# **Advance CTE Board Meeting Agenda**

DATE: Wednesday, January 30, 2019 TIME: 2 - 3 p.m. ET CONFERENCE #: 877-731-2877 No PIN or pass code needed.

1. Welcome (2 – 2:03 p.m.) - Bernadette

2. Roll call (2:04 – 2:05 p.m.) - Shannon

3. Review of the October 22, 2018 Advance CTE Board minutes (2:06 – 2:07 p.m.) – Bernadette

File: Advance CTE Board Meeting - Fall 2018 - final.pdf

4. Review and approval of FY20 Advance CTE State Dues (2:08 – 2:12 p.m.) - *Kim* 

File: FY20 Proposed Advance CTE State Dues.pdf

**Background**: In 1994, the Board and membership approved a policy to annually increase the state dues by the consumer price index (CPI). Since 1994, the staff has analyzed the annual percentage gain of the CPI from December to December. This percentage gain is the amount that is brought to the Board for confirmation as the percentage the dues should increase the following fiscal year. The December 2017 to December 2018 CPI increase is 1.9%. This represents an increase of \$10,742 over FY19, bringing total proposed <u>invoiced</u> state dues to \$576,131.

- 5. Budget modification (2:13 2:18 p.m.) Kim File: Advance CTE budget modification - January 2019.pdf
- 6. Updates and discussion (2:19 2:30 p.m.) Kim
  - Double the Investment
  - Meetings:
    - Regional meetings in fall 2019 (in lieu of fall meeting)
    - Future spring meetings mirroring fall meeting length
  - Update on Perkins supports and grants

# Joint Board Meeting Agenda

1. Welcome to Joint Meeting of the Board (2:30 – 2:31 p.m.) - Bernadette

2. Review and approval of the October 22, 2018 Joint Advance CTE/Center to Advance CTE Minutes

(2:32 – 2:33 p.m.) – Bernadette

File: Joint Board Meeting Minutes - Fall 2018 -final.pdf

3. Review of FY18 Annual Audit (combined audit for Advance CTE and The Center to Advance CTE) (2:33 - 2:45 p.m.)

**Guest speaker**: Jennifer Arminger- Gelman, Rosenberg and Freedman **Files**:

- NASDCTEC & NCTEF 2018 Combined FS(1).pdf
- NASDCTEC & NCTEF 2018 OAC Letter (2).pdf
- NASDCTEC & NCTEF 2018 Combined AU-C 260 Letter (1).pd
- 4. Review of 990s (2:46 2:56 p.m.) **Guest speaker**: Carolyn Skinner - Dembo Jones P.C. **Files**:
  - Draft 2017 Advance CTE 990.PDF
  - Draft 2017 CT Foundation.PDF

5. Closing remarks *(Bernadette)* and next meeting reminder *(Shannon)* (2:57 - 3 *p.m.*)

**ATTENDEES:** Bernadette Howard, Pradeep Kotamraju, Marcie Mack, Sarah Heath, Lee Burket, Jeralyn Jargo, Donna Wyatt, Thalea Longhurst, Charisse Childers

ABSENT: Barbara Wall, Sheila Ruhland

**STAFF:** Kimberly Green, Kate Kreamer, Shannon Johnson, Kathryn Zekus, Austin Estes, Meredith Hills

GUEST: Jay Ramsey

**Welcome**: Howard welcomed everyone to The Advance CTE Board meeting. She thanked Kotamraju for his service as president of the board. She welcomed Wyatt and Mack to the Board.

June 2018 Board Minutes: Mack presented the minutes from the June 20, 2018 Board Meeting.

### MOTION: To approve the June 20, 2018 Board minutes, as presented. Heath; Jargo. MOTION ADOPTED.

**Consent Agenda:** Howard reviewed the items on consent agenda and asked if anyone would like to take any topic off for discussion. No requests were made.

### MOTION: To approve the consent agenda, as presented. Mack; Longhurst. MOTION ADOPTED.

Advance CTE FY18 Financial Reports: Mack reviewed the final presentation of the Advance CTE FY18 budget, which included 104% of budgeted income and 87% of budgeted expenses. Mack noted that the financial report include a handful of expenses that exceeded their budget:

- Salaries and benefits: Over budget by \$11,936.54 or 2.5%
  - Explanation: Salaries and benefits, across both organizations, were collectively on target. The distribution of payroll expenses across the organizations is based on timesheets and coding of time against projects. Given Perkins reauthorization activity, the overage is a result of Executive Director's time that was originally budgeted to Center grant-funded projects being re-directed to Perkins reauthorization.
- **Telephone and communications**: Over budget by \$8.73 or 11.6%
  - Explanation: Greater than expected standard phone taxes and universal fees.
- Office supplies: Over budget by \$62.76 or 21.9%

• Explanation: Purchased a new water cooler, an unanticipated expense. Cost was a bit over \$100.

Mack confirmed that Advance CTE assets are strong, as well as equity and that the investment policy that guides the portfolio has netted positive gains in the fiscal year. Green shared that the combined FY18 audit for Advance CTE/The Center to Advance CTE came back clean and will be presented to the Boards in January 2019.

# MOTION: To approve the Advance CTE FY18 financial reports, as presented. Kotamraju; Burket. MOTION ADOPTED.

Advance CTE FY19 Financial Reports: Mack confirmed that Advance CTE has had a great start to the fiscal year; all 50 states have committed to renewing their memberships. To date, Advance CTE has received 65% of budgeted income and spent 32% of budgeted expenses.

Childers asked if the figures on the balance sheet are correct, as the date of the report was June 30, 2019. Mack replied that the report is run for the full fiscal year but the numbers are current as of September 23, 2018.

### MOTION: To approve the Advance CTE FY19 financial reports, as presented. Jargo; Longhurst. MOTION ADOPTED.

**Fraudulent Activity:** Green explained there were two unauthorized ACH direct debits, amounting to just shy of \$3,000, were processed out of the Advance CTE checking account. The fraudulent activity was caught a day after they were processed. The bank was immediately alerted, the fraud paperwork filed and the bank account closed. The bank anticipates reimbursing the funds within the next 90 days. Green said that we reviewed our internal processes and determined there was nothing that could have been done to prevent this incidence of fraud. Green further stated that no fraudulent activity has been found in the account of The Center to Advance CTE. The Executive Committee was alerted of the fraud and received ongoing updates of progress to restore funds.

Advance CTE FY19 Budget Modification: Green provided background for two items on the budget modification. Green explained that because of the Perkins V reauthorization, Advance CTE is hosting four regional meetings to build knowledge and support states as they begin to build plans to maximize the development of the state plan to achieve their vision for CTE. To cover the costs for these meetings, a budget modification is being proposed. Staff proposes not charging a registration fee for up to five registrations for each state. While the majority of the costs associated with the meetings can be offset by a grant from the Bill and Melinda Gates Foundation and unanticipated income related to membership, rent and sponsorships, a budget modification is needed to draw down reserves for \$12,744.47.

Green provided further explanation on the rent abatement. She explained that because of accounting rules, we have to record a rent payment every month even if we do not actually incur

that expense. The amount to be recorded is the average cost across the lifetime of the lease. Green said that we negotiated nine months of free rent during the contracting of our new office space. When we created the budget for FY19, we did not include rent for the nine months we have the rent abatement. However, the accountants have informed us that the lease is with Advance CTE and that it would be most appropriate to have the Center reimburse its portion of rent even during the rent abatement period. The budget modification will show a reimbursement of rent for \$70,236.

In addition to the modification, we request an additional \$1,000 in expenses for the kick-off of the Double The Investment Campaign, \$250 for membership and \$750 for outreach to partners. In aggregate, the proposed budget modification approves an additional expense of \$165,000 (\$164,000 for the regional meetings and \$1,000 for Double the Investment) and additional income of \$110, 638.47 (\$27,658 in state dues; \$70,236 in rent from the Center; \$12,744.47 from the reserve fund for regional meetings).

# MOTION: To approve the Advance CTE FY19 budget modification, as presented. Mack; Kotamraju. MOTION ADOPTED.

Advance CTE/The Center to Advance CTE Finance Manual Revision: Johnson provided an overview of the changes that were made to the finance manual, which has been reviewed and unanimously approved by the Finance/Audit Committee. The changes include:

- Altering language to say "Bookkeeper" instead of "Finance Manager"
- Altering the organizational names to reflect the rebranded names. "National Association of State Directors of Career Technical Education Consortium" and "National Career Technical Education Foundation" was changed to "Advance CTE" and "The Center to Advance CTE"
- Transition from hardcopy documents to electronic; eliminating binders and extra steps
- A change to how the accounts payable process to include the appropriate staff persons
- Description of the new credit card processing system
- Description of the new supply ordering process
- Update to the schedule of regular activities
- Description of changes to the mail receiving procedure
- Description of changes to the check receiving procedure

# MOTION: To approve the Advance CTE /The Center to Advance CTE Finance Manual Revision as presented. Heath; Childers. MOTION ADOPTED.

Advance CTE/The Center to Advance CTE Personnel Policies: Green shared that the personnel policies are reviewed annually to ensure compliance with current employment laws. The attorney did not identify any policies that needed to be updated. However, staff requested the inclusion of a conflict resolution policy. The attorney noted that non-profit organizations of similar size typically do not have a conflict resolution policy and that we are not required to have

one. However, since staff has specifically requested it, the Executive Director recommends the addition of the following language.

# "III.N. Conflict Resolution

To promote a productive and cooperative work environment, Advance CTE encourages open communication and wishes to create a safe environment for addressing differences of opinion. Employees with work related disputes are encouraged to follow the conflict resolution procedures outlined below:

• The employee should first make an attempt to resolve the dispute directly with the other employee(s) involved.

If the problem cannot be resolved or otherwise persists, then the employee should contact their immediate supervisor or, if the dispute/conflict is with their immediate supervisor, then they should contact the Deputy Executive Director. The immediate supervisor (or Deputy Executive Director) should seek to mediate the matter, including by holding a face-to-face meeting with the employees.
If these efforts are not successful, then the matter should be escalated to the Executive Director for final resolution

NOTE: This process is not applicable to work performance or disciplinary matters, or to situations involved harassment or whistleblower complaints. Such matters are addressed elsewhere in these Policies."

# MOTION: To approve the updated Advance CTE/Center to Advance CTE Personnel Policies, as presented and specifically noting the addition of the conflict resolution policy. Mack; Longhurst. MOTION ADOPTED.

**Higher Education Act Recommendations**: In 2016, Advance CTE's Board approved the organization's first-ever recommendations for the reauthorization of the Higher Education Act (HEA). Those recommendations were re-approved in early 2017 by the Board, with minor revisions. There have been overtures to reauthorize HEA in the current Congress but Advance CTE expects lawmakers to prioritize the renewal of this law in the 116th Congress.

With that anticipated focus, as well as Advance CTE's growing knowledge and capacity on postsecondary issues, Advance CTE recommends updating the HEA policy recommendations once again. The proposed revisions are a combination of updating language to reflect the organization's brand and terminology, as well as to offer some proposed content deletions, revisions and additions. Based on research and input from members, the passage of Perkins V and reviewing the language to ensure it is consistent with our brand and vision, the following recommendations are proposed:

- Replace "student" with "Learner"
- Replace "high-demand" to "in-demand"
- References to labor market alignment included local, regional and state options
- Expand Pell Grant eligibility
- Expand the scope of date collection and disaggregation

- View priorities through an equity lens. Language was included to support this.
- Remove the Ability To Benefit (ATB) recommendations
- Remove "distance learning" recommendation
- Remove accreditation recommendation.

During the discussion of these recommendations, Green added that we have committed to ensuring that our language connects to our vision for equity. The topic of accreditation came up, with Board members asking for more explanation to support the removal of the recommendation. Hills noted the recommendation was removed because it identified a problem without presenting a clear solution. Green shared information about the SACS policy related to dual enrollment. The Board agreed that the issue of accreditation and impact on CTE was an important one to address.

### MOTION: To approve the revised Higher Education Act Recommendations, as presented. Heath; Kotamraju. MOTION ADOPTED.

**Federal Policy and Perkins V Update:** Zekus provided an update the federal policy strategy. She shared that all Every Student Succeeds Act (ESSA) plans have now been approved. With regard to Workforce Innovation and Opportunity Act (WIOA), once available publicly, we will be analyzing the plan revisions that were submitted and approved in mid-2018.

Zekus reviewed the timeline of the development of, and our involvement in, the Perkins V reauthorization. We worked closely with ACTE staff every step of the way. She described how we were able to influence the bill due to very close work with the Senate Heath, Education, Labor, and Pensions Committee (HELP) staff. While we were not able to have all of our changes made, we made noticeable improvements and were able to avoid many of the more egregious provisions. Senate HELP committed to collaborating on report language that will help clarify provisions.

Green added that it was remarkable about how much we were able to catch during this very compressed process. Green also noted how helpful the staff at OCTAE was throughout the process.

Zekus provided an update on the Perkins Score Card. The scorecard compares our policy recommendations to the final bill. 10 out of 14 of our priorities were fully aligned. Those ten priorities are: strengthened links to the labor market; alignment to rigorous standards; innovation funds; partnerships with employees; WIOA CSP option; career counseling; state flexibility; state administration; MOE; non-public school integration. Zekus shared that three out of 14 of our priorities are mostly aligned. Those three are consortia incentives, requiring all funding being spent on POS and how the bill addresses research. Only one out of 14 priorities was partially aligned; this related to the accountability provisions (specifically the definition of a CTE concentrator).

Zekus gave a brief update on the Double the Investment Campaign. She said that before we even knew there would be a Perkins V we heard that the President was going to recommend in his

budget that CTE receive another \$1 billion in funding; while this did not materialized it sparked interest with Congress and ourselves to consider launching a campaign to achieve this goal - "Double the Investment." Therefore, Advance CTE is launching a sign-on campaign starting in February 2019 in an effort to get as many employers as possible (hopefully in every state and Career Cluster) to support the campaign. We are creating tools and resources to help members to approach the business sector.

**Review and approval of the proposed revisions to the equity statement**: The process to create a statement on equity began when Advance CTE started working on the series of briefs, Making Good on the Promise. While Putting Learner Success First implicitly supported equity, our team sought clearer guidance, direction and statements of what our stance would be related to equity and CTE. Estes shared that the equity statement was informed by partner organizations (members of the Equity Committee), interviews with State CTE Directors and Excellence in Action winners, as well as our internal equity "kitchen cabinet" comprised of state CTE leaders.

Estes said that the purpose of the statement is to build a common understanding amongst Advance CTE and partners. It guides our work on the Making Good on the Promise equity initiative. It also serves as a framework to integrate an equity lens into all of our work. This statement is not intended to replace our organization's vision, we are trying to connect the dots and draw more attention to equity.

The board requested the following changes to the statement:

- Replace "all" and "every" with "each"
- Replace "historically underserved" with "historically marginalized"
- Replace "true potential" to "full potential"

### MOTION: To approve equity statement as amended. Kotamraju; Jargo. MOTION ADOPTED.

Howard called the Advance CTE Board Meeting to a close at 11:49 a.m.

| State Name               | Approved             | CPI Increase   | Proposed            |
|--------------------------|----------------------|----------------|---------------------|
|                          | FY19 Dues            | 1.90%          | FY20 Dues           |
| Alabama                  | \$12,891             | \$245          | \$13,136            |
| Alaska                   | \$4,981              | \$95           | \$5,076             |
| Arizona                  | \$10,828             | \$206          | \$11,034            |
| Arkansas                 | \$10,016             | \$200          | \$10,206            |
| California               | \$17,195             | \$327          | \$17,521            |
| Colorado                 | \$10,252             | \$195          | \$10,447            |
| Connecticut              | \$9,545              | \$193          | \$9,726             |
| Delaware                 | \$5,424              | \$101          | \$5,527             |
| District of Columbia     | \$5,424              | \$103          | \$5,527             |
| Florida                  | \$15,761             | \$299          | \$16,061            |
| Georgia                  | \$15,051             | \$299          | \$15,337            |
| Hawaii                   | \$15,001             | \$103          | \$5,527             |
| Idaho                    | \$5,424              | \$103          | \$5,527             |
| Illinois                 | \$16,016             | \$304          | \$16,321            |
| Indiana                  | \$14,816             | \$282          | \$15,098            |
| lowa                     | \$10,490             | \$199          | \$10,689            |
| Kansas                   | \$10,490             | \$199          | \$9,466             |
|                          |                      | \$243          |                     |
| Kentucky<br>Louisiana    | \$12,772<br>\$13,853 | \$263          | \$13,015            |
| Maine                    | \$13,855             | \$154          | \$14,117<br>\$8,243 |
| Maryland                 | \$8,009              | \$134          | \$0,243<br>\$11,668 |
| Massachusetts            | \$13,616             | \$259          |                     |
|                          | \$15,528             | \$295          | \$13,874            |
| Michigan<br>Minnesota    |                      | \$295          | \$15,823            |
|                          | \$12,177<br>\$10,724 | \$204          | \$12,408            |
| Mississippi<br>Missouri  | \$10,724             |                | \$10,928            |
|                          | \$13,363             | \$254          | \$13,617            |
| Montana<br>Nebraska      | \$5,427              | \$103<br>\$159 | \$5,530             |
| Nevada                   | \$8,345              | -              | \$8,503             |
|                          | \$5,424              | \$103          | \$5,527             |
| New Hampshire            | \$5,424              | \$103          | \$5,527             |
| New Jersey<br>New Mexico | \$14,701             | \$279          | \$14,980            |
|                          | \$8,581              | \$163          | \$8,744             |
| New York                 | \$16,724             | \$318          | \$17,042            |
| North Carolina           | \$15,289             | \$290          | \$15,580            |
| North Dakota             | \$5,424              | \$103          | \$5,527             |
| Ohio<br>Oklahama         | \$16,252             | \$309          | \$16,561            |
| Oklahoma                 | \$10,828             | \$206          | \$11,034            |
| Oregon                   | \$9,783              | \$186          | \$9,969             |
| Pennsylvania             | \$16,489<br>1/20     | 8/19 \$313     | \$16,803            |

| State Name                     | Approved                     | CPI Increase            | Proposed  |
|--------------------------------|------------------------------|-------------------------|-----------|
|                                | FY19 Dues                    | 1.90%                   | FY20 Dues |
|                                |                              |                         |           |
| Rhode Island                   | \$5,424                      | \$103                   | \$5,527   |
| South Carolina                 | \$11,928                     | \$227                   | \$12,155  |
| South Dakota                   | \$5,424                      | \$103                   | \$5,527   |
| Tennessee                      | \$14,090                     | \$268                   | \$14,358  |
| Texas                          | \$16,961                     | \$322                   | \$17,284  |
| Utah                           | \$8,818                      | \$168                   | \$8,985   |
| Vermont                        | \$5,427                      | \$103                   | \$5,530   |
| Virginia                       | \$14,326                     | \$272                   | \$14,599  |
| Washington                     | \$11,689                     | \$222                   | \$11,911  |
| West Virginia                  | \$9,055                      | \$172                   | \$9,227   |
| Wisconsin                      | \$13,124                     | \$249                   | \$13,373  |
| Wyoming                        | \$5,424                      | \$103                   | \$5,527   |
| Guam                           | \$729                        | \$14                    | \$743     |
| Palau                          | \$729                        | \$14                    | \$743     |
| Puerto Rico                    | \$12,420                     | \$236                   | \$12,656  |
| Virgin Islands                 | \$729                        | \$14                    | \$743     |
| American Samoa                 | \$729                        | \$14                    | \$743     |
| TOTAL:                         | \$565,388                    | \$10,742                | \$576,131 |
|                                |                              |                         |           |
| Reference for CPI Rate: http:/ | /data.bls.gov/timeseries/CUU | IR0000SA0?output_view=p | ct_12mths |

Below are the details of the proposed budget modification to the Advance CTE FY19 budget.

