SL	10.00		16	9,054.				9,054.	8,497.		125.	8,622.
2	EQUIPMENT AND SOFTWARE	VARIOUS	SL	3.00		16	43,215.				43,215.	41,478.		518.	41,996.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						52,269.				52,269.	49,975.		643.	50,618.
	* GRAND TOTAL 990 PAGE 10 DEPR						52,269.				52,269.	49,975.		643.	50,618.

428111 05-01-14

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 4562		(Including	iation and Information Attach to you	on Liste	ed Property			OMB No. 1545-0172
Department of the Treasury Internal Revenue Service (99)	Information :	about Form 456	-	te instruct	tions is at _{ww}	w.irs.aov/for	m4562.	Attachment Sequence No. 179
Name(s) shown on return		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Business	s or activity to whic	this form relate	S	Identifying number
NATIONAL CAR		CAL EDUC.	ATION	FORM	ג ת 000 ז	OF 10		72 1096246
FOUNDATION,		v Under Costion 1	10 Noto: If you bo		1 990 PA		Vhoforov	73-1086246
	pense Certain Propert	-						500,000.
 Maximum amount (s Total cost of section 	,	d in service (see					···	500,000.
3 Threshold cost of section								2,000,000.
4 Reduction in limitati								
5 Dollar limitation for tax yea							-	
6	(a) Description of prop			Cost (busines		(c) Elected		
7 Listed property. Ent								
8 Total elected cost o								
9 Tentative deduction								
10 Carryover of disallov								
11 Business income lin								
12 Section 179 expens13 Carryover of disallow							12	
Note: Do not use Part II					· • 13			
	preciation Allowan	,			e listed proper	tv.)		
14 Special depreciation						• •		
						-	14	
15 Property subject to								
16 Other depreciation (643.
	epreciation (Do not							
			Sectio					
17 MACRS deductions						· · ·	17	
18 If you are electing to group								
	Section B - Assets F	(b) Month and	(c) Basis for depr			eral Deprecia	ition Syst	em
(a) Classification	of property	year placed in service	(business/investn only - see instru	nent use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property			,	,				
b 5-year property								
c 7-year property								
d 10-year property	1							
e 15-year property								
f 20-year property								
g 25-year property	1				25 yrs.		S/L	
b Desidential rent	al proporti	/			27.5 yrs.	MM	S/L	
h Residential rent	ai property	/			27.5 yrs.	MM	S/L	
i Nonresidential r	eal property	/			39 yrs.	MM	S/L	
	-	/				MM	S/L	
Se	ction C - Assets PI	aced in Service	During 2014 Ta	x Year Usi	ng the Altern	ative Deprec		stem
20a Class life							S/L	
b 12-year		, ,			12 yrs.		S/L	
c 40-year Part IV Summary	(Soo instructions)	/			40 yrs.	MM	S/L	
,	(See instructions.)	20						
21 Listed property. Ent22 Total. Add amounts			a 10 and 00 in -		and line 01		21	
	ne appropriate lines i	-					22	643.
23 For assets shown al			•	•			22	043.
portion of the basis	-	-	•		23			
440054	erwork Reduction				20			Form 4562 (2014)
340105 76904!				36	NAL CAR	EER TEO	CHNICA	96 AL E 20696151

For	rm 4562 (2014)	FOU	NDATION	, ING	с.							73-	1086	246	Page 2
P	art V Listed Proper			rtain oth	er vehicle	es, cer	tain airc	raft, ce	ertain com	puters, a	and prop	perty use	ed for en	tertainm	nent,
	Note: For any	amusement.) vehicle for w	hich vou are us	sina the s	standard	milead	ne rate o	r dedu	ctina lease	exnens	e com	olete •	. 24a 2	4b colu	mns (a)
	through (c) of S	Section A, all	of Section B,	and Sect	tion C if a	applica	able.								11110 (U)
	Section A	- Depreciati	on and Other	Informat	tion (Cau	ition:	See the	instruc	tions for li	mits for	oasseng	ger autor	nobiles.)		
24a	a Do you have evidence to s	support the bu	siness/investme	nt use cla	imed?	Y	′es	No	24b If "Y	es," is th	ne evide	nce writ	ten?	Yes	No
	(a)	(b) Date	(c)		(d)		(e)		(f)	(g)	((h)		(i)
	Type of property (list vehicles first)	placed in	Business/ investment		Cost or		sis for depr Isiness/inve		Recovery period		thod/ ention		eciation uction		cted on 179
		service	use percentag	je ^{Uli}	ier basis		use only	/)	periou	COIN	ention	ueu	uction		ost
25	Special depreciation allo	owance for q	ualified listed	property	placed ir	n servi	ce durin	g the t	ax year ar	d					
	used more than 50% in	a qualified b	ousiness use					<u></u>			25				
26	Property used more that								-	-				-	
		: :	9	6											
		: :	9	6											
		: :	9	6											
27	Property used 50% or le	ess in a qual	ified business	use:											
		: :	9	6						S/L -					
		: :	9	6						S/L -					
		: :	9	6						S/L -					
28	Add amounts in column	n (h), lines 25	through 27. E	nter here	and on I	ine 21	, page 1				28				
	Add amounts in column												. 29		
					B - Inform								•		
Co	mplete this section for ve	ehicles used	by a sole prop	rietor, pa	artner, or	other	"more th	an 5%	owner,"	or relate	d persor	n. If you	provideo	d vehicle	s
toy	your employees, first ans	wer the que	stions in Section	on C to s	ee if you	meet	an excep	otion to	o completi	ng this s	ection f	for those	vehicles	3.	
				(a	ı)	((b)		(c)	(d)	(e)	(†	f)
30	Total business/investment	miles driven d	uring the	Veh	icle	Ve	hicle	V	/ehicle	Veł	icle	Vel	nicle	Veh	nicle
	year (do not include com	muting miles)													
31	Total commuting miles														
	Total other personal (no		-												
	driven														
33	Total miles driven during			-											
	Add lines 30 through 32	2													
34	Was the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate	ed person?													
36	Is another vehicle availa														
	use?														
			- Questions f	or Emplo	overs Wr	10 Pro	vide Vel	hicles	for Use b	y Their I		ees		•	•
Ans	swer these questions to												re not m	ore thar	ר 5%
	ners or related persons.			•	·	0				,	. ,				
	Do you maintain a writte	en policy stat	tement that pro	ohibits al	Il persona	al use	of vehicl	es, inc	luding cor	nmuting	, by you	ır		Yes	No
	employees?		-		-				-	-					
38	Do you maintain a writte														
	employees? See the ins		-					-							
39	Do you treat all use of v														
	Do you provide more th														
	the use of the vehicles,														
41	Do you meet the require														
	Note: If your answer to														
P	art VI Amortization	- ,,,	-,	,											
_	(a)			(b)		(c) Amortiza			(d)		(e)			(f)	
	Description o	f costs		amortization begins	A	Amortiza amoun	ble t		Code section		Amortiza period or per	ation	Ai fo	nortization or this year	
42	Amortization of costs th	at begins du		·	r:					I	Period of he	iooniayo			
~~															
				<u>:</u> :											
43	Amortization of costs th	at becan be	fore your 201/	tax vea	r					I		43			
	Total. Add amounts in d											44			
	252 01-08-15					sport			<u></u>				F	orm 456	2 (2014)
410	202 01-00-10						37								
34	0105 769045	206961	5000	2014	.050	20	NATT	ONAI	L CAR	EER '	FECH	NICA	LΕ	20696	6151
~ ~						·							^		