**Double the Investment**: The Double the Investment campaign is ready to launch in early February. As the campaign took shape, we realized we needed funds to support branded supplies for the initiative. These will be used during the Spring meeting, as well as available for members to use back in their states.

**Request:** \$3,500 for supplies in the Government Relations budget.

**Government Relations**: As part of our federal policy strategy, Advance CTE wishes to join the Title IV-A Coalition, an alliance comprised of more than 30 national organizations working together to advocate for maximum funding of the flexible block grant, which is authorized at \$1.6 billion for FY 2018 under Title IV, part A of the Every Student Succeeds Act (ESSA). The block grant, known as the Student Support and Academic Enrichment (SSAE) grant program, is designed to ensure that high needs districts have access to programs that foster safe and healthy students, provide students with a well-rounded education, and increase the effective use of technology in our nation's schools. Our coalition recognizes that funds can be used in flexible ways at the state and local levels for the programs under Title IV-A—but that the success of these programs is fully dependent on adequate funding at the federal level.

**Request**: \$750 for annual dues, charged to dues/subscriptions in the Government Relations budget.

**New State Director Initiative:** Last year, modules (e.g. Perkins, employer engagement, programs of study, data, leadership, etc.) were created and piloted to support the New State Director Initiative. Funds are being requested to have the modules copyedited, as they are refreshed throughout this year. The FY19 budget included funds for layout and design but neglected to include the copyediting.

**Request**: \$4,375 (\$875 for each of five modules) for consulting (copyediting) under the Member Supports budget.

|                                | Expenses |
|--------------------------------|----------|
| Government Relations: Supplies | \$3,500  |
|                                |          |
| Government Relations:          | \$750    |
| Dues/Subscriptions             |          |
| Member Supports: Consultants   | \$4,375  |
| Total                          | \$8,625  |

| Summary of | proposed | budget | modification |
|------------|----------|--------|--------------|
|------------|----------|--------|--------------|

Board action: Approve the proposed FY 19 Advance CTE budget modification.

**COMBINED FINANCIAL STATEMENTS** 

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

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

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#### INDEPENDENT AUDITOR'S REPORT

To the 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 the National Association of State Directors of Career Technical Education Consortium, Inc. and Affiliate (the Organizations), which comprise the combined statements of financial position as of June 30, 2018 and 2017, and the related combined statements of activities and changes in net assets and cash flows for the years then ended, and the related notes to the combined 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 combined 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 combined financial position of the Organizations as of June 30, 2018 and 2017, and the combined changes in their net assets and their combined cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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#### **Other Matter**

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The supplementary information on pages 16 - 21 is presented for purposes of additional analysis and 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. The information has been subjected to the auditing procedures applied in the audit 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 combined financial statements or to the combined 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.

Gelman Kozenberg & Freedman

January 4, 2019

\$<u>4,443,494</u> \$<u>3,562,988</u>

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

#### COMBINED STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2018 AND 2017

#### ASSETS

| CURRENT ASSETS  | <br>2018                                    |    | 2017                                       |
|---|---|----|--|
| CORRENT ASSETS  |   |    |  |
| Cash and cash equivalents<br>Accounts receivable<br>Inventory<br>Prepaid expenses | \$<br>700,563<br>132,951<br>6,473<br>24,262 | \$ | 411,892<br>32,024<br>9,892<br><u>5,907</u> |
| Total current assets  | <br>864,249                                 | _  | <u>459,715</u>                             |
| INVESTMENTS   | 3,562,612                                   |    | 3,087,956                                  |
| PROPERTY AND EQUIPMENT, NET   | 7,633                                       |    | 6,317                                      |
| OTHER ASSETS  |   |    |  |
| Deposits  | <br>9,000                                   | _  | 9,000                                      |

#### LIABILITIES AND NET ASSETS

#### CURRENT LIABILITIES

**TOTAL ASSETS** 

| Accounts payable<br>Accrued payroll<br>Deferred revenue | \$ | 39,335<br>95,548<br>256,522 | \$<br>_ | 35,301<br>89,430<br><u>190,163</u> |
|---|----|-----------------------------|---------|------------------------------------|
| Total current liabilities                               |    | 391,405                     | _       | 314,894                            |
| NET ASSETS  |    |                             |         |                                    |
| Unrestricted<br>Temporarily restricted                  | _  | 3,700,095<br>351,994        | _       | 3,168,842<br>79,252                |
| Total net assets  |    | 4,052,089                   |         | 3,248,094                          |
| TOTAL LIABILITIES AND NET ASSETS                        | \$ | 4,443,494                   | \$_     | 3,562,988                          |

#### COMBINED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

|   |                     | 2018              |                     |
|---|---------------------|-------------------|---------------------|
|   |                     | Temporarily       | Tatal               |
| SUPPORT AND REVENUES                          | <u>Unrestricted</u> | Restricted        | Total               |
|   |                     |                   |                     |
| Publication sales                             | \$ 5,855            | \$-               | \$ 5,855            |
| Membership dues                               | 588,675             | -                 | 588,675             |
| Conference registration                       | 182,541             | -                 | 182,541             |
| Interest and dividends                        | 71,560              | -                 | 71,560              |
| Conference sponsorships                       | 99,750              | -                 | 99,750              |
| Grants and contracts                          | 824,394             | 511,608           | 1,336,002           |
| Contributed services                          | 600                 | -                 | 600                 |
| Miscellaneous income                          | 9,240               | -                 | 9,240               |
| Realized and unrealized gain on investments   | 155,188             | -                 | 155,188             |
| Net assets released from restrictions         | 238,866             | (238,866)         |                     |
| Total support and revenues                    | 2,176,669           | 272,742           | 2,449,411           |
| EXPENSES                                      |                     |                   |                     |
| Program Services:                             |                     |                   |                     |
| Career Clusters                               | 41,772              | -                 | 41,772              |
| CTE: Learning that Works for America Campaign | 10,317              |                   | 10,317              |
| Conferences                                   | 220,968             | -                 | 220,968             |
| Member Services                               | 362,131             | _                 | 362,131             |
| State TA Contracts                            | 10,916              | _                 | 10,916              |
| Landscape Review of CTE                       | 25,839              | _                 | 25,839              |
| Government Relations                          | 115,454             | _                 | 115,454             |
| Board   | 87,089              | -                 | 87,089              |
| Virtual Institute                             | 11,545              | -                 | 11,545              |
| Excellence in Action Awards                   | 31,350              | -                 | 31,350              |
|   |                     | -                 |                     |
| Funded Projects                               | 618,847             | -                 | 618,847             |
| Lobbying                                      | 25,452              |                   | 25,452              |
| Total program services                        | 1,561,680           |                   | 1,561,680           |
| Supporting Services:                          |                     |                   |                     |
| Management and General                        | 63,775              | -                 | 63,775              |
| Development                                   | 19,961              |                   | 19,961              |
| Total supporting services                     | 83,736              |                   | 83,736              |
| Total expenses                                | 1,645,416           |                   | 1,645,416           |
| Changes in net assets                         | 531,253             | 272,742           | 803,995             |
| Net assets at beginning of year               | 3,168,842           | 79,252            | 3,248,094           |
| NET ASSETS AT END OF YEAR                     | \$ <u>3,700,095</u> | \$ <u>351,994</u> | \$ <u>4,052,089</u> |
|   | - 0,100,000         |                   |                     |

#### COMBINED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

|   |              |                 |    | 2017              |     |           |
|---|--------------|-----------------|----|-------------------|-----|-----------|
|   |              |                 |    | mporarily         |     |           |
|   | Unre         | stricted        | R  | estricted         |     | Total     |
| SUPPORT AND REVENUES                          |              |                 |    |                   |     |           |
| Publication sales                             | \$           | 7,265           | \$ | _                 | \$  | 7,265     |
| Membership dues                               |              | 589,108         | Ŧ  | -                 | Ŧ   | 589,108   |
| Conference registration                       |              | 171,511         |    | -                 |     | 171,511   |
| Interest and dividends                        |              | 63,984          |    | -                 |     | 63,984    |
| Conference sponsorships                       |              | 84,000          |    | -                 |     | 84,000    |
| Grants and contracts                          |              | 629,665         |    | 305,000           |     | 934,665   |
| Contributed services                          |              | -               |    | -                 |     | -         |
| Miscellaneous income                          |              | 4,931           |    | -                 |     | 4,931     |
| Realized and unrealized gain on investments   |              | 190,194         |    | -                 |     | 190,194   |
| Net assets released from restrictions         |              | <u>234,553</u>  |    | <u>(234,553</u> ) | _   |           |
| Total support and revenues                    | 1,           | 975,211         | _  | 70,447            | _   | 2,045,658 |
| EXPENSES                                      |              |                 |    |                   |     |           |
| Program Services:                             |              |                 |    |                   |     |           |
| Career Clusters                               |              | 29,663          |    | _                 |     | 29,663    |
| CTE: Learning that Works for America Campaign |              | 9,589           |    | -                 |     | 9,589     |
| Conferences                                   |              | 224,727         |    | -                 |     | 224,727   |
| Member Services                               |              | 346,155         |    | -                 |     | 346,155   |
| Government Relations                          |              | 97,343          |    | -                 |     | 97,343    |
| Board   |              | 55,267          |    | -                 |     | 55,267    |
| Excellence in Action Awards                   |              | 26,539          |    | -                 |     | 26,539    |
| Funded Projects                               |              | 647,792         |    | -                 |     | 647,792   |
| Lobbying                                      |              | 3,254           |    |                   | _   | 3,254     |
| Total program services                        | 1,           | 440, <u>329</u> |    |                   | _   | 1,440,329 |
| Supporting Services:                          |              |                 |    |                   |     |           |
| Management and General                        |              | 84,767          |    | -                 |     | 84,767    |
| Development                                   |              | 10,511          |    | -                 | _   | 10,511    |
| Total supporting services                     |              | <u>95,278</u>   |    |                   | _   | 95,278    |
| Total expenses                                | 1,           | <u>535,607</u>  |    | -                 | _   | 1,535,607 |
| Obernana in nationale                         |              | 400.004         |    | 70 447            |     |           |
| Changes in net assets                         |              | 439,604         |    | 70,447            |     | 510,051   |
| Net assets at beginning of year               | 2,           | <u>729,238</u>  |    | 8,805             | -   | 2,738,043 |
| NET ASSETS AT END OF YEAR                     | \$ <u>3,</u> | 168,842         | \$ | 79,252            | \$_ | 3,248,094 |

#### COMBINED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

| CASH FLOWS FROM OPERATING ACTIVITIES  | <br>2018                                   | <br>2017                                   |
|---|--|--|
| Changes in net assets   | \$<br>803,995                              | \$<br>510,051                              |
| Adjustments to reconcile changes in net assets to<br>net cash provided by operating activities:   |  |  |
| Realized and unrealized gain on Investments<br>Depreciation<br>Amortization of investment bonds<br>Loss on disposal of property and equipment | (155,188)<br>3,628<br>4,702<br>832         | (190,194)<br>3,362<br>7,600<br>-           |
| (Increase) decrease in:<br>Accounts receivable<br>Inventory<br>Prepaid expenses   | (100,927)<br>3,419<br>(18,355)             | 24,771<br>(1,926)<br>21,382                |
| Increase (decrease) in:<br>Accounts payable<br>Accrued payroll<br>Deferred revenue  | <br>4,034<br>6,118<br><u>66,359</u>        | <br>20,277<br>9,410<br><u>(48,458</u> )    |
| Net cash provided by operating activities   | <br>618,617                                | <br>356,275                                |
| CASH FLOWS FROM INVESTING ACTIVITIES  |  |  |
| Purchase of property and equipment<br>Purchase of investments<br>Proceeds from sale of investments  | <br>(5,776)<br>(668,970)<br><u>344,800</u> | <br>(2,873)<br>(734,985)<br><u>311,864</u> |
| Net cash used by investing activities   | <br>(329,946)                              | <br>(425,994)                              |
| Net increase (decrease) in cash and cash equivalents  | 288,671                                    | (69,719)                                   |
| Cash and cash equivalents at beginning of year  | <br>411,892                                | <br>481,611                                |
| CASH AND CASH EQUIVALENTS AT END OF YEAR  | \$<br>700,563                              | \$<br>411,892                              |

#### NOTES TO COMBINED FINANCIAL STATEMENTS JUNE 30, 2018 AND 2017

#### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GENERAL INFORMATION

#### Organization -

The National Association of State Directors of Career Technical Education Consortium, Inc., NASDCTEc, DBA Advance CTE (NASDCTEc/ Advance CTE), was organized in 1920 as a state membership organization, for two purposes: (1) promote and advance Career Technical Education in the United States in an effort to provide the country with a world-class work force by building the awareness of and support for high-quality Career Technical Education, and (2) to educate professionals involved with Career Technical Education in the United States by coordinating, developing and conducting programs, seminars and meetings. NASDCTEc/ Advance CTE supports visionary state leadership, cultivate best practices and speaks with collective voice on advance high-quality career Technical Education policies, programs and pathways that ensure career success for each learner. NASDCTEc/ Advance CTE works to transform and expand Career Technical Education so that each learner - of any background, age or zip code - is prepared for career and college success through state leadership, advocacy and partnerships.

Its affiliate, the National Career Technical Education Foundation, NCTEF, DBA The Center to Advance CTE (NCTEF/ The Center to Advance CTE) shares the same mission and vision as NASDCTEc/ Advance CTE. NCTEF/The Center to Advance CTE undertakes policy and program studies, which advance the understanding to the public and of the professional community about the value of Career Technical Education.

NASDCTEC/ Advance CTE and NCTEF/ The Center to Advance CTE, collectively, the Organizations, share a vision that states that through leadership, advocacy and partnerships, the Organizations 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/ Advance CTE is primarily supported by membership dues, program service revenue, and contract work. NCTEF/ The Center to Advance CTE is primarily supported through contract work, grants, publication sales and revenue share arrangements.

Basis of presentation -

The accompanying combined financial statements are presented on the accrual basis of accounting, and in accordance with FASB ASC 958-810, *Not-for-Profit Entities, Consolidation.* 

Combined financial statements -

The accompanying combined financial statements reflect the activity of NASDCTEc/ Advance CTE and NCTEF/ The Center to Advance CTE. The financial statements have been combined because the Organizations are under common control. All significant intercompany balances and transactions have been eliminated in combination.

Cash and cash equivalents -

The Organizations consider all cash and other highly liquid investments with initial maturities of three months or less to be cash equivalents.

#### NOTES TO COMBINED FINANCIAL STATEMENTS JUNE 30, 2018 AND 2017

# 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GENERAL INFORMATION (Continued)

Cash and cash equivalents (continued) -

Bank deposit accounts are insured by the Federal Deposit Insurance Corporation ("FDIC") up to a limit of \$250,000. At times during the year, the Organizations maintain cash balances in excess of the FDIC insurance limits. Management believes the risk in these situations to be minimal.

#### Investments -

Investments are recorded at their readily determinable fair value. Interest and dividends, and realized and unrealized gains and losses are presented separately in the Combined Statements of Activities and Changes in Net Assets.

Accounts receivable -

Accounts receivable approximate fair value. Management considers all amounts to be fully collectible within one year. Accordingly, an allowance for doubtful accounts has not been established.

#### Inventory -

Inventory consists of publications. For the year ended June 30, 2018, the Organizations adopted FASB Accounting Standards Update (ASU) 2015-11, *Simplifying the Measurement of Inventory*, and as such, inventory is measured at the lower of cost and net realizable value using the first-in, first-out method of inventory. The ASU is applied prospectively.

#### Property and equipment -

Property and equipment in excess of \$500 are capitalized and stated at cost. Property and equipment are depreciated on a straight-line basis over the estimated useful lives of the related assets, generally three to seven years. Renewals and betterments that materially extend the life of the assets are capitalized, while the cost of maintenance and repairs are recorded as expenses as incurred.

Depreciation expense for the years ended June 30, 2018 and 2017 totaled \$3,628 and \$3,362, respectively.

#### Income taxes -

NASDCTEc/ Advance CTE is exempt from Federal income taxes under Section 501(c)(4) of the Internal Revenue Code (IRC). NCTEF/ The Center to Advance CTE is exempt from Federal income taxes under Section 501(c)(3) of the IRC.

Accordingly, no provision for income taxes has been made in the accompanying combined financial statements.

#### NOTES TO COMBINED FINANCIAL STATEMENTS JUNE 30, 2018 AND 2017

# 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GENERAL INFORMATION (Continued)

Uncertain tax positions -

For the years ended June 30, 2018 and 2017, the Organizations have documented their consideration of FASB ASC 740-10, *Income Taxes*, that provides guidance for reporting uncertainty in income taxes and have determined that no material uncertain tax positions qualify for either recognition or disclosure in the combined financial statements.

Deferred revenue -

Deferred revenue consists of member dues and conference registration and sponsorship. The Organizations recognize member dues incrementally throughout the year. The membership period begins July 1 and ends June 30. The Organizations recognize conference and sponsorship revenue when the related event has occurred.

Net asset classification -

The net assets are reported in three self-balancing groups as follows:

- Unrestricted net assets include unrestricted revenue and contributions received without donor-imposed restrictions. These net assets are available for the operation of the Organizations.
- **Temporarily restricted net assets** include revenue and contributions subject to donorimposed stipulations that will be met by the actions of the Organizations and/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Combined Statements of Activities and Changes in Net Assets as net assets released from restrictions.
- **Permanently restricted net assets** represent funds restricted by the donor to be maintained in perpetuity by the Organizations. Generally, the donors permit the Organizations to use all or part of the income earned on related investments for general or specific purposes. At June 30, 2018 and 2017, there were no permanently restricted net assets.

Grants and contracts -

Unrestricted and temporarily restricted grants are recorded as revenue in the year notification is received from the donor. Temporarily restricted grants are recognized as unrestricted support only to the extent of actual expenses incurred in compliance with the donor-imposed restrictions and satisfaction of time restrictions. Such funds in excess of expenses incurred are shown as temporarily restricted net assets in the accompanying combined financial statements.

The Organizations receive funding under contracts from grantors for direct and indirect program costs. This funding is subject to contractual restrictions, which must be met through incurring qualifying expenses for particular programs. Accordingly, such contracts are considered exchange transactions and are recorded as unrestricted income to the extent that related expenses are incurred in compliance with the criteria stipulated in the contracts.

#### NOTES TO COMBINED FINANCIAL STATEMENTS JUNE 30, 2018 AND 2017

# 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND GENERAL INFORMATION (Continued)

Contributed services -

Contributed services consist of printing and consulting services towards various management and program service functions. Contributed services are recorded at their fair market value as of the date of the gift. In addition, volunteers have donated significant amounts of their time to the Organizations; these donated services are not reflected in the combined financial statements since these services do not meet the criteria for recognition as contributed services.

Use of estimates -

The preparation of the combined 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 at the date of the combined financial statements and the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Functional allocation of expenses -

The costs of providing the various programs and other activities have been summarized on a functional basis in the Combined Statements of Activities and Changes in Net Assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Risks and uncertainties -

The Organizations invest in various investment securities. Investment securities are exposed to various risks such as interest rates, market and credit risks.

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying combined financial statements.

Fair value measurement -

The Organizations adopted the provisions of FASB ASC 820, *Fair Value Measurement*. FASB ASC 820 defines fair value, establishes a framework for measuring fair value, establishes a fair value hierarchy based on the quality of inputs (assumptions that market participants would use in pricing assets and liabilities, including assumptions about risk) used to measure fair value, and enhances disclosure requirements for fair value measurements.

The Organizations account for a significant portion of their financial instruments at fair value or consider fair value in their measurement.

#### NOTES TO COMBINED FINANCIAL STATEMENTS JUNE 30, 2018 AND 2017

#### 2. INVESTMENTS

Investments, at fair value, consisted of the following at June 30, 2018 and 2017:

|                   | _   | 2018      |    |           |
|-------------------|-----|-----------|----|-----------|
| Government bonds  | \$  | 597,210   | \$ | 595,916   |
| Mutual funds      |     | 824,713   |    | 512,198   |
| Equities          | _   | 2,140,689 |    | 1,979,842 |
| TOTAL INVESTMENTS | \$_ | 3,562,612 | \$ | 3,087,956 |

#### 3. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at June 30, 2018 and 2017:

|                                | 2018 |                            |    | 2017                       |  |  |
|--------------------------------|------|----------------------------|----|----------------------------|--|--|
| Equipment<br>Furniture         | \$   | 59,582<br>34,161           | \$ | 65,678<br>34,161           |  |  |
| Less: Accumulated depreciation |      | 93,743<br><u>(86,110</u> ) |    | 99,839<br><u>(93,522</u> ) |  |  |
| NET PROPERTY AND EQUIPMENT     | \$   | 7,633                      | \$ | 6,317                      |  |  |

#### 4. TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consisted of the following at June 30, 2018 and 2017:

|   | <br>2018                      | <br>2017                   |
|---|-------------------------------|----------------------------|
| Global Competency Toolkit<br>Strategies for Attracting Students to High-Quality CTE<br>Increase Effectiveness of Post-Secondary CTE | \$<br>-<br>209,230<br>142,764 | \$<br>6,106<br>73,146<br>- |
| TOTAL TEMPORARILY RESTRICTED NET ASSETS   | \$<br>351,994                 | \$<br>79,252               |

The following temporarily restricted net assets were released from donor restrictions by incurring expenses (or through the passage of time) which satisfied the restricted purposes specified by the donors:

|   | <br>2018                               | <br>2017                    |
|---|--|-----------------------------|
| Global Competency Toolkit<br>Strategies for Attracting Students to High-Quality CTE<br>Increase Effectiveness of Post-Secondary CTE<br>Employee Roundtables | \$<br>12,714<br>168,916<br>57,236<br>- | \$<br>231,854<br>-<br>2,699 |
| NET ASSETS RELEASED FROM DONOR<br>RESTRICTIONS  | \$<br>238,866                          | \$<br>234,553               |

#### NOTES TO COMBINED FINANCIAL STATEMENTS JUNE 30, 2018 AND 2017

#### 5. LEASE COMMITMENTS

The Organizations lease office space under a ten-year agreement, which began August 1, 2008. Base rent is \$8,913 per month, plus a proportionate share of expenses, increasing by a factor of 3% per year.

In August 2018, the Organizations signed a new lease for 4,630 square feet of office space within the same building beginning September 1, 2018 through June 30, 2029. The lease provided for a ten-month lease abatement and a lease incentive up to \$32,410 for reimbursement of moving costs. Base rent is \$12,154 per month, plus a proportionate share of expenses.

The following is a schedule of the future minimum lease payments:

Year Ending June 30,

| 2019       | \$ 11,626           |  |
|------------|---------------------|--|
| 2020       | 149,187             |  |
| 2021       | 153,304             |  |
| 2022       | 157,505             |  |
| 2023       | 161,834             |  |
| Thereafter | 1,069,036           |  |
|            | ¢ 1 702 402         |  |
|            | \$ <u>1,702,492</u> |  |

Rent expense for the years ended June 30, 2018 and 2017 was \$143,727 and \$139,268, respectively

#### 6. RETIREMENT PLAN

The Organizations provide retirement benefits to their employees through a defined contribution plan covering all full-time employees with one year of eligible experience. The Organizations contribute 9% of participants' gross annual salaries to the 401(k) plan. Contributions to the Plan during the years ended June 30, 2018 and 2017 totaled \$52,893 and \$46,467, respectively.

#### 7. COMMITMENTS

The Organizations are committed under agreements for conference space through the year 2019. The total commitments under the agreements are not determinable as they depend upon attendance and other unknown factors. There are cancellation penalties that would be due if the agreements were cancelled prior to the event date. The amount of the cancellation penalties increases through the date of the event.

#### 8. FAIR VALUE MEASUREMENT

In accordance with FASB ASC 820, *Fair Value Measurement*, the Organizations have categorized their financial instruments, based on the priority of the inputs to the valuation technique, into a three-level fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the financial instruments fall within different levels of hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement of the instrument.

#### NOTES TO COMBINED FINANCIAL STATEMENTS JUNE 30, 2018 AND 2017

#### 8. FAIR VALUE MEASUREMENT (Continued)

Investments recorded in the Combined Statements of Financial Position are categorized based on the inputs to valuation techniques as follows:

**Level 1.** These are investments where values are based on unadjusted quoted prices for identical assets in an active market the Organizations have the ability to access.

**Level 2.** These are investments where values are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, or model-based valuation techniques that utilize inputs that are observable either directly or indirectly for substantially the full-term of the investments.

**Level 3.** These are investments where inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Following is a description of the valuation methodology used for investments measured at fair value. There have been no changes in the methodologies used at June 30, 2018 and 2017.

- *Mutual funds* The fair value is equal to the reported net asset value of the funds, which is the price at which additional shares can be obtained.
- *Equities* Valued at the closing price reported on the active market in which the individual securities are traded.
- *Government bonds* Fair value is based upon current yields available on comparable securities of issuers with similar ratings, the security's terms and conditions, and interest rate and credit risk.

The table below summarizes, by level within the fair value hierarchy, the Organizations' investments as of June 30, 2018:

|  | <br>Level 1                                  | Level 2      | L  | evel 3      |     | Total                           |
|--|--|--------------|----|-------------|-----|---------------------------------|
| Asset Class:<br>Mutual funds<br>Equities<br>Government bonds | \$<br>824,713<br>2,140,689<br><u>597,210</u> | \$<br>-<br>- | \$ | -<br>-<br>- | \$  | 824,713<br>2,140,689<br>597,210 |
| TOTAL  | \$<br>3,562,612                              | \$           | \$ | -           | \$_ | 3,562,612                       |

The table below summarizes, by level within the fair value hierarchy, the Organizations' investments as of June 30, 2017:

|  | <br>Level 1                                  | L  | evel 2      | L  | evel 3 | <br>Total                             |
|--|--|----|-------------|----|--------|---------------------------------------|
| Asset Class:<br>Mutual funds<br>Equities<br>Government bonds | \$<br>512,198<br>1,979,842<br><u>595,916</u> | \$ | -<br>-<br>- | \$ | -<br>- | \$<br>512,198<br>1,979,842<br>595,916 |
| TOTAL  | \$<br>3,087,956                              | \$ | -           | \$ | -      | \$<br>3,087,956                       |

#### NOTES TO COMBINED FINANCIAL STATEMENTS JUNE 30, 2018 AND 2017

#### 9. NEW ACCOUNTING PRONOUNCEMENTS (NOT YET ADOPTED)

In June 2018, FASB issued ASU 2018-08, Not-for-Profit Entities (Topic 958): *Clarifying the Scope and Accounting Guidance for Contributions Received and Contributions Made,* which is intended to clarify and improve current guidance about whether a transfer of assets is an exchange transaction or a contribution. The amendments in this ASU provide a more robust framework to determine when a transaction should be accounted for as a contribution under Subtopic 958-605 or as an exchange transaction accounted for under other guidance (for example, Topic 606). The amendments also provide additional guidance about how to determine whether a contribution is conditional or unconditional. The amendments in this ASU could result in more grants and contracts being accounted for as contributions than under previous GAAP. The ASU recommends application on a modified prospective basis; however, retrospective application is permitted. The Organizations has not yet decided on a transition method. The ASU is effective for years beginning after December 31, 2018.

In August 2016, the FASB issued ASU 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958), intended to improve financial reporting for not-for-profit entities. The ASU will reduce the current three classes of net assets into two: with and without donor restrictions. The change in each of the classes of net assets must be reported on the Combined Statements of Activities and Changes in Net Assets. The ASU also requires various enhanced disclosures around topics such as board designations, liquidity, functional classification of expenses, investment expenses, donor restrictions, and underwater endowments. The ASU is effective for years beginning after December 15, 2017. Early adoption is permitted. The ASU should be applied on a retrospective basis in the year the ASU is first applied. While the ASU will change the presentation of the Organizations combined financial statements, it is not expected to alter the Organizations reported financial position.

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers* (Topic 606) (ASU 2014-09). The ASU establishes a comprehensive revenue recognition standard for virtually all industries under generally accepted accounting principles in the United States (U.S. GAAP) including those that previously followed industry-specific guidance. The guidance states that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The FASB issued ASU 2015-14 in August 2015 that deferred the effective date of ASU 2014-09 by a year; thus, the effective date is years beginning after December 15, 2018. Early adoption is permitted. The Organizations has not yet selected a transition method and is currently evaluating the effect that the updated standard will have on its combined financial statements.

In 2016, the FASB issued ASU 2016-02, *Leases* (Topic 842). The ASU changes the accounting treatment for operating leases by recognizing a lease asset and lease liability at the present value of the lease payments in the Combined Statements of Financial Position and disclosing key information about leasing arrangements. The ASU is effective for private entities for years beginning after December 15, 2019. Early adoption is permitted. The ASU should be applied at the beginning of the earliest period presented using a modified retrospective approach.

The Organizations plan to adopt the new ASUs at the respective required implementation dates.

#### 10. SUBSEQUENT EVENTS

In preparing these combined financial statements, the Organizations have evaluated events and transactions for potential recognition or disclosure through January 4, 2019, the date the combined financial statements were issued.

SUPPLEMENTAL INFORMATION

#### COMBINING STATEMENT OF FINANCIAL POSITION AS OF JUNE 30, 2018

#### ASSETS

|                             | NASDCTEc/     | NCTEF/ The<br>Center to |              |              |
|-----------------------------|---------------|-------------------------|--------------|--------------|
|                             | Advance       | Advance                 |              | Tatal        |
| CURRENT ASSETS              | CTE           | CTE                     | Eliminations | Total        |
| CORRENT ASSETS              |               |                         |              |              |
| Cash and cash equivalents   | \$ 374,875    | \$ 325,688              | \$-          | \$ 700,563   |
| Intra-entity asset          | 85,398        | -                       | (85,398)     | -            |
| Accounts receivable         | 124,733       | 8,218                   | -            | 132,951      |
| Inventory                   | -             | 6,473                   | -            | 6,473        |
| Prepaid expenses            | 17,033        | 7,229                   |              | 24,262       |
|                             |               |                         |              |              |
| Total current assets        | 602,039       | 347,608                 | (85,398)     | 864,249      |
| INVESTMENTS                 | 2,737,899     | 824,713                 | -            | 3,562,612    |
| PROPERTY AND EQUIPMENT, NET | 2,482         | 5,151                   | -            | 7,633        |
| OTHER ASSETS                |               |                         |              |              |
| Deposits                    | 9,000         |                         |              | 9,000        |
| TOTAL ASSETS                | \$ 3,351,420  | \$ 1,177,472            | \$ (85,398)  | \$ 4,443,494 |
| LIABI                       | LITIES AND NI | ET ASSETS               |              |              |

#### **CURRENT LIABILITIES**

| Accounts payable<br>Accrued payroll<br>Intra-entity liability<br>Deferred revenue | \$ 17,870<br>95,548<br>-<br>256,522 | \$ 21,465<br>-<br>85,398<br>- | \$ -<br>-<br>(85,398)<br>- | \$ 39,335<br>95,548<br>-<br>256,522 |
|---|-------------------------------------|-------------------------------|----------------------------|-------------------------------------|
| Total current liabilities   | 369,940                             | 106,863                       | (85,398)                   | 391,405                             |
| NET ASSETS  |                                     |                               |                            |                                     |
| Unrestricted<br>Temporarily restricted  | 2,981,480<br>_                      | 718,615<br>351,994            |                            | 3,700,095<br>351,994                |
| Total net assets  | 2,981,480                           | 1,070,609                     |                            | 4,052,089                           |
| TOTAL LIABILITIES<br>AND NET ASSETS   | \$ 3,351,420                        | \$ 1,177,472                  | \$ (85,398)                | \$ 4,443,494                        |

#### COMBINING STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2018

|  |    | ASDCTEc/<br>Ivance CTE | C  | CTEF/ The<br>Center to<br>Advance<br>CTE | Elim | inations |    | Total              |
|--|----|------------------------|----|--|------|----------|----|--------------------|
| UNRESTRICTED SUPPORT AND REVENUES                      |    |                        |    |  |      |          |    |                    |
| Publication sales                                      | \$ | -                      | \$ | 5,855                                    | \$   | -        | \$ | 5,855              |
| Membership dues  |    | 588,675                |    | -  |      | -        |    | 588,675            |
| Conference registration                                |    | 182,541                |    | -  |      | -        |    | 182,541            |
| Interest and dividends                                 |    | 55,361                 |    | 16,199                                   |      | -        |    | 71,560             |
| Conference sponsorships                                |    | 99,750                 |    | -  |      | -        |    | 99,750             |
| Grants and contracts                                   |    | 98,458                 |    | 725,936                                  |      | -        |    | 824,394            |
| Contributed services                                   |    | 600                    |    | -  |      | -        |    | 600                |
| Miscellaneous income                                   |    | 4,151                  |    | 5,089                                    |      | -        |    | 9,240              |
| Realized and unrealized gain on investments            |    | 147,504                |    | 7,684                                    |      | -        |    | 155,188            |
| Net assets released from restrictions                  |    | 12,714                 |    | 226,152                                  |      | -        |    | 238,866            |
| Total unrestricted support                             |    |                        |    |  |      |          |    |                    |
| and revenues   |    | 1,189,754              |    | 986,915                                  |      | -        |    | 2,176,669          |
| EXPENSES   |    |                        |    |  |      |          |    |                    |
|  |    |                        |    |  |      |          |    |                    |
| Program Services:                                      |    |                        |    |  |      |          |    |                    |
| Career Clusters  |    | -                      |    | 41,772                                   |      | -        |    | 41,772             |
| CTE: Learning that Works for America Campaign          |    | -                      |    | 10,317                                   |      | -        |    | 10,317             |
| Conferences<br>Member Services                         |    | 220,968<br>362,131     |    | -  |      | -        |    | 220,968<br>362,131 |
| State TA Contracts                                     |    | 10,916                 |    | -  |      | -        |    | 10,916             |
| Landscape Review of CTE                                |    | 25,839                 |    | _  |      | _        |    | 25,839             |
| Government Relations                                   |    | 115,454                |    | _  |      | _        |    | 115,454            |
| Board  |    | 61,896                 |    | 25,193                                   |      | _        |    | 87,089             |
| Virtual Institute                                      |    | 01,000                 |    | 11,545                                   |      |          |    | 11,545             |
| Excellence in Action Awards                            |    | -                      |    | 31,350                                   |      | -        |    | 31,350             |
| Funded Projects  |    | -                      |    | 618,847                                  |      | -        |    | 618,847            |
| Lobbying   |    | 25,452                 |    | -  |      | -        |    | 25,452             |
| Total program services                                 |    | 822,656                |    | 739,024                                  |      | -        |    | 1,561,680          |
| Supporting Services:                                   |    |                        |    |  |      |          |    |                    |
| Management and General                                 |    | 61,510                 |    | 2,265                                    |      | -        |    | 63,775             |
| Development  |    | -                      |    | 19,961                                   |      | -        |    | 19,961             |
| Total supporting services                              |    | 61,510                 |    | 22,226                                   |      | -        |    | 83,736             |
| Total expenses   |    | 884,166                |    | 761,250                                  |      | -        |    | 1,645,416          |
| Change in unrestricted net assets                      |    | 305,588                |    | 225,665                                  |      | -        |    | 531,253            |
| Unrestricted net assets at beginning of year           |    | 2,675,892              |    | 492,950                                  |      | -        |    | 3,168,842          |
| UNRESTRICTED NET ASSETS AT END OF YEAR                 | \$ | 2,981,480              | \$ | 718,615                                  | \$   | -        | \$ | 3,700,095          |
| TEMPORARILY RESTRICTED SUPPORT<br>AND REVENUES         |    |                        |    |  |      |          |    |                    |
| Grants and contracts                                   | \$ | 6,608                  | \$ | 505,000                                  | \$   | -        | \$ | 511,608            |
| Net assets released from restrictions                  |    | (12,714)               |    | (226,152)                                |      | -        | -  | (238,866)          |
| Change in temporarily restricted net assets            |    | (6,106)                |    | 278,848                                  |      | -        |    | 272,742            |
| Temporarily restricted net assets at beginning of year |    | 6,106                  |    | 73,146                                   |      | -        |    | 79,252             |
| TEMPORARILY RESTRICTED NET ASSETS                      | ۴  |                        | ¢  | 254 004                                  | ¢    |          | *  | 254 004            |
| AT END OF YEAR   | \$ | -                      | \$ | 351,994                                  | \$   | -        | \$ | 351,994            |