(Rev. January 2014)

Application for Extension of Time To File an **Exempt Organization Return**

Department of the Treasur
Internal Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	NATIONAL CAREER TECHNICAL EDUCATION FOUNDATION, INC.	73-1086246
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 8484 GEORGIA AVENUE, NO. 320	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SILVER SPRING, MD $20910-5604$	

Enter the Return code for the return that this application is for (file a separate application for each return)	0	1	.]

Application	Return	Application			Return					
Is For	Code	Code Is For								
Form 990 or Form 990-EZ	orm 990 or Form 990-EZ 01 Form 990-T (corporation)									
Form 990-BL	02	Form 1041-A			08					
Form 4720 (individual) 03 Form 4720 (other than individual)										
Form 990-PF 04 Form 5227										
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069										
Form 990-T (trust other than above)	06	Form 8870			12					
 The books are in the care of ► SILVER SPRING, Telephone No.► 301-588-9630 		8484 GEORGIA AVENUE 0910-5604 Fax No. ►	, N	0.320 -						
• If the organization does not have an office or place of busines	s in the Ur	nited States, check this box		Þ	•					
 If this is for a Group Return, enter the organization's four digit box If it is for part of the group, check this box I request an automatic 3-month (6 months for a corporation FEBRUARY 15, 2016, to file the exemption is for the organization's return for: □ calendar year or ○ calendar year or ○ tax year beginning JUL 1, 2014 If the tax year entered in line 1 is for less than 12 months, or Change in accounting period 	and atta n required bt organiza , an , an	Ach a list with the names and EINs of all r to file Form 990-T) extension of time unti tion return for the organization named al d ending <u>JUN 30, 2015</u> on: Initial return Fina	memb il	ers the extension is						
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720 nonrefundable credits. See instructions.), or 6069,	enter the tentative tax, less any	3a	\$	0.					
b If this application is for Forms 990-PF, 990-T, 4720, or 6069 estimated tax payments made. Include any prior year over			3b	\$	0.					
c Balance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required,								
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$										
Caution. If you are going to make an electronic funds withdrawa instructions.	l (direct de	bit) with this Form 8868, see Form 8453	-EO ai	nd Form 8879-EO f	or payment					
LHA For Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form 8868 (F	lev. 1-2014)					

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2014.05020	NATIONAL	CAREER	TECHNICAL	Е	20696151

- NEXT YEAR FEDERAL - NATIONAL (

NATIONAL CAREER TECHNICAL EDUCATION FOUNDATION, INC.

		FOUNDATION, INC.									
Asset No.	Description	Ac	Date quire	d	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	MACHINERY & EQUIPMENT										
	FURNITURE	VA	RI	ES	SL	10.00	9,054.		9,054.	8,622.	432.
	EQUIPMENT AND SOFTWARE	VA VA	RT	F.S	ST.	3.00	43,215.		43,215.	41,996.	1,219.
-	* 990 PAGE 10 TOTAL MACHINERY &	V 1 1				5.00	45,215.		45,215.	11,550.	1,219.
							52,269.		52,269.	50,618.	1 6 5 1
	EQUIPMENT			_			52,209.		52,269.	50,618.	1,651. 1,651.
	* GRAND TOTAL 990 PAGE 10 DEPR						52,209.		52,209.	50,010.	1,001.
				_							
				-							
				_							