#### STATEMENT OF FUNCTIONAL EXPENSES - NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM, INC. FOR THE YEAR ENDED JUNE 30, 2018

|                                |                      |         |                    |        |                      |         |                    |         |                | Prog          | jram | Services                    |
|--------------------------------|----------------------|---------|--------------------|--------|----------------------|---------|--------------------|---------|----------------|---------------|------|-----------------------------|
|                                | Conferences          |         |                    |        |                      |         |                    |         | Men            | nber Services |      |                             |
|                                | Spring<br>Conference |         | Fall<br>Conference |        | Total<br>Conferences |         | Member<br>Services |         | Communications |               |      | Total<br>Aember<br>services |
| Salaries and benefits          | \$                   | 39,702  | \$                 | 41,178 | \$                   | 80,880  | \$                 | 241,568 | \$             | 23,493        | \$   | 265,061                     |
| Consultants and subcontracts   |                      | 9,904   |                    | 3,840  |                      | 13,744  |                    | 27,828  |                | -             |      | 27,828                      |
| Postage and shipping           |                      | 606     |                    | 313    |                      | 919     |                    | 481     |                | -             |      | 481                         |
| Telephone                      |                      | 48      |                    | 51     |                      | 99      |                    | 4,201   |                | 2,765         |      | 6,966                       |
| Equipment and supplies         |                      | 1,423   |                    | 431    |                      | 1,854   |                    | 1,462   |                | -             |      | 1,462                       |
| Travel, meetings and meals     |                      | 60,173  |                    | 31,653 |                      | 91,826  |                    | 7,358   |                | -             |      | 7,358                       |
| Speakers                       |                      | 1,095   |                    | 225    |                      | 1,320   |                    | -       |                | -             |      | -                           |
| Printing and copying           |                      | 1,561   |                    | 1,043  |                      | 2,604   |                    | 924     |                | 231           |      | 1,155                       |
| Education                      |                      | -       |                    | -      |                      | -       |                    | 375     |                | 255           |      | 630                         |
| Awards/gifts                   |                      | -       |                    | -      |                      | -       |                    | 560     |                | -             |      | 560                         |
| Publications and subscriptions |                      | 125     |                    | -      |                      | 125     |                    | 1,823   |                | 854           |      | 2,677                       |
| Audio visual                   |                      | 7,222   |                    | 3,800  |                      | 11,022  |                    | -       |                | -             |      | -                           |
| Bank and credit card fees      |                      | 1,644   |                    | 1,188  |                      | 2,832   |                    | 1,670   |                | -             |      | 1,670                       |
| Rent                           |                      | 7,015   |                    | 6,728  |                      | 13,743  |                    | 40,622  |                | 4,031         |      | 44,653                      |
| Licenses and fees              |                      | -       |                    | -      |                      | -       |                    | 25      |                | -             |      | 25                          |
| Legal fees                     |                      | -       |                    | -      |                      | -       |                    | 330     |                | -             |      | 330                         |
| Accounting and audit fees      |                      | -       |                    | -      |                      | -       |                    | -       |                | -             |      | -                           |
| Insurance                      |                      | -       |                    | -      |                      | -       |                    | 1,275   |                | -             |      | 1,275                       |
| Depreciation                   |                      | -       |                    | -      |                      | -       |                    | -       |                | -             |      | -                           |
| Miscellaneous                  |                      | -       |                    | -      |                      | -       |                    | -       |                | -             |      | -                           |
| TOTAL                          | \$                   | 130,518 | \$                 | 90,450 | \$                   | 220,968 | \$                 | 330,502 | \$             | 31,629        | \$   | 362,131                     |

| Services |
|----------|
|----------|

| tate TA<br>ontracts | •  |        | vernment<br>elations |         |    |        |    | al Program<br>Services | Ма            | nagement and<br>General | Total<br>Expenses |    |         |
|---------------------|----|--------|----------------------|---------|----|--------|----|------------------------|---------------|-------------------------|-------------------|----|---------|
| \$<br>5,647         | \$ | 19,758 | \$                   | 85,922  | \$ | 26,497 | \$ | 21,005                 | \$<br>504,770 | \$                      | 6,155             | \$ | 510,925 |
| 95                  |    | 220    |                      | 7,515   |    | 6,950  |    | -                      | 56,352        |                         | -                 |    | 56,352  |
| 13                  |    | -      |                      | 253     |    | 45     |    | -                      | 1,711         |                         | -                 |    | 1,711   |
| 6                   |    | 9      |                      | 785     |    | 51     |    | -                      | 7,916         |                         | 84                |    | 8,000   |
| -                   |    | -      |                      | 51      |    | 58     |    | -                      | 3,425         |                         | 350               |    | 3,775   |
| 4,194               |    | 2,407  |                      | 2,227   |    | 13,454 |    | 62                     | 121,528       |                         | -                 |    | 121,528 |
| -                   |    | -      |                      | -       |    | -      |    | -                      | 1,320         |                         | -                 |    | 1,320   |
| 4                   |    | -      |                      | 265     |    | 68     |    | 205                    | 4,301         |                         | -                 |    | 4,301   |
| -                   |    | -      |                      | 1,097   |    | -      |    | -                      | 1,727         |                         | -                 |    | 1,727   |
| -                   |    | -      |                      | -       |    | 440    |    | -                      | 1,000         |                         | -                 |    | 1,000   |
| -                   |    | -      |                      | 2,800   |    | 666    |    | 600                    | 6,868         |                         | -                 |    | 6,868   |
| -                   |    | -      |                      | -       |    | -      |    | -                      | 11,022        |                         | -                 |    | 11,022  |
| -                   |    | -      |                      | -       |    | -      |    | -                      | 4,502         |                         | 29,206            |    | 33,708  |
| 957                 |    | 3,445  |                      | 14,485  |    | 4,510  |    | 3,580                  | 85,373        |                         | 863               |    | 86,236  |
| -                   |    | -      |                      | -       |    | -      |    | -                      | 25            |                         | 1,680             |    | 1,705   |
| -                   |    | -      |                      | -       |    | 720    |    | -                      | 1,050         |                         | -                 |    | 1,050   |
| -                   |    | -      |                      | -       |    | 6,428  |    | -                      | 6,428         |                         | 21,120            |    | 27,548  |
| -                   |    | -      |                      | -       |    | 2,009  |    | -                      | 3,284         |                         | -                 |    | 3,284   |
| -                   |    | -      |                      | -       |    | -      |    | -                      | -             |                         | 1,803             |    | 1,803   |
| <br>-               |    | -      |                      | 54      |    | -      |    | -                      | 54            |                         | 249               |    | 303     |
| \$<br>10,916        | \$ | 25,839 | \$                   | 115,454 | \$ | 61,896 | \$ | 25,452                 | \$<br>822,656 | \$                      | 61,510            | \$ | 884,166 |

#### STATEMENT OF FUNCTIONAL EXPENSES - NATIONAL CAREER TECHNICAL EDUCATION FOUNDATION FOR THE YEAR ENDED JUNE 30, 2018

|                                | Program Servic |           |    |                    |      |                             |                             |   |        |           |                      |    |                             |
|--------------------------------|----------------|-----------|----|--------------------|------|-----------------------------|-----------------------------|---|--------|-----------|----------------------|----|-----------------------------|
|                                |                |           |    | Career C           | uste | rs                          |                             |   |        |           |                      |    |                             |
|                                |                | Taskforce |    | roduct<br>elopment | ١    | ACTE/<br>/ision<br>nference | Total<br>Career<br>Clusters | CTE:<br>Learning that<br>Works for<br>America<br>Campaign |        | Board     | Virtual<br>Institute | in | cellence<br>Action<br>wards |
| Salaries and benefits          | \$             | 6,101     | \$ | 3,212              | \$   | 9,501                       | \$ 18,814                   | \$  | 5,290  | \$ 14,245 | \$ 11,545            | \$ | 16,847                      |
| Consultants and subcontracts   |                | 8,675     |    | -                  |      | -                           | 8,675                       |   | 5,000  | 3,840     | -                    |    | 1,413                       |
| Postage and shipping           |                | -         |    | 639                |      | 20                          | 659                         |   | -      | 21        | -                    |    | 14                          |
| Telephone                      |                | 4         |    | -                  |      | -                           | 4                           |   | -      | 16        | -                    |    | 2                           |
| Equipment and supplies         |                | -         |    | 8                  |      | -                           | 8                           |   | -      | 58        | -                    |    | 423                         |
| Travel, meetings and meals     |                | 9,505     |    | -                  |      | 4,076                       | 13,581                      |   | -      | 5,495     | -                    |    | 11,755                      |
| Printing and copying           |                | 8         |    | 1                  |      | -                           | 9                           |   | -      | 54        | -                    |    | 230                         |
| Publications and subscriptions |                | -         |    | -                  |      | -                           | -                           |   | 27     | -         | -                    |    | 666                         |
| Bank and credit card fees      |                | -         |    | 22                 |      | -                           | 22                          |   | -      | -         | -                    |    | -                           |
| Rent                           |                | -         |    | -                  |      | -                           | -                           |   | -      | -         | -                    |    | -                           |
| Legal fees                     |                | -         |    | -                  |      | -                           | -                           |   | -      | -         | -                    |    | -                           |
| Accounting and audit fees      |                | -         |    | -                  |      | -                           | -                           |   | -      | -         | -                    |    | -                           |
| Insurance                      |                | -         |    | -                  |      | -                           | -                           |   | -      | 1,464     | -                    |    | -                           |
| Depreciation                   |                | -         |    | -                  |      | -                           | -                           |   | -      | -         | -                    |    | -                           |
| Licenses and fees              |                | -         |    | -                  |      | -                           | -                           |   | -      | -         | -                    |    | -                           |
| Overhead                       |                | -         |    | -                  |      | -                           | -                           |   | -      | -         | -                    |    | -                           |
| TOTAL                          | \$             | 24,293    | \$ | 3,882              | \$   | 13,597                      | \$ 41,772                   | \$  | 10,317 | \$ 25,193 | \$ 11,545            | \$ | 31,350                      |

|  |        |                         |  |         |   |                             |                              | Supporting Services       |         |             |        |                   |
|--|--------|-------------------------|--|---------|---|-----------------------------|------------------------------|---------------------------|---------|-------------|--------|-------------------|
| Increase<br>Effectiveness<br>of Post-<br>Secondary<br>Career |        | New Skills<br>for Youth | Strategies for<br>Attracting<br>Students to<br>High-Quality<br>CTE | CI<br>I | ose Out of<br>Federally<br>Funded<br>Projects | Total<br>Funded<br>Projects | Total<br>Program<br>Services | Management<br>and General |         | Development |        | Total<br>Expenses |
| \$   | 12,354 | \$ 235,775              | \$ 58,465  | \$      | 2,294   | \$ 308,888                  | \$ 375,629                   | \$                        | 1,541   | \$          | 15,796 | \$ 392,966        |
| •  | 42,916 | 31,099                  | 98,268   | •       | -   | 172,283                     | 191,211                      |                           | -       | •           | 2,525  | 193,736           |
|  | 5      | 455                     | 54   |         | -   | 514                         | 1,208                        |                           | -       |             | -      | 1,208             |
|  | 30     | 5,929                   | 20   |         | 4   | 5,983                       | 6,005                        |                           | -       |             | 7      | 6,012             |
|  | -      | 3,047                   | 94   |         | -   | 3,141                       | 3,630                        |                           | 172     |             | -      | 3,802             |
|  | 1,916  | 9,399                   | 5,569  |         | -   | 16,884                      | 47,715                       |                           | -       |             | 741    | 48,456            |
|  | 15     | 17,686                  | 2,200  |         | 141   | 20,042                      | 20,335                       |                           | -       |             | 892    | 21,227            |
|  | -      | 3,627                   | 515  |         | -   | 4,142                       | 4,835                        |                           | -       |             | -      | 4,835             |
|  | -      | 7,671                   | -  |         | -   | 7,671                       | 7,693                        |                           | -       |             | -      | 7,693             |
|  | -      | 57,491                  | -  |         | -   | 57,491                      | 57,491                       |                           | -       |             | -      | 57,491            |
|  | -      | 384                     | 204  |         | -   | 588                         | 588                          |                           | -       |             | -      | 588               |
|  | -      | 17,588                  | -  |         | -   | 17,588                      | 17,588                       |                           | -       |             | -      | 17,588            |
|  | -      | 1,079                   | -  |         | -   | 1,079                       | 2,543                        |                           | -       |             | -      | 2,543             |
|  | -      | -                       | -  |         | -   | -                           | -                            |                           | 1,825   |             | -      | 1,825             |
|  | -      | 1,040                   | -  |         | -   | 1,040                       | 1,040                        |                           | 240     |             | -      | 1,280             |
|  | -      | -                       | 1,513  |         | -   | 1,513                       | 1,513                        |                           | (1,513) |             | -      | -                 |
| \$   | 57,236 | \$ 392,270              | \$ 166,902   | \$      | 2,439   | \$ 618,847                  | \$ 739,024                   | \$                        | 2,265   | \$          | 19,961 | \$ 761,250        |

# GELMAN, ROSENBERG & FREEDMAN

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

In planning and performing our audit of the financial statements of the National Association of State Directors of Career Technical Education Consortium and Affiliate (the Organizations) as of and for the year ended June 30, 2018, in accordance with auditing standards generally accepted in the United States of America, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

Our consideration of the Organization's internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in the Organization's internal control that might be significant deficiencies or material weaknesses and therefore, there can be no assurance that all such deficiencies have been identified. However, as discussed below, we identified certain matters involving the internal control and other operational matters that are presented for your consideration. This letter does not affect our report dated January 4, 2019 on the financial statements of the Organizations. We will review the status of these comments during our next audit engagement. Our comments and recommendations, all of which have been discussed with appropriate members of management, are intended to improve the internal control or result in other operating efficiencies. We will be pleased to discuss these comments in further detail at your convenience, perform any additional study of these matters, or assist you in implementing the recommendations. Our comments are summarized as follows:

# **OTHER RECOMMENDATIONS**

# **Revenue Recognition (Future Consideration)**

In May 2014, the FASB issued ASU 2014-09, Revenue from Contracts with Customers (Topic 606) (ASU 2014-09). The ASU establishes a comprehensive revenue recognition standard for virtually all industries under generally accepted accounting principles in the United States (U.S. GAAP) including those that previously followed industry-specific guidance. The guidance states that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The implementation of the standard will be required for the Organizations' fiscal year ended June 30, 2020.

4550 Montgomery Avenue • Suite 650 North • Bethesda, Maryland 20814 (301) 951-9090 • Fax: (301) 951-3570 • www.grfcpa.com We feel the new standard and five step revenue recognition framework may potentially significantly impact organizations that have contracts, membership dues, sponsorships and events. Accordingly, we recommend the Organizations' start to evaluate the impact of adoption in future years. Additionally, policies and procedures for compliance with the new standards should be developed and put in place.

This communication is intended solely for the use of the Board of Directors and management of National Association of State Directors of Career Technical Education Consortium and Affiliate, and is not intended to be, and should not be, used by anyone other than these specified parties.

Gelman Rosenberg & Freedman

January 4, 2019

# GELMAN, ROSENBERG & FREEDMAN

January 4, 2019

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

We have audited the combined financial statements of the National Association of State Directors of Career Technical Education Consortium and Affiliate (the Organizations), for the year ended June 30, 2018, and have issued our report thereon dated January 4, 2019. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated May 2, 2018.

Professional standards also require that we communicate to you the following information related to our audit.

## • Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Council are described in Note 1 to the financial statements. During the year ended June 30, 2018, the Organizations adopted one new Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2015-11, *Simplifying the Measurement of Inventory*, and as such, inventory is measured at the lower of cost and net realizable value using the first-in, first-out method of inventory. The ASU is applied prospectively.

No other new accounting policies were adopted and the application of existing policies was not changed during the year ended June 30, 2018. We noted no transactions entered into by the Organization during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

4550 MONTGOMERY AVENUE • SUITE 650 NORTH • BETHESDA, MARYLAND 20814 (301) 951-9090 • FAX: (301) 951-3570 • WWW.GRFCPA.COM Accounting estimates are an integral part of the combined financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the combined financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

The most sensitive estimate affecting the combined financial statements was management's estimate of the allocation of expenses to programs, which is based on an allocation of the actual time spent on each program. We evaluated the key factors and assumptions used to develop the allocation in determining that it is reasonable in relation to the combined financial statements taken as a whole.

The combined financial statement disclosures are neutral, consistent and clear.

## • Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

## • Discussions Prior to Retention

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Organization's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

## • Planned Scope and Timing of the Audit

We performed our audit according to the planned scope and timing previously communicated to you in our engagement letter and our other letter on planning of the engagement dated May 2, 2018.

## • Management Representations

We have requested certain representations from management that are included in the management representation letter dated January 4, 2019.

## Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. Our audit work did not identify any known or likely significant misstatements in the combined financial statements.

## • Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the combined financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

## • Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Organizations' combined financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

## • Independence and Non-Audit Services Provided by Audit Firm

In accordance with professional standards, during the fiscal year and currently, all members of our firm were independent with respect to the Organizations.

## • Supplementary Information

With respect to the supplementary information accompanying the combined financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with U.S. generally accepted accounting principles, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the combined financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the combined financial statements themselves.

## • New Accounting Standards Update

We noted three new accounting principles that will be adopted at the required implementation dates.

- 1. ASU 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958), effective for fiscal years beginning after December 15, 2017. While the ASU will change the presentation of the financial statements in the year of implementation, it will not alter the reported financial position.
- 2. ASU 2014-09, *Revenue from Contracts with Customers* (Topic 606), effective for fiscal years beginning after December 15, 2018. The ASU dictates revenue recognition to be based on the transfer of promised goods or service to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods and services.
- 3. ASU 2016-02, *Leases* (Topic 842), effective for fiscal years beginning after December 15, 2019. The ASU changes the accounting treatment for operating leases by recognizing a lease asset and lease liability at the present value of the lease payments, and requires disclosure of key information about leasing arrangements.

## • Tax Reform:

P.L. 115-97 (the Tax Act) was passed on December 22, 2017 and many of its provisions became effective after December 31, 2017, thus January 1, 2018. There were two provisions included in the legislation which may apply to many tax-exempt organizations, and may lead to an increase in unrelated business taxable income (UBTI).

- 1. A tax-exempt organization will now have UBTI to the extent it provides "qualified transportation fringe benefits" (e.g. pre-tax parking and transit passes) to its employees and does not include such amounts in the employees' income. Although not clear at this point, the IRS has indicated that UBTI will be increased whether the employer pays for the benefit directly <u>or</u> the employee elects to defer a portion of his/her salary to pay for the benefit on a pre-tax basis. If the employer pays and includes the amount in the employees' compensation, then no increase in UBTI should result. Caveat: some jurisdictions like the District of Columbia may require such benefits be provided on a pre-tax basis.
- 2. For organizations that have more than one unrelated trade or business, the Tax Act requires organizations to calculate UBTI separately with respect to each "trade or business". Losses from one trade or business cannot be used to offset income from another trade or business. The impact of this provision may vary greatly depending on how broadly or narrowly the IRS defines a separate trade or business when guidance is ultimately issued.

The Tax Act also changed the corporate tax rate to a flat 21%. For fiscal year filers with year ends after the effective date of December 31, 2017, tax will be calculated using both the pre-enactment graduated rates and the post enactment 21% rate. The tax calculated under each will be apportioned based on the number of days in the taxing period before the new rate and after the new rate.

This information is intended solely for the use of the Board of Directors and management of National Association of State Directors of Career Technical Education Consortium and Affiliate, and is not intended to be, and should not be, used by anyone other than these specified parties.

Gelman Kosenberg & Freedman

January 4, 2019

|   |                                 |                               | EXTENDED TO MAY 15, 2019   | )                                     |                  | _                          |  |  |  |  |  |  |
|---|---------------------------------|-------------------------------|--|---------------------------------------|------------------|----------------------------|--|--|--|--|--|--|
|   | 0                               | 90                            | Return of Organization Exempt Fror   |                                       |                  | OMB No. 1545-0047          |  |  |  |  |  |  |
| Forn  | n J                             | JU                            | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code                                  |                                       |                  | 201/                       |  |  |  |  |  |  |
|   |                                 | of the Treasury               | Do not enter social security numbers on this form as it n  |                                       |                  | Open to Public             |  |  |  |  |  |  |
|   |                                 | enue Service                  | ► Go to www.irs.gov/Form990 for instructions and the la  |                                       |                  | Inspection                 |  |  |  |  |  |  |
| A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018                         |                                 |                               |  |                                       |                  |                            |  |  |  |  |  |  |
| B Check if applicable: C Name of organization D Employer identification NATIONAL ASSOCIATION OF STATE DIRECTORS |                                 |                               |  |                                       |                  |                            |  |  |  |  |  |  |
| X   |                                 |                               |  |                                       |                  |                            |  |  |  |  |  |  |
|   | Addre<br>chang<br>Name<br>chang | 52-164                        | 46898  |                                       |                  |                            |  |  |  |  |  |  |
|   | one number                      |                               |  |                                       |                  |                            |  |  |  |  |  |  |
|   | 38-9630                         |                               |  |                                       |                  |                            |  |  |  |  |  |  |
|   | termii<br>ated                  | City or t                     | own, state or province, country, and ZIP or foreign postal code  | G Gross rece                          | eipts \$         | 1,103,390.                 |  |  |  |  |  |  |
|   | Amen                            |                               | ER SPRING, MD 20910  | H(a) Is this                          | s a group retu   |                            |  |  |  |  |  |  |
|   | Appli<br>tion<br>pend           |                               | nd address of principal officer: KIMBERLY A. GREEN   |                                       | bordinates?      |                            |  |  |  |  |  |  |
|   |                                 | SAME                          | AS C ABOVE   |                                       |                  | ded? Yes No                |  |  |  |  |  |  |
|   |                                 | empt status:                  | 501(c)(3) X 501(c) ( 4 ) (insert no.) 4947(a)(1) or  |                                       |                  | t. (see instructions)      |  |  |  |  |  |  |
|   |                                 |                               |  |                                       | c exemption n    |                            |  |  |  |  |  |  |
|   | orm o<br>Irt I                  | of organization: [<br>Summary | X Corporation Trust Association Other ► L  | Year of formation:                    | TATA             | tate of legal domicile: MD |  |  |  |  |  |  |
| Гd  |                                 |                               | e the organization's mission or most significant activities: TO SUPPO                                  |                                       |                  | ቦልጥፑ                       |  |  |  |  |  |  |
| ce  | 1                               | Briefly describ               | HIP, CULTIVATE BEST PRACTICES & SPEAK  | KI VISIC                              | COLLECT          | TVE VOTCE                  |  |  |  |  |  |  |
| nan   | 2                               |                               | $x \models \square$ if the organization discontinued its operations or disposed of                     |                                       |                  |                            |  |  |  |  |  |  |
| Governance  |                                 |                               | ing members of the governing body (Part VI, line 1a)   |                                       |                  | 14                         |  |  |  |  |  |  |
| 6<br>G  |                                 |                               | ependent voting members of the governing body (Part VI, line 1b)                                       |                                       |                  | 14                         |  |  |  |  |  |  |
| s &   |                                 |                               |  | alendar year 2017 (Part V, line 2a) 5 |                  |                            |  |  |  |  |  |  |
| vitie   | 6                               |                               | of volunteers (estimate if necessary)  |                                       |                  | 0                          |  |  |  |  |  |  |
| Activities &  | 7a                              |                               | d business revenue from Part VIII, column (C), line 12   |                                       |                  | 0.                         |  |  |  |  |  |  |
| 4   |                                 |                               | business taxable income from Form 990-T, line 34   |                                       |                  | 2,640.                     |  |  |  |  |  |  |
|   |                                 |                               |  | Prior Ye                              |                  | Current Year               |  |  |  |  |  |  |
| er  | 8                               |                               | and grants (Part VIII, line 1h)  |                                       | 0.               | 6,608.                     |  |  |  |  |  |  |
| Revenue   | 9                               |                               | ce revenue (Part VIII, line 2g)  |                                       | ,112.            | 973,574.                   |  |  |  |  |  |  |
| Rev   |                                 |                               | come (Part VIII, column (A), lines 3, 4, and 7d)   |                                       | 3,666.           | 79,041.                    |  |  |  |  |  |  |
|   |                                 |                               | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                                       | .,429.<br>/,207. | 0.<br>1,059,223.           |  |  |  |  |  |  |
|   |                                 |                               | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                   | 921                                   | 0.               | 1,059,223.                 |  |  |  |  |  |  |
|   |                                 |                               | nilar amounts paid (Part IX, column (A), lines 1-3)<br>to or for members (Part IX, column (A), line 4) |                                       | 0.               | 0.                         |  |  |  |  |  |  |
| "   |                                 |                               | compensation, employee benefits (Part IX, column (A), line 4)  | 452                                   | 327.             | 510,925.                   |  |  |  |  |  |  |
| Expenses  |                                 |                               | undraising fees (Part IX, column (A), line 11e)  |                                       | 0.               | 0.                         |  |  |  |  |  |  |
| per   |                                 |                               | ng expenses (Part IX, column (D), line 25)   |                                       |                  |                            |  |  |  |  |  |  |
| Ě   |                                 |                               | es (Part IX, column (A), lines 11a-11d, 11f-24e)   | 355                                   | 5,539.           | 373,241.                   |  |  |  |  |  |  |
|   |                                 |                               | s. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 807                                   | ,866.            | 884,166.                   |  |  |  |  |  |  |
|   |                                 |                               | expenses. Subtract line 18 from line 12  | 119                                   | ,341.            | 175,057.                   |  |  |  |  |  |  |
| Net Assets or<br>Fund Balances  |                                 |                               |  | Beginning of Cu                       |                  | End of Year                |  |  |  |  |  |  |
| sets<br>alan  | 20                              | Total assets (I               | Part X, line 16)   | 2,968                                 |                  | 3,351,420.                 |  |  |  |  |  |  |
| et As<br>nd B   |                                 |                               | (Part X, line 26)  |                                       | 5,178.           | 369,940.                   |  |  |  |  |  |  |
|   |                                 |                               | fund balances. Subtract line 21 from line 20   | 2,681                                 | .,997.           | 2,981,480.                 |  |  |  |  |  |  |
|   | rt II                           | 5                             |  |                                       | ha haat ( )      | and a data and the PLA D.1 |  |  |  |  |  |  |
|   |                                 |                               | declare that I have examined this return, including accompanying schedules and s                       |                                       |                  | iowieage and belief, it is |  |  |  |  |  |  |
| ưue,  | corre                           | ici, and complete             | Declaration of preparer (other than officer) is based on all information of which pre                  | parer has any knov                    | vieuye.          |                            |  |  |  |  |  |  |
| 0:  |                                 | Signature                     | e of officer   | Da <sup>.</sup>                       | te               |                            |  |  |  |  |  |  |
| Sigr  |                                 | - Signature                   |  | Du                                    |                  |                            |  |  |  |  |  |  |

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|             | ▼ ⊺  | ype or print | name and t | title                   |          |         |         |     |       |                                 |           |     |  |
|             | Print/T  | ype preparer | 's name    |                         | Preparer | 's sign | ature   |     | Date  | Check                           | PTIN      |     |  |
| Paid        | BERT   | r L. S       | WAIN,      | CPA                     | BERT     | L.      | SWAIN,  | CPA | 01/17 | /19 <sup>if</sup> self-employed | P0023830  | ) 4 |  |
| Preparer    | Firm's   |              |            | JONES,                  |          |         |         |     |       | Firm's EIN 🕨                    | 52-107333 | 31  |  |
| Use Only    | Firm's   | address 🖕    | 6010       | EXECUTI                 | VE BLVD, | SU      | ITE 900 |     |       |                                 |           |     |  |
|             |  |              | ROCKV      | Phone no. (301)770-5100 |          |         |         |     |       |                                 |           |     |  |
| May the IF  | May the IRS discuss this return with the preparer shown above? (see instructions)                      |              |            |                         |          |         |         |     |       |                                 |           |     |  |
| 732001 11-2 | 732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017) |              |            |                         |          |         |         |     |       |                                 |           |     |  |

1-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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| <ul> <li>1 Breity dearing the angulatation mission:<br/>TO SUPPORT VISIONARY STATE LEADERSHIP, CULTIVATE BEST PRACTICES AND<br/>SPEAK WITH A COLLECTIVE VOICE ON NATIONAL POLICY TO PROMOTE ACADEMI<br/>AND TECHNICAL EXCELLENCE THAT ENSURES A CAREER-READY WORKFORCE.</li> <li>2 Did the organization undertake any significant program services during the year which were not listed on the<br/>profer Form 900 e 900 E27<br/>If 'ks,' describe these new services on Schedule O.</li> <li>2 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expense<br/>Section 5016(8) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses,<br/>neverue, if any, for each program service accomplethments for each of its three largest program services, as measured by expense<br/>Section 5016(8) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses,<br/>neverue, if any, for each program service accomplethments for each of its three largest program services, as measured by expense<br/>Section 5016(8) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses,<br/>neverue, if any, for each program service accomplethments for each of its three largest program services. THE XESCIATION NEWSTEW ON ATTIONAL MEETINGS EACH YEAK. THESE MEETINE<br/>PROVIDE ESSENTIAL AND TIMELY INFORMATION REGARDING FEDERAL AND STATI<br/>LEGISLATION, POLICY, RESEARCH, BEST PRACTICES AND NEW AND EMBERGING<br/>INITIATIVES RELEVANT TO CAREER TECHNICAL EDUCATION LEADERSHIP.</li></ul>  |      |  |
| TO SUPPORT VISIONARY STATE LEADERSHIP, CULTIVATE BEST PRACTICES AND<br>SPEAK WITH A COLLECTIVE VOICE ON NATIONAL POLICY TO PROMOTE ACADEMI<br>AND TECHNICAL EXCELLENCE THAT ENSURES A CAREER-READY WORKFORCE.         2       Did the organization undetake any significant program services and which were not listed on the<br>prior form 800 or 900E27       Image: Collective Collective Collective Collective Collective Collective<br>Prior Collective Collective Collective Collective Collective Collective Collective<br>Prior Collective Collective Collective Collective Collective<br>Prior Collective Collective Collective Collective Collective<br>Collective Collective Collective Collective<br>Prior Collective Collective Collective Collective<br>Section 501(63) ad 501(60) dognaizations are equired to report the amount of grants and allocations to chere, the total expenses,<br>revenue, if any, for each program service accomplianments for each of its three largest program services, as measured by expense<br>section 501(63) ad 501(60) dognaizations are equired to report the amount of grants and allocations to chere, the total expenses,<br>revenue, if any, for each program service accomplianments for each of its three largest program services, and the expenses,<br>revenue, if any, for each program service accomplianment of a coll coll coll coll coll coll coll co  |      |  |
| 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 800 or 8027       Image: Control of Control on Control  |      | TO SUPPORT VISIONARY STATE LEADERSHIP, CULTIVATE BEST PRACTICES AND  |
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| proferm 090 or 990 cf 20  |      | AND TECHNICAL EXCELLENCE THAT ENSURES A CAREER-READY WORKFORCE.  |
| prior form 880 or 890 cf 20   | ,    | Did the organization undertake any significant program services during the year which were not listed on the                                 |
| 3       Did the organization cases conducting, or make significant changes in how it conducts, any program services?  |      | prior Form 990 or 990-EZ?  |
| <ul> <li>If "Yes," describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(63) and 501(6) and an iter organize reported.</li> <li>(Cote:</li></ul>  |      |  |
| Section S01(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service spectral       220,968. module organizations and allocations to others, the total expenses, including grants of the spectral service spectral services (Describe in Schedule O)       282,97         (cote:       ) (brownes 200,968. module organizations to services (Describe in Schedule O)       (more services (Describe in Schedule O)       282,97         (cote:       ) (brownes 362,131. module organizations to services (Describe in Schedule O)       (more services (Describe in Schedule O)       593,7         (cote:       ) (brownes 362,131. module organizations to services (Describe in Schedule O)       (more services (Describe in Schedule O)       593,7         (cote:       ) (brownes 362,131. module organization services (Describe in Schedule O)       (more services (Describe in Schedule O)       593,7         (cote:       ) (brownes 362,131. module organization services (Describe in Schedule O)       (more service services (Describe in Schedule O)       593,7         (cote:       ) (brownes 362,131. module organization services (Describe in Schedule O)       (more service services (Describe in Schedule O)       (more service services (Describe in Schedule O)         (cote:       ) (brownes 36,755. module organization services (Describe in Schedule O)       (more services services (Describe in Schedule O)       (more services services (Describe in Schedule O)         (cote:       ) (brownes 36,755. mod  |      |  |
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| 4a     (code:::) (#convest::::::::::::::::::::::::::::::::::::  |      | 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 |
| THE ASSOCIATION HOSTS TWO NATIONAL MEETINGS EACH YEAR. THESE MEETING         PROVIDE ESSENTIAL AND TIMELY INFORMATION REGARDING FEDERAL AND STATILEGISLATION, POLICY, RESEARCH, BEST PRACTICES AND NEW AND EMERGING         INITIATIVES RELEVANT TO CAREER TECHNICAL EDUCATION LEADERSHIP.  |      |  |
| PROVIDE ESSENTIAL AND TIMELY INFORMATION REGARDING FEDERAL AND STATLEGISLATION, POLICY, RESEARCH, BEST PRACTICES AND NEW AND EMERGING INITIATIVES RELEVANT TO CAREER TECHNICAL EDUCATION LEADERSHIP.  40 (come ) (Economes 362,131. modeleagement } ) (meanes 593, THE ASSOCIATION HAS TWO STANDING COMMITTEES, THE FINANCE AND AUDIT COMMITTEE AND NOMINATIONS COMMITTEE. ANNUALLY, THE NOMINATIONS COMMITTEE AND NOMINATIONS COMMITTEE. ANNUALLY, THE NOMINATIONS COMMITTEE DEVELOPS A SLATE OF OFFICERS FOR CONSIDERATION BY THE MEMBERSHIP. MEMBERS ARE ALSO ENGACED IN AD HOC TASKS FORCES THAT 2 TARGETED TOWARD A SPECIFIC PROJECT AND TIMELINE. IN ADDITION, MEMBI PROVIDE FEEDBACK THROUGHOUT THE YEAR THROUGH SURVEYS, WEBINARS, CONFERENCE CALLS AND MEETINGS THAT SEEK THEIR INPUT, GUIDANCE AND SUPPORT FOR THE WORK OF THE ASSOCIATION.  46 (code ) (Economes 202,802. modeleagements ) (meanes TECHNICAL EDUCATION IS ACTIVELY ENGAGED IN INCREASING THE VISIBILITY AN STANDING OF CAREER TECHNICAL EDUCATION, INCLUDING STATE CAREER TECHNICAL EDUCATION DIRECTORS AND OTHER STATE LEADERS, BY ATTENDIN HEARINGS, COMMITTEE MEETINGS, AND THEAR STATE LEADERS, BY ATTENDIN HEARINGS, COMMITTEE MEETINGS, AND CHEAR STATE LEADERS, BY ATTENDIN HEARINGS, COMMITTEE MEETINGS, AND CHEAR STATE LEADERS, BY ATTENDIN HEARINGS, COMMITTEE MEETINGS, AND CHEAR STATE LEADERS, BY ATTENDIN HEARINGS, COMMITTEE MEETINGS, AND RELATED MEETINGS IMPACTING CAREER TECHNICAL EDUCATION.  40 Other program services (Describe in Schedule 0.) (Experses 36,755. including grants of 3) (Revenue S) 97,970.) 41 Other program services expenses 822,655.  42   |      |  |
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| CONFERENCE CALLS AND MEETINGS THAT SEEK THEIR INPUT, GUIDANCE AND<br>SUPPORT FOR THE WORK OF THE ASSOCIATION.<br>44 (Code:)(Expenses \$ 202,802. including grants of \$)(Revenue \$   |      |  |
| SUPPORT FOR THE WORK OF THE ASSOCIATION.         4c       (Code:) (Expenses \$ 202,802. including grants of \$) (Revenue \$)         THE ASSOCIATION IS ACTIVELY ENGAGED IN INCREASING THE VISIBILITY AN STANDING OF CAREER TECHNICAL EDUCATION, INCLUDING STATE CAREER TECHNICAL EDUCATION DIRECTORS AND OTHER STATE LEADERS, BY ATTENDIN HEARINGS, COMMITTEE MEETINGS, AND RELATED MEETINGS IMPACTING CAREEF TECHNICAL EDUCATION.         4d       Other program services (Describe in Schedule 0.) (Expenses \$ 36,755. including grants of \$ ) (Revenue \$ 97,970.)       97,970.)         4d       Other program service expenses ▶ 822,656.       822,656.   |      |  |
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| STANDING OF CAREER TECHNICAL EDUCATION, INCLUDING STATE CAREER         TECHNICAL EDUCATION DIRECTORS AND OTHER STATE LEADERS, BY ATTENDIN         HEARINGS, COMMITTEE MEETINGS, AND RELATED MEETINGS IMPACTING CAREER         TECHNICAL EDUCATION.         4d Other program services (Describe in Schedule O.)<br>(Expenses \$ 36,755. including grants of \$ ) (Revenue \$ 97,970.)         4e Total program service expenses ▶ 822,656.   |      |  |
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| TECHNICAL EDUCATION.         4d         Other program services (Describe in Schedule O.)<br>(Expenses \$ 36,755. including grants of \$ ) (Revenue \$ 97,970.)         4e       Total program service expenses ▶ 822,656.         Form \$         32002 11-28-17  |      | · · · · ·  |
| 4d       Other program services (Describe in Schedule O.)<br>(Expenses \$ 36,755. including grants of \$ ) (Revenue \$ 97,970.)         4e       Total program service expenses ▶ 822,656.         Form \$         32002 11-28-17   |      | · · ·  |
| (Expenses \$ 36,755 • including grants of \$ ) (Revenue \$ 97,970 • )<br>4e Total program service expenses ► 822,656 • Form \$<br>32002 11-28-17 2  |      | TECHNICAL EDUCATION.   |
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| (Expenses \$ 36,755 • including grants of \$ ) (Revenue \$ 97,970 • )<br>4e Total program service expenses ► 822,656 • Form \$<br>32002 11-28-17 2  | d    | Other program services (Describe in Schedule O.)   |
| 4e Total program service expenses         822,656.           Form \$           32002 11-28-17         2   |      |  |
| Form \$<br>32002 11-28-17<br>2  |      |  |
| 2   |      | Form <b>990</b>  |
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## Form 990 (2017) OF CAREER TECHNICAL EDUCATION CONSORTIUM Part IV Checklist of Required Schedules

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|---------------|-------|
|---------------|-------|

|           |   |                  | v    |          |
|-----------|---|------------------|------|----------|
|           |   |                  | Yes  | No       |
| 1         | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |                  |      | х        |
| •         | If "Yes," complete Schedule A   | 1<br>2           | х    |          |
| 2         | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2                | ~    |          |
| 3         | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   | •                |      | х        |
|           | public office? If "Yes," complete Schedule C, Part I  | 3                |      |          |
| 4         | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  |                  |      |          |
| -         | during the tax year? If "Yes," complete Schedule C, Part II   | 4                |      |          |
| 5         | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i> | 5                | х    |          |
| 6         | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   | 5                | - 23 |          |
| 6         | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6                |      | х        |
| 7         |   | 0                |      | - 23     |
| '         | 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                |      | х        |
| 8         | the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>   | - /              |      |          |
| 0         | 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                |      | Х        |
| 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               |      | Х        |
| 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  |                  |      | 37       |
|           | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d              |      | X        |
|           | 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   |                  | v    |          |
|           | 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   |                  |      | х        |
| •-        | Schedule D, Parts XI and XII  | 12a              |      | <u> </u> |
| Ø         | Was the organization included in consolidated, independent audited financial statements for the tax year?   | 104              | х    |          |
| 12        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b<br>13        | - 27 | Х        |
| 13<br>14a |   | 14a              |      | X        |
|           | Did the organization maintain an office, employees, or agents outside of the United States?   | 1 <del>4</del> d |      |          |
| U         | 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   | 115              |      |          |
| .5        | foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15               |      | х        |
| 16        | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  |                  |      |          |
|           | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16               |      | х        |
| 17        | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   |                  |      |          |
|           | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  | 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               |      | Х        |

Form **990** (2017)

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|-----|--|------|-----|----------|
| 20- | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a  | Yes | No<br>X  |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20a  |     | <u> </u> |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  | 200  |     |          |
| 21  | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>  | 21   |     | x        |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |      |     | <u> </u> |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22   |     | x        |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current                               |      |     | <u> </u> |
| 20  | 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?  | 24b  |     |          |
|     | 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   |      |     |          |
|     | 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,"                                   |      |     |          |
|     | 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                                      |      |     |          |
|     | 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  |      |     |          |
|     | instructions for applicable filing thresholds, conditions, and exceptions):  |      |     | 37       |
|     | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a  |     | X<br>X   |
|     | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                               | 28b  |     |          |
| с   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,                          |      |     | v        |
|     | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c  |     | X<br>X   |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>                                   | 29   |     |          |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                              |      |     | x        |
| 04  | contributions? If "Yes," complete Schedule M   | 30   |     |          |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?<br>If "Yes," complete Schedule N, Part I                                    | 31   |     | x        |
| 32  | If "Yes," complete Schedule N, Part I<br>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?!f "Yes," complete | 31   |     |          |
| 52  | Schedule N, Part II  | 32   |     | x        |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | 02   |     |          |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33   |     | x        |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                                |      |     |          |
| ••• | Part V, line 1   | 34   | x   |          |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a  |     | X        |
|     | 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 | (2017)   |

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Yes No

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| _           | NATIONAL ASSOCIATION OF STATE DIRECTORS<br>990 (2017) OF CAREER TECHNICAL EDUCATION CONSORTIUM 52-1646  | 000     |
|-------------|---|---------|
| Form<br>Pai |   | 090     |
| 1 41        | Check if Schedule O contains a response or note to any line in this Part V  |         |
|             |   | <u></u> |
| 1a          | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12   |         |
| b           | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0  |         |
| c           | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                              |         |
| -           | (gambling) winnings to prize winners?   | 1c      |
| 2a          | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |         |
|             | filed for the calendar year ending with or within the year covered by this return 2a 9  |         |
| 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      |
| 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      |
| 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      |
| 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      |
| b           | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                | 5b      |
|             | 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                     |         |
| 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                            | Gh      |
| 7           | were not tax deductible? Organizations that may receive deductible contributions under section 170(c).  | 6b      |
| 'a          | 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      |
| b           | 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                               | 10      |
| -           | to file Form 8282?  | 7c      |
| d           | If "Yes," indicate the number of Forms 8282 filed during the year   |         |
| е           | 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       |
| 9           | Sponsoring organizations maintaining donor advised funds.   |         |
| а           | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a      |
| b           | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b      |
| 10          | Section 501(c)(7) organizations. Enter:   |         |
| а           | Initiation fees and capital contributions included on Part VIII, line 12 10a  |         |

| Initiation fees and capital contributions included on Part VIII, line 12                               | 10a |     |      |               |        |  |  |  |  |
|--|-----|-----|------|---------------|--------|--|--|--|--|
| Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities            |     |     |      |               |        |  |  |  |  |
| Section 501(c)(12) organizations. Enter:   |     |     |      |               |        |  |  |  |  |
| 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.)  | 11b |     |      |               |        |  |  |  |  |
| Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   | ?   | 12a |      |               |        |  |  |  |  |
| If "Yes," enter the amount of tax-exempt interest received or accrued during the year                  | 12b |     |      |               |        |  |  |  |  |
| Section 501(c)(29) qualified nonprofit health insurance issuers.                                       |     |     |      |               |        |  |  |  |  |
| Is the organization licensed to issue qualified health plans in more than one state?                   |     |     |      |               |        |  |  |  |  |
| Note. See the instructions for additional information the organization must report on Schedule O.      |     |     |      |               |        |  |  |  |  |
| 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 |      | Х             |        |  |  |  |  |
| If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul |     | 14b |      |               |        |  |  |  |  |
|  |     |     | Form | <b>99</b> 0 ( | (2017) |  |  |  |  |
|  |     |     |      |               |        |  |  |  |  |

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## NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM

Form 990 (2017)

## 52-1646898 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.

X

|    | tion A. Governing Body and Management   |                    |               |            | Yes  | Т |
|----|---|--------------------|---------------|------------|------|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year   | 1a                 | 14            |            |      | t |
|    | If there are material differences in voting rights among members of the governing body, or if the governing                       |                    |               | 1          |      | I |
|    | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.                             |                    |               |            |      | I |
| b  | Enter the number of voting members included in line 1a, above, who are independent  | 1b                 | 14            |            |      | I |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh                           |                    |               |            |      | I |
| 2  |   |                    | 51            | 2          |      | ľ |
| 2  |   |                    | <br>vicion    | 2          |      | ┫ |
| 3  | Did the organization delegate control over management duties customarily performed by or under t                                  |                    |               |            |      | I |
|    | 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                                 |                    |               | 4          |      | ┦ |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's as                             |                    |               | 5          | 37   | 4 |
| 6  | Did the organization have members or stockholders?  |                    |               | 6          | Х    | 1 |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a                                 | appoint one or     |               |            |      | I |
|    | more members of the governing body?   |                    |               | 7a         | Х    | ļ |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members,                                 | stockholders, o    | r             |            |      | I |
|    | persons other than the governing body?  |                    |               | 7b         | Х    |   |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year                   |                    |               |            |      | T |
|    | The governing body?   | -                  | -             | 8a         | Х    | 1 |
|    | Each committee with authority to act on behalf of the governing body?   |                    |               | 8b         | Х    | t |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re                          |                    |               |            |      | t |
| •  | organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |                    |               | 9          |      |   |
| ec | tion B. Policies (This Section B requests information about policies not required by the Internal I                               |                    |               | _ <b>J</b> |      |   |
| 00 |   |                    |               |            | Yes  | 1 |
| 0- | Did the exercitization have least chapters, hyppoles, as efficience   |                    |               | 100        | 165  | ┨ |
|    | Did the organization have local chapters, branches, or affiliates?  |                    |               | 10a        |      | ┨ |
| b  | If "Yes," did the organization have written policies and procedures governing the activities of such o                            |                    |               |            |      | I |
|    | and branches to ensure their operations are consistent with the organization's exempt purposes?                                   |                    |               | 10b        | 37   | 4 |
|    | Has the organization provided a complete copy of this Form 990 to all members of its governing bo                                 | dy before filing t | he form?      | 11a        | Х    | ļ |
|    | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                     |                    |               |            |      | l |
| 2a | Did the organization have a written conflict of interest policy? If "No," go to line 13   |                    |               | 12a        | Х    | 1 |
| b  | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris              | se to conflicts?   |               | 12b        | Х    |   |
| с  | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "                              |                    |               |            |      |   |
|    | in Schedule O how this was done   |                    |               | 12c        | Х    | I |
| 3  | Did the organization have a written whistleblower policy?   |                    |               | 13         | Х    | T |
| 4  | Did the organization have a written document retention and destruction policy?  |                    |               | 14         | Х    | t |
| 5  | Did the process for determining compensation of the following persons include a review and appro-                                 |                    |               |            |      | t |
| •  | persons, comparability data, and contemporaneous substantiation of the deliberation and decision                                  |                    | 0110          |            |      | I |
| а  | The organization's CEO, Executive Director, or top management official  |                    |               | 15a        | х    | ľ |
|    |   |                    |               |            |      | ╉ |
| a  | Other officers or key employees of the organization   |                    |               | 15b        |      | ╁ |
| _  | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).   |                    |               |            |      |   |
| 6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange                        | ement with a       |               |            |      | 1 |
|    | taxable entity during the year?   |                    |               | 16a        |      | ļ |
| b  | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu                           | ate its participat | ion           |            |      | I |
|    | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized                         | anization's        |               |            |      |   |
|    | exempt status with respect to such arrangements?  |                    |               | 16b        |      |   |
| ec | tion C. Disclosure  |                    |               |            |      |   |
| 7  | List the states with which a copy of this Form 990 is required to be filed ► NONE   |                    |               |            |      |   |
|    | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990                                | -T (Section 501(   | c)(3)s onlv)  | availah    | le   |   |
|    | for public inspection. Indicate how you made these available. Check all that apply.   | ,                  | ,,,,,,,       |            |      |   |
|    |   | in in Schedule O   | )             |            |      |   |
| 9  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, c                                  |                    |               | d finan    | cial |   |
| 9  |   | ormor or mileres   | c policy, all | u midíl    | oiai |   |
|    | statements available to the public during the tax year.   | a a lua internet   | <b>.</b>      |            |      |   |
| ^  | State the name, address, and telephone number of the person who possesses the organization's b KIMBERLY A. GREEN - $301-588-9630$ | ooks and record    | is: 🗩         |            |      |   |
| 0  |   |                    |               |            |      |   |
| 0  |   | 20010              |               |            |      |   |
| 0  |   | 20910              |               | _          | 990  |   |

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|---|-----|--------|---|

#### OF CAREER TECHNICAL EDUCATION CONSORTIUM 52-1646898 For 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)                             | (B)  |                             |                      |         |              |                                 |        |  | (E)  | (F)  |
|---------------------------------|--|-----------------------------|----------------------|---------|--------------|---------------------------------|--------|--|--|--|
| Name and Title                  | Average  | (do not check more than one |                      |         |              |                                 |        |  | Reportable                                       | Estimated  |
|                                 | hours per  | box                         | , unle               | ss pe   | rson         | is bot<br>pr/trus               | h an   | compensation                                   | compensation                                     | amount of  |
|                                 | week<br>(list any<br>hours for<br>related<br>organizations | stee or director            | nstitutional trustee |         |              | Highest compensated<br>employee |        | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related |
|                                 | below<br>line)   | Individu                    | Instituti            | Officer | Key employee | Highest<br>employ               | Former |  |  | organizations  |
| (1) MARIE BARRY                 | 0.88   |                             |                      |         |              |                                 |        |  |  |  |
| DIRECTOR                        |  | X                           |                      |         |              |                                 |        | 0.   | 0.   | 0.   |
| (2) LEE BURKET                  | 0.88   |                             |                      |         |              |                                 |        |  |  |  |
| DIRECTOR                        |  | Х                           |                      |         |              |                                 |        | 0.   | 0.   | 0.   |
| (3) JEAN MASSEY                 | 0.88   |                             |                      |         |              |                                 |        |  |  |  |
| DIRECTOR                        |  | Х                           |                      |         |              | $\mathbf{\nabla}$               |        | 0.   | 0.   | 0.   |
| (4) MARGARET HARVEY             | 0.88   |                             |                      |         |              |                                 |        |  |  |  |
| DIRECTOR                        |  | Х                           |                      |         |              |                                 |        | 0.   | 0.   | 0.   |
| (5) JERALYN JARGO               | 0.88   |                             |                      | $\sim$  |              |                                 |        |  |  |  |
| DIRECTOR                        |  | X                           |                      |         |              |                                 |        | 0.   | 0.   | 0.   |
| (6) RICH KATT                   | 0.88   |                             |                      |         |              |                                 |        |  |  |  |
| DIRECTOR                        |  | X                           | ľ                    |         |              |                                 |        | 0.   | 0.   | 0.   |
| (7) SARAH HEATH                 | 1.50   |                             |                      |         |              |                                 |        |  | 0  | •  |
| SECRETARY- TREASURER            | 1 50   | X                           |                      | X       |              |                                 |        | 0.   | 0.   | 0.   |
| (8) ROD DUCKWORTH               | 1.50   | .,                          |                      |         |              |                                 |        | 0  | 0  | 0  |
| PAST PRESIDENT                  |  | X                           |                      | X       |              |                                 |        | 0.   | 0.   | 0.   |
| (9) BERNADETTE HOWARD           | 1.50   | .,                          |                      |         |              |                                 |        | 0  | 0  | 0  |
| VICE PRESIDENT                  |  | X                           |                      | X       |              |                                 |        | 0.   | 0.   | 0.   |
| (10) PRADEEP KOTAMRAJU          | 1.50   |                             |                      |         |              |                                 |        |  | 0  | 0  |
| PRESIDENT                       |  | X                           |                      | X       |              |                                 |        | 0.   | 0.   | 0.   |
| (11) ELENI PAPADAKIS            | 0.88   |                             |                      |         |              |                                 |        | 0  | 0  | 0  |
| DIRECTOR                        |  | X                           |                      |         |              |                                 |        | 0.   | 0.   | 0.   |
| (12) SHEILA RUHLAND<br>DIRECTOR | 0.88   | x                           |                      |         |              |                                 |        | 0.   | 0.   | 0.   |
| (13) CHARISSE CHILDERS          | 0.88   | ^                           |                      |         |              |                                 |        | 0.   | 0.   | 0.   |
| DIRECTOR                        | 0.00   | x                           |                      |         |              |                                 |        | 0.   | 0.   | 0.   |
| (14) THALEA LONGHURST           | 0.88   |                             |                      |         |              |                                 |        | 0.   | 0.   | 0.   |
| DIRECTOR                        | 0.00   | x                           |                      |         |              |                                 |        | 0.   | 0.   | 0.   |
| (15) KIMBERLY GREEN             | 41.50  | <u> </u>                    |                      |         |              |                                 |        | 0.   | 0.   | <u> </u>   |
| EXECUTIVE DIRECTOR              | 11.30  | 1                           |                      | x       |              |                                 |        | 204,160.                                       | Ο.   | 27,779.  |
| (16) KATE BLOSVEREN KREAMER     | 34.00  |                             |                      |         |              |                                 |        |  |  | ,  |
| DEPUTY EXECUTIVE DIRECTOR       |  | 1                           |                      |         |              | x                               |        | 126,162.                                       | 0.   | 12,261.  |
|                                 |  |                             |                      |         |              |                                 |        | -  |  |  |
|                                 |  | 1                           |                      |         |              |                                 |        |  |  |  |
|                                 |  | -                           | -                    |         |              | -                               | -      |  |  |  |

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Form 990 (2017)

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OF CAREER TECHNICAL EDUCATION CONSORTIUM 52–1646898 Page 8

|     | 990 (20   | /                  |           |                    |                   |                                |                       |               |              |                                 |             | ON CONSORTIU  |                   | 646   | 898               | Pa             | age <b>8</b> |
|-----|-----------|--------------------|-----------|--------------------|-------------------|--------------------------------|-----------------------|---------------|--------------|---------------------------------|-------------|---|-------------------|-------|-------------------|----------------|--------------|
| Par | t VII   S | ection A. Office   | ers, Dire | ctors, Trus        | tees, Key Em      | ploy                           | ees,                  | and           | l Hig        | ghes                            | st C        | ompensated Employe  | es (continued)    |       |                   |                |              |
|     |           | (B) (C)            |           |                    |                   |                                |                       |               | (D)          | (E)                             |             |   | (F)               |       |                   |                |              |
|     |           | Name and ti        | tle       |                    | Average           | (do                            | h<br>not ch           | Posit         |              |                                 | one         | Reportable  | Reportable        |       | Es                | timate         | ed           |
|     |           |                    |           |                    | hours per<br>week |                                | , unles<br>cer and    |               |              |                                 |             | compensation  | compensatio       |       | an                | nount          | of           |
|     |           |                    |           | (list any          | <u> </u>          |                                |                       |               |              | ,                               | from<br>the | from related<br>organization                              |                   |       | other             | tion           |              |
|     |           |                    |           |                    | hours for         | direct                         |                       |               |              | -                               |             | organization  | (W-2/1099-MIS     |       |                   | pensa<br>om th |              |
|     |           |                    |           |                    | related           | ee or                          | stee                  |               |              | nsate                           |             | (W-2/1099-MISC)   | (112) 1000 1110   | 50)   |                   | anizat         |              |
|     |           |                    |           |                    | organizations     | trust                          | ial tru               |               | yee          | ompe                            |             |   |                   |       | u v               | d relat        |              |
|     |           |                    |           |                    | below             | Individual trustee or director | Institutional trustee | er            | Key employee | Highest compensated<br>employee | ner         |   |                   |       | orga              | anizati        | ons          |
|     |           |                    |           |                    | line)             | Indi                           | Insti                 | Officer       | Key          | High<br>emp                     | Former      |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 |             |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 |             |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 |             |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                | $\vdash$              |               |              |                                 |             |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 |             |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 |             |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 |             |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 |             |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 |             |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       | $\rightarrow$ |              |                                 |             |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               | 4            |                                 |             |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 |             |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 |             |   |                   |       |                   |                |              |
| 1b  | Sub-to    | tal                |           |                    | I                 |                                |                       |               |              |                                 |             | 330,322.  |                   | 0.    | 4                 | 0,0            | 40.          |
|     |           | om continuatio     |           |                    |                   |                                |                       |               |              |                                 |             | 0.  |                   | 0.    |                   |                | 0.           |
| d   |           | dd lines 1b and    |           |                    |                   |                                |                       |               |              |                                 |             | 330,322.  |                   | 0.    | 4                 | 0,0            | 40.          |
| 2   |           |                    |           |                    |                   |                                |                       |               |              | e) wh                           | no re       | eceived more than \$100                                   | ,000 of reportab  | le    |                   |                |              |
|     | comper    | nsation from the   | organiza  | ation 🕨            |                   |                                |                       |               |              |                                 |             |   |                   |       |                   | X              | 2            |
| _   |           |                    |           |                    |                   |                                |                       |               |              |                                 |             |   |                   | I     |                   | Yes            | No           |
| 3   |           | -                  | •         |                    |                   |                                | / · ·                 |               |              | -                               |             | highest compensated e                                     |                   |       | -                 |                | v            |
|     |           | If "Yes," comple   |           |                    |                   |                                |                       |               |              |                                 |             |   |                   |       | 3                 |                | X            |
| 4   |           |                    |           |                    |                   |                                |                       |               |              |                                 |             | her compensation from <sup>•</sup><br>for such individual | the organization  |       | 4                 | Х              |              |
| 5   |           | •                  | •         |                    |                   |                                | •                     |               |              |                                 |             | ed organization or indivi                                 | dual for services |       |                   |                |              |
| -   | -         | -                  |           |                    |                   |                                |                       |               | -            |                                 |             |   |                   |       | 5                 |                | Х            |
| Sec |           | ndependent Co      |           |                    | 1                 |                                |                       |               |              |                                 |             |   |                   |       |                   |                |              |
| 1   | Comple    | ete this table for | your five | e highest co       | mpensated in      | depe                           | ender                 | nt co         | ontr         | acto                            | ors t       | hat received more than                                    | \$100,000 of con  | npens | ation             | rom            |              |
|     | the org   | anization. Repor   | t compe   |                    | the calendar y    | ear e                          | endir                 | ıg w          | ith o        | or w                            | ithir       | the organization's tax                                    | /ear.             |       |                   |                |              |
|     |           | 1                  | Name an   | (A)<br>Id business | address           | NC                             | ONE                   | I             |              |                                 |             | ( <b>B)</b><br>Description of s                           | ervices           | C     | <b>))</b><br>ompe |                | n            |
|     |           |                    |           |                    |                   | 110                            |                       |               |              |                                 |             | 2000.19.10.11.01.0  |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 |             |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 |             |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 |             |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 | +           |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 | -           |   |                   |       |                   |                |              |
|     |           |                    |           |                    |                   |                                |                       |               |              |                                 |             |   |                   |       |                   |                |              |
| 2   |           | •                  |           |                    | e                 | iot lii                        | nitec                 | l to 1        | thos<br>(    |                                 | stec        | l above) who received m                                   | ore than          |       |                   |                |              |
|     | φ100,00   | 00 of compensat    | uon trom  | i the organi       |                   |                                |                       |               |              | ,                               |             |   |                   |       | Form              | 990 (          | 2017)        |

732008 11-28-17

Form **990** (2017)

8

|   |        |  |                                | CHNICAL E               | DUCATION C                   | ONSORTIUM  | 52-1646  | 898 Page <b>9</b>   |
|---|--------|--|--------------------------------|-------------------------|------------------------------|--|--|---|
| Pa  | 't V   |  |                                |                         |                              |  |  |   |
|   |        | Check if Schedule O cont                     | tains a response               | or note to any lir      |                              | ( <b>D</b> )   | (0)  |   |
|   |        |  |                                |                         | ( <b>A)</b><br>Total revenue | <b>(B)</b><br>Related or<br>exempt function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | <b>(D)</b><br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1 a    | a Federated campaigns                        | 1a                             |                         |                              |  |  |   |
| Gra   | I      | <b>b</b> Membership dues                     | 1b                             |                         |                              |  |  |   |
| An (  | (      | c Fundraising events                         | 1c                             |                         |                              |  |  |   |
| lar<br>İlar   | (      | d Related organizations                      | 1d                             |                         |                              |  |  |   |
| Sin',   |        | e Government grants (contribut               |                                |                         |                              |  |  |   |
| er (  | 1      | f All other contributions, gifts, grar       |                                |                         |                              |  |  |   |
| ĕŧ  |        | similar amounts not included abo             |                                | 6,608.                  |                              |  |  |   |
| nd  |        | g Noncash contributions included in lines    |                                |                         | 6 609                        |  |  |   |
| <u>a O</u>  |        | h Total. Add lines 1a-1f                     |                                | 1                       | 6,608.                       |  |  |   |
|   | •      | a STATE MEMBERSHI                            | רספ                            | Business Code<br>900099 | 526,388.                     | 526,388.   |  |   |
| vice  | 2 8    | b CONFERENCE REGI                            |                                | 900099                  | 182,541.                     | 182,541.   |  |   |
| Ser   |        | c CONFERENCE SPON                            |                                | 900099                  | 99,750.                      | 99,750.  |  |   |
| n a la  |        | d CONTRACT INCOME                            |                                | 900099                  | 98,458.                      | 98,458.  |  |   |
| Program Service<br>Revenue                                | Ì      | e ASSOCIATE MEMBE                            |                                | 900099                  | 62,287.                      | 62,287.  |  |   |
| Pre   | 1      | f All other program service reve             |                                | 900099                  | 4,150.                       | 4,150.   |  |   |
|   | (      | g Total. Add lines 2a-2f                     |                                |                         | 973,574.                     |  |  |   |
|   | 3      | Investment income (including                 |                                |                         |                              |  |  |   |
|   |        | other similar amounts)                       |                                | ►                       | 55,362.                      |  |  | 55,362.   |
|   | 4      | Income from investment of ta                 | x-exempt bond p                | proceeds 🕨              |                              |  |  |   |
|   | 5      | Royalties                                    |                                | 🕨                       |                              |  |  |   |
|   |        |  | (i) Real                       | (ii) Personal           |                              |  |  |   |
|   | 6 a    |  |                                |                         |                              |  |  |   |
|   | I      | <b>b</b> Less: rental expenses               |                                |                         |                              |  |  |   |
|   |        | c Rental income or (loss)                    |                                |                         |                              |  |  |   |
|   |        |  |                                |                         |                              |  |  |   |
|   | / 3    | a Gross amount from sales of                 | (i) Securities <b>67,846</b> . | (ii) Other              |                              |  |  |   |
|   |        | <b>b</b> Less: cost or other basis           | 07,040.                        |                         |                              |  |  |   |
|   |        | and sales expenses                           | 44,167.                        |                         |                              |  |  |   |
|   |        | c Gain or (loss)                             | 23,679.                        |                         |                              |  |  |   |
|   |        | d Net gain or (loss)                         |                                |                         | 23,679.                      |  |  | 23,679.   |
| Ð   |        | a Gross income from fundraisin               |                                |                         | _                            |  |  |   |
| nue   |        | including \$                                 | of                             |                         |                              |  |  |   |
| leve  |        | contributions reported on line               | e 1c). See                     |                         |                              |  |  |   |
| ъ   |        | Part IV, line 18                             | а                              |                         |                              |  |  |   |
| Other Revenue   |        | <b>b</b> Less: direct expenses               |                                |                         |                              |  |  |   |
|   |        | c Net income or (loss) from fund             |                                | <u> </u>                |                              |  |  |   |
|   | 9 a    | a Gross income from gaming a                 |                                |                         |                              |  |  |   |
|   |        | Part IV, line 19                             |                                |                         |                              |  |  |   |
|   |        | <b>b</b> Less: direct expenses               |                                |                         |                              |  |  |   |
|   |        | c Net income or (loss) from gan              |                                | ····· ►                 |                              |  |  |   |
|   | 10 8   | a Gross sales of inventory, less             |                                |                         |                              |  |  |   |
|   | ,      | and allowances<br>b Less: cost of goods sold |                                |                         |                              |  |  |   |
|   |        | c Net income or (loss) from sale             |                                | •                       |                              |  |  |   |
| İ   |        | Miscellaneous Revenu                         |                                | Business Code           |                              |  |  |   |
| Ī   | 11 a   | а  |                                |                         |                              |  |  |   |
|   | I      | b  |                                |                         |                              |  |  |   |
|   | (      | c  |                                |                         |                              |  |  |   |
|   |        | d All other revenue                          |                                |                         |                              |  |  |   |
|   |        | e Total. Add lines 11a-11d                   |                                |                         |                              |  |  |   |
|   | 12     | Total revenue. See instructions.             |                                | ►                       | 1,059,223.                   | 973,574.   | 0.   |   |
| 73200   | 9 11-2 | -28-17                                       |                                |                         | 9                            |  |  | Form <b>990</b> (2017)  |

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2017.05020 NATIONAL ASSOCIATION OF STA 81059\_01

## NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM

|          |   | ECHNICAL EDU                 | CATION CONSO                              |  | 46898 Page 10                         |
|----------|---|------------------------------|---|--|---------------------------------------|
|          | on 501(c)(3) and 501(c)(4) organizations must com   |                              | ner organizations must co                 | molete column (A)                                |                                       |
| 0000     | Check if Schedule O contains a respon   |                              | -   |  |                                       |
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>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   | 145,308.                     | 144,223.                                  | 1,085.   |                                       |
| 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  | 287,135.                     | 282,953.                                  | 4,182.   |                                       |
| 8        | Pension plan accruals and contributions (include  |                              |   |  |                                       |
|          | section 401(k) and 403(b) employer contributions)   | 20,101.                      | 19,877.                                   | 224.   |                                       |
| 9        | Other employee benefits   | 29,760.                      | 29,414.                                   | 346.   |                                       |
| 10       | Payroll taxes   | 28,621.                      | 28,303.                                   | 318.   |                                       |
| 11       | Fees for services (non-employees):  |                              |   |  |                                       |
| а        | Management  | 1 0 5 0                      | 1 050                                     |  |                                       |
|          | Legal   | 1,050.                       | 1,050.                                    |  |                                       |
| С        | Accounting  | 27,548.                      | 6,428.                                    | 21,120.  |                                       |
|          | Lobbying  |                              |   |  |                                       |
| е        | Professional fundraising services. See Part IV, line 17   | 00.006                       |   |  |                                       |
| f        | Investment management fees  | 29,206.                      |   | 29,206.  |                                       |
| g        | Other. (If line 11g amount exceeds 10% of line 25,  |                              | 10,000                                    |  |                                       |
|          | column (A) amount, list line 11g expenses on Sch 0.)  | 42,608.                      | 42,608.                                   |  |                                       |
| 12       | Advertising and promotion   | 15 606                       |   | 0 114  |                                       |
| 13       | Office expenses   | 15,686.                      | 13,572.                                   | 2,114.   |                                       |
| 14       | Information technology  |                              |   |  |                                       |
| 15       | Royalties   | 70 402                       | 71 (20                                    | 0.02   |                                       |
| 16       | Occupancy   | 72,493.                      | 71,630.<br>29,702.                        | 863.   |                                       |
| 17       | Travel  | 29,702.                      | 29,702.                                   |  |                                       |
| 18       | Payments of travel or entertainment expenses  |                              |   |  |                                       |
|          | for any federal, state, or local public officials   | 140,088.                     | 140,088.                                  |  |                                       |
| 19<br>00 | Conferences, conventions, and meetings  | 140,000.                     | 140,000.                                  |  |                                       |
| 20       | Interest  |                              |   |  |                                       |
| 21       | Payments to affiliates  | 1,803.                       |   | 1,803.   |                                       |
| 22       | Depreciation, depletion, and amortization   | 3,284.                       | 3,284.                                    | ±,003•   |                                       |
| 23       | Insurance<br>Other expenses. Itemize expenses not covered   | 5,204.                       | 5,204.                                    |  |                                       |
| 24       | above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.) |                              |   |  |                                       |
| а        | PUBLICATIONS AND SUBSCR   | 6,743.                       | 6,743.                                    |  |                                       |
| a<br>b   | EDUCATION   | 1,727.                       | 1,727.                                    |  |                                       |
| c<br>c   | AWARDS  | 1,000.                       | 1,000.                                    |  |                                       |
| d        | MISCELLANEOUS   | 303.                         | 54.                                       | 249.   |                                       |
|          | All other expenses  |                              |   |  |                                       |
| 25       | Total functional expenses. Add lines 1 through 24e  | 884,166.                     | 822,656.                                  | 61,510.  | 0.                                    |
| 26       | Joint costs. Complete this line only if the organization  | ,                            | ,,  | ,  |                                       |
| _•       | reported in column (B) joint costs from a combined<br>educational campaign and fundraising solicitation.  |                              |   |  |                                       |
|          | Check here Fight and following SOP 98-2 (ASC 958-720)   |                              |   |  |                                       |
|          | LIT TOHOWING SUP 98-2 (ASU 958-720)   |                              |   |  | Farm 000 (0017                        |

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Form **990** (2017)

## Form 990 (2017)

## NATIONAL ASSOCIATION OF STATE DIRECTORS

OF CAREER TECHNICAL EDUCATION CONSORTIUM 52-1646898 Page 11

| Part X         | Balance Sheet  |                        |                          |   |     | 1040090 Page I                    |
|----------------|--|------------------------|--------------------------|---|-----|-----------------------------------|
|                | Check if Schedule O contains a response or r         | note to an             | line in this Part X      |   |     |                                   |
|                |  |                        |                          | <b>(A)</b><br>Beginning of year         |     | <b>(B)</b><br>End of year         |
| 1              | Cash - non-interest-bearing                          |                        |                          |   | 1   |                                   |
| 2              | Savings and temporary cash investments               |                        |                          | 270,231.                                | 2   | 374,875                           |
| 3              | Pledges and grants receivable, net                   |                        |                          |   | 3   |                                   |
| 4              |  |                        |                          | 104,171.                                | 4   | 210,131                           |
| 5              |  |                        |                          |   |     |                                   |
|                | trustees, key employees, and highest comper          | nsated en              | loyees. Complete         |   |     |                                   |
|                | Part II of Schedule L                                |                        |                          |   | 5   |                                   |
| 6              | Loans and other receivables from other disqu         | alified pe             | ons (as defined under    |   |     |                                   |
|                | section 4958(f)(1)), persons described in sect       | ion 4958(              | (3)(B), and contributing |   |     |                                   |
|                | employers and sponsoring organizations of se         | ection 50 <sup>-</sup> | c)(9) voluntary          |   |     |                                   |
| 2              | employees' beneficiary organizations (see ins        |                        |                          |   | 6   |                                   |
| 7              |  |                        |                          |   | 7   |                                   |
| 8   8          |  |                        |                          |   | 8   |                                   |
| 9              |  |                        | Γ                        | 5,630.                                  | 9   | 17,033                            |
| 10             | a Land, buildings, and equipment: cost or other      |                        |                          |   |     |                                   |
|                | basis. Complete Part VI of Schedule D                |                        | 36,171.                  |   |     |                                   |
|                | b Less: accumulated depreciation                     |                        | 33,689.                  | 3,385.                                  | 10c | 2,482                             |
| 11             |  |                        |                          | 2,575,758.                              | 11  | 2,737,899                         |
| 12             |  |                        |                          |   | 12  |                                   |
| 13             |  |                        |                          |   | 13  |                                   |
| 14             |  |                        |                          |   | 14  |                                   |
| 15             |  |                        |                          | 9,000.                                  | 15  | 9,000                             |
| 16             |  |                        |                          | 2,968,175.                              | 16  | 3,351,420                         |
| 17             |  |                        |                          | 96,015.                                 | 17  | 113,418                           |
| 18             |  |                        |                          |   | 18  |                                   |
| 19             |  |                        |                          | 190,163.                                | 19  | 256,522                           |
| 20             |  |                        |                          | •                                       | 20  |                                   |
| 21             |  |                        |                          |   | 21  |                                   |
|                |  |                        |                          |   |     |                                   |
| 22             | key employees, highest compensated employ            |                        |                          |   |     |                                   |
|                | Complete Part II of Schedule L                       |                        |                          |   | 22  |                                   |
| i 23           |  |                        |                          |   | 23  |                                   |
| 24             |  |                        |                          |   | 24  |                                   |
| 25             |  |                        |                          |   | ~.  |                                   |
| 120            | parties, and other liabilities not included on lir   |                        |                          |   |     |                                   |
|                | Schedule D   |                        |                          |   | 25  |                                   |
| 26             |  |                        |                          | 286,178.                                | 26  | 369,940                           |
|                | Organizations that follow SFAS 117 (ASC 9            |                        |                          | , -                                     |     |                                   |
| ,              | complete lines 27 through 29, and lines 33           |                        |                          |   |     |                                   |
| 27             |  |                        |                          | 2,675,891.                              | 27  | 2,981,480                         |
| 27<br>28<br>29 |  |                        |                          | 6,106.                                  | 28  | 0                                 |
| 29             |  |                        |                          | .,                                      | 29  | -                                 |
|                | Organizations that do not follow SFAS 117            |                        |                          |   |     |                                   |
| 5              | and complete lines 30 through 34.                    | ,                      |                          |   |     |                                   |
| 30<br>31<br>32 | •  | ds                     |                          |   | 30  |                                   |
| 31             |  |                        |                          |   | 31  |                                   |
| 32             |  |                        | F                        |   | 32  |                                   |
| 33             |  |                        | F                        | 2,681,997.                              | 33  | 2,981,480                         |
| 34             |  |                        |                          | 2,968,175.                              | 34  | 3,351,420                         |
| - 04           | ו סנמו וומטווונופט מוזע דופנ מסטפנט/זעוזע שלולו ונפט |                        |                          | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 04  | Form <b>990</b> (201 <sup>-</sup> |

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| NAJ | CIONAL . | ASSOCIATION | I OF  | STATE   | DIRECTORS  |
|-----|----------|-------------|-------|---------|------------|
| OF  | CAREER   | TECHNICAL.  | EDIIC | אסדידבי | CONSORTIIM |

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|------------|---------|
|------------|---------|

| _  | 990 (2017) OF CAREER TECHNICAL EDUCATION CONSORTIUM  | 52-16      | 46898      | Pag   | ge <b>12</b> |
|----|--|------------|------------|-------|--------------|
| 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          | 1,059      |       |              |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2          | 884        |       |              |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3          |            |       | 57.          |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4          | 2,681      |       |              |
| 5  | Net unrealized gains (losses) on investments   | 5          | 123        |       | 26.          |
| 6  | Donated services and use of facilities   | 6          |            | 6     | 00.          |
| 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         | 2,981      | L,4   | 80.          |
| Pa | rt XII Financial Statements and Reporting  |            |            |       |              |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                       |            |            |       | X            |
|    |  |            |            | 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     |            |            |       |              |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |            | <b>2</b> a |       | 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?                                 |            | <b>2</b> b | 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 IConsolidated 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 |            |            |       |              |
|    | 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  |            |            |       |              |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Audit |            |       |              |
|    | Act and OMB Circular A-133?  |            | <b>3</b> a |       | X            |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  |            |            |       |              |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |            |            |       |              |
|    |  |            | Form       | ααη / | 0017)        |

Form **990** (2017)

732012 11-28-17

| <b>Schedule B</b><br>(Form 990, 990-EZ,<br>or 990-PF)  |
|--|
| Department of the Treasury<br>Internal Revenue Service |

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

| Name of the orga | nization |
|------------------|----------|
|------------------|----------|

Organization type (check one):

| NAJ | TIONAL | ASSOCIATION | I OF | STATE  | DIRECTORS  |
|-----|--------|-------------|------|--------|------------|
| OF  | CAREER | TECHNICAL   | EDUC | CATION | CONSORTIUM |

52-1646898

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)( 4) (enter number) organization   |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization   |
| Form 990-PF        | 501(c)(3) exempt private foundation  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## **General Rule**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

## Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM Employer identification number

52-1646898

| Part I      | Contributors (see instructions). Use duplicate copies of Part I if additiona | al space is needed.        |  |
|-------------|--|----------------------------|--|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1           | ASIA SOCIETY<br>725 PARK AVENUE<br>NEW YORK, NY 10021                        | \$6,608.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|             |  | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|             |  | \$                         | Person Payroll On Complete Part II for noncash contributions.)                     |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|             |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)               |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|             |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)               |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
|             |  | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |
| 723452 11-0 | 1-17   | Schedule B (Form           | 990, 990-EZ, or 990-PF) (2017)   |

12410117 758104 81059.001 2017.05020 NATIONAL ASSOCIATION OF STA 81059\_01

#### 52-1646898 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723453 11-01-17 15

Name of organization

NATIONAL ASSOCIATION OF STATE DIRECTORS OF CAREER TECHNICAL EDUCATION CONSORTIUM Employer identification number

Page 3

2017.05020 NATIONAL ASSOCIATION OF STA 81059\_01

12410117 758104 81059.001

|                          | ASSOCIATION OF STAT  |   | Employer identification num   |  |  |  |  |  |
|--------------------------|--|---|---|--|--|--|--|--|
|                          | R TECHNICAL EDUCATIO   |   | 52 – 1646898<br>1 in section 501(c)(7), (8), or (10) that total more than \$1,0                                 |  |  |  |  |  |
|                          | the year from any one contributor. Complete (  | columns (a) through (e) and the follo                                   | wing line entry. For organizations  |  |  |  |  |  |
| ι                        | completing Part III, enter the total of exclusively religiou<br>Use duplicate copies of Part III if addition | s, charitable, etc., contributions of \$1,000 or<br>al space is needed. | r less for the year. (Enter this info. once.)   |  |  |  |  |  |
| a) No.<br>from           | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |  |  |  |  |  |
| Part I                   | (b) Fulpose of gift  |   |   |  |  |  |  |  |
|                          |  |   |   |  |  |  |  |  |
|                          |  |   |   |  |  |  |  |  |
|                          |  | (e) Transfer of gif   | n de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l |  |  |  |  |  |
|                          | Transferee's name, address, a  | nd ZIP + 4  | Relationship of transferor to transferee  |  |  |  |  |  |
| —                        |  |   |   |  |  |  |  |  |
|                          |  |   |   |  |  |  |  |  |
| a) No.<br>from           | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |  |  |  |  |  |
| Part I                   |  |   |   |  |  |  |  |  |
|                          |  |   |   |  |  |  |  |  |
|                          |  |   |   |  |  |  |  |  |
|                          | (e) Transfer of gift   |   |   |  |  |  |  |  |
|                          | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee                             |   |   |  |  |  |  |  |
|                          |  |   |   |  |  |  |  |  |
|                          |  |   |   |  |  |  |  |  |
| a) No.                   |  |   |   |  |  |  |  |  |
| a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |  |  |  |  |  |
| —                        |  |   |   |  |  |  |  |  |
|                          |  |   |   |  |  |  |  |  |
|                          |  | (e) Transfer of gif   | <br>ft  |  |  |  |  |  |
|                          | <b>T</b> error formalisments and design at   |   |   |  |  |  |  |  |
|                          | Transferee's name, address, a  |   | Relationship of transferor to transferee  |  |  |  |  |  |
|                          |  |   |   |  |  |  |  |  |
|                          |  |   | 1   |  |  |  |  |  |
| a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift   | (d) Description of how gift is held   |  |  |  |  |  |
|                          |  |   |   |  |  |  |  |  |
| —   <u> </u>             |  |   |   |  |  |  |  |  |
|                          | (e) Transfer of gift   |   |   |  |  |  |  |  |
|                          | Transferee's name, address, a  | Relationship of transferor to transferee                                |   |  |  |  |  |  |
|                          | ····, ·····  |   |   |  |  |  |  |  |
| <u> </u>                 |  |   |   |  |  |  |  |  |
|                          |  |   | Cabadula D /Farm 000, 000 F7, 2000 1  |  |  |  |  |  |
| 454 11-01-17             |  | 16  | Schedule B (Form 990, 990-EZ, or 990-f  |  |  |  |  |  |

| SCHEDULE C   | P0                | olitical Campaign a  | ηα μορργιή             | g Activities   |                    | GMB 140: 1343-0047  |
|--|-------------------|--|------------------------|--|--------------------|---|
| (Form 990 or 990-EZ)                                   | 2017              |  |                        |  |                    |   |
|  |                   | anizations Exempt From Income if the organization is described               |                        |  |                    | Open to Public  |
| Department of the Treasury<br>Internal Revenue Service | ▶ 0               | io to www.irs.gov/Form990 for ir   | nstructions and the I  | atest information.   |                    | Inspection  |
| -  | -                 | Form 990, Part IV, line 3, or For<br>aplete Parts I-A and B. Do not com      |                        | e 46 (Political Campai   | gn Activ           | rities), then   |
|  |                   | 01(c)(3)) organizations: Complete F  | •                      | Do not complete Part I   | -B                 |   |
| <ul> <li>Section 527 organization</li> </ul>           |                   |  | and the below.         |  | D.                 |   |
| •  | •                 | Form 990, Part IV, line 4, or For  | m 990-EZ, Part VI, lir | ne 47 (Lobbying Activit  | ties), the         | en  |
|  |                   | have filed Form 5768 (election und   |                        |  |                    |   |
| <ul> <li>Section 501(c)(3) org</li> </ul>              | anizations that I | have NOT filed Form 5768 (election   | n under section 501(h  | n)): Complete Part II-B. [   | Do not co          | omplete Part II-A.  |
| If the organization answ                               | wered "Yes," on   | Form 990, Part IV, line 5 (Proxy   | Tax) (see separate ir  | nstructions) or Form 9   | 90-EZ, F           | Part V, line 35c (Proxy   |
| Tax) (see separate inst                                | ructions), then   |  |                        |  |                    |   |
|  |                   | tions: Complete Part III.  |                        |  |                    |   |
| Name of organization                                   |                   | L ASSOCIATION OF   |                        |  |                    | identification number   |
| Part I-A Comple  |                   | ER TECHNICAL EDUC<br>anization is exempt unde                                |                        |  |                    | 2-1646898   |
|  |                   | anization is exempt unde   |                        |  | orgai              |   |
| 1 Provide a description                                | on of the organiz | ation's direct and indirect political  | campaign activities in | n Part IV  |                    |   |
| 2 Political campaign a                                 |                   |  |                        |  | ►\$                |   |
| 3 Volunteer hours for                                  | · ·               |  |                        |  | * <u> </u>         |   |
|  |                   |  |                        |  |                    |   |
| Part I-B Comple  | ete if the org    | anization is exempt unde   | r section 501(c)(      | 3).  |                    |   |
| 1 Enter the amount o                                   | f any excise tax  | incurred by the organization unde  | r section 4955         | Þ  | ►\$                |   |
|  |                   | incurred by organization managers  |                        |  | ►\$                | ·····   |
| 3 If the organization in                               |                   | n 4955 tax, did it file Form 4720 fo   |                        |  |                    | Yes No  |
| 4a Was a correction m                                  |                   |  |                        |  |                    | Yes No  |
| b If "Yes," describe in<br>Part I-C Comple             |                   | anization is exempt unde   | r section 501(c)       | except section 50  | 11/2)/3)           | 1   |
| -  |                   |  |                        |  | > (c)(c)<br>► \$   | •   |
|  |                   | d by the filing organization for sect<br>ization's funds contributed to othe |                        |  | - Þ                |   |
|  |                   |  | -                      |  | ►\$                |   |
|  |                   | . Add lines 1 and 2. Enter here and  |                        |  | Ψ                  |   |
|  |                   |  | ,                      |  | ►\$                |   |
|  |                   | 1120-POL for this year?  |                        |  |                    | Yes No  |
|  |                   | nployer identification number (EIN)  |                        |  |                    | filing organization   |
|  | 0                 | tion listed, enter the amount paid t   | 00                     |  |                    |   |
|  |                   | omptly and directly delivered to a s   |                        |  | arate se           | gregated fund or a  |
|  |                   | additional space is needed, provid   |                        | 1  |                    |   |
| (a) Name   | 2                 | (b) Address  | (c) EIN                | (d) Amount paid fror<br>filing organization's<br>funds. If none, enter - | s con<br>0 p<br>de | Amount of political<br>tributions received and<br>romptly and directly<br>plivered to a separate<br>olitical organization.<br>If none, enter -0 |
|  |                   |  |                        |  |                    |   |
|  |                   |  |                        |  |                    |   |
|  |                   |  |                        |  |                    |   |
|  |                   |  |                        |  |                    |   |
|  |                   |  |                        |  |                    |   |
|  |                   |  |                        |  |                    |   |

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

Schedule C (Form 990 or 990-EZ) 2017

732041 11-09-17

## 17 2017.05020 NATIONAL ASSOCIATION OF STA 81059\_01

| Schedule C (Form 990 or 990-EZ) 2017 OF C<br>Part II-A Complete if the organiza |                                 |                           |   |   |                                    |
|---|---------------------------------|---------------------------|---|---|------------------------------------|
| section 501(h)).  |                                 |                           |   |   |                                    |
| A Check 🕨 🛄 if the filing organization be                                       | longs to an aff                 | iliated group (and list i | n Part IV each affiliated                   | group member's nar                            | ne, address, EIN,                  |
| expenses, and share of ex   | cess lobbying                   | expenditures).            |   |   |                                    |
| B Check ► if the filing organization ch   | ecked box A a                   | nd "limited control" pr   | ovisions apply.                             |   |                                    |
| Limits on L<br>(The term "expenditures  | obbying Expe<br>" means amou    |                           | )   | <b>(a)</b> Filing<br>organization's<br>totals | <b>(b)</b> Affiliated group totals |
| <b>1a</b> Total lobbying expenditures to influence p                            | public opinion                  | (grass roots lobbying)    |   |   |                                    |
| <b>b</b> Total lobbying expenditures to influence a                             |                                 |                           |   |   |                                    |
| c Total lobbying expenditures (add lines 1a                                     |                                 |                           |   |   |                                    |
|   |                                 |                           | Г   |   |                                    |
| e Total exempt purpose expenditures (add  |                                 |                           |   |   |                                    |
|   |                                 |                           |   |   |                                    |
| f Lobbying nontaxable amount. Enter the a                                       |                                 |                           |   |   |                                    |
| If the amount on line 1e, column (a) or (b) is:                                 |                                 | bying nontaxable am       |   |   |                                    |
| Not over \$500,000  |                                 | 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                                       | 0 \$225,00                      | 00 plus 5% of the exce    | ess over \$1,500,000.                       |   |                                    |
| Over \$17,000,000   | \$1,000,                        | 000.                      |   |   |                                    |
|   |                                 |                           |   |   |                                    |
| g Grassroots nontaxable amount (enter 25%                                       | 6 of line 1f)                   |                           |   |   |                                    |
| h Subtract line 1g from line 1a. If zero or les                                 | s, enter -0-                    |                           |   |   |                                    |
| i Subtract line 1f from line 1c. If zero or less                                | s, enter -0                     |                           |   |   |                                    |
| j If there is an amount other than zero on e                                    | ither line 1h or                | line 1i, did the organiz  | ation file Form 4720                        |   |                                    |
| reporting section 4911 tax for this year?                                       |                                 |                           |   |   | Yes No                             |
|   | de a section 5<br>See the separ | ate instructions for li   | have to complete all on nes 2a through 2f.) | f the five columns                            | below.                             |
| L   | obbying Expe                    | nditures During 4-Ye      | ar Averaging Period                         |   |                                    |
| Calendar year<br>(or fiscal year beginning in)                                  | a) 2014                         | <b>(b)</b> 2015           | <b>(c)</b> 2016                             | <b>(d)</b> 2017                               | <b>(e)</b> Total                   |
| 2a Lobbying nontaxable amount   |                                 |                           |   |   |                                    |
| <b>b</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) 2017

732042 11-09-17

## Schedule C (Form 990 or 990-EZ) 2017 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 each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description |   | (a)             |   | (b           | )        |
|--|---|-----------------|---|--------------|----------|
| of the   | olobbying activity.   | Yes             | No                                      | Amo          | ount     |
| 1  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? |                 |   |              |          |
| b  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?<br>Media advertisements?   |                 |   |              |          |
| d  | 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?   |                 |   |              |          |
|  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?   |                 |   |              |          |
| i  | Other activities?   |                 |   |              |          |
| j  | Total. Add lines 1c through 1i  |                 |   |              |          |
| 2a   | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |                 |   |              |          |
| b  | 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  |                 |   |              |          |
| d  | 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   | on 501(c)(      | 5), or se                               | ction        |          |
|  | 501(c)(6).  |                 |   |              |          |
|  |   |                 |   | Yes          | No       |
| 1  | Were substantially all (90% or more) dues received nondeductible by members?  |                 |   | X            |          |
| 2  | Did the organization make only in-house lobbying expenditures of \$2,000 or less?   |                 | 2                                       |              | X        |
| 3  | Did the organization agree to carry over lobbying and political campaign activity expenditures from the   |                 |   |              | X        |
| Par  | t III-B Complete if the organization is exempt under section 501(c)(4), section   |                 |   |              |          |
|  | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  | "No," OR        | (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 political   |                 |   |              |          |
|  | 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  |                 |   |              |          |
|  | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p   |                 |   |              |          |
|  | expenditure next year?  |                 | 4                                       |              |          |
| 5  | Taxable amount of lobbying and political expenditures (see instructions)  |                 | ··· – – – – – – – – – – – – – – – – – – |              |          |
| Par  |   |                 | •                                       |              |          |
| Provi  | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group  | list); Part II- | A, lines 1 a                            | 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) 2017

732043 11-09-17

2017.05020 NATIONAL ASSOCIATION OF STA 81059\_01

19

|             | HEDULE D<br>n 990)   |   | pplemental Financial Finac | ion answere                           | d "Yes" on Form 99                            | 0.                     |                | 2                              | 017            |
|-------------|--|---|--|---------------------------------------|---|------------------------|----------------|--------------------------------|----------------|
| Denarti     | ment of the Treasury   | Part IV   | , line 6, 7, 8, 9, 10, 11a,  | 11b, 11c, 11<br>1 to Form 99          | d, 11e, 11f, 12a, or 1                        | l2b.                   |                | Ope                            | n to Public    |
| Internal    | Revenue Service  | 373 m T 0373 T  | vw.irs.gov/Form990 for   | instructions                          | and the latest infor                          |                        |                | •                              | ection         |
| Vamo        | e of the organizati  |   | ASSOCIATION<br>TECHNICAL E   |                                       |   |                        | Emp            | loyer identifica<br>52-164     |                |
| Par         | t I Organiza   | ations Maintaining  |  |                                       |   | -                      | ccou           |                                |                |
|             |  | on answered "Yes" on Fo   |  |                                       |   |                        |                |                                |                |
|             |  |   |  | (a) Donor a                           | advised funds                                 | (                      | <b>b)</b> Fund | ds and other ac                | counts         |
| 1           | Total number at e  | end of year   |  |                                       |   |                        |                |                                |                |
| 2           |  | of contributions to (during   |  |                                       |   |                        |                |                                |                |
| 3           |  | of grants from (during yea  |  |                                       |   |                        |                |                                |                |
| 4           |  | at end of year  |  |                                       |   |                        |                |                                |                |
| 5           | -  | on inform all donors and on's property, subject to  | -  |                                       |   |                        |                | Yes                            | 5 🗆 No         |
| 6           | Did the organization   | on inform all grantees, do<br>poses and not for the be  | onors, and donor advisor   | rs in writing t<br>or advisor, oi     | hat grant funds can b<br>for any other purpos | be used o<br>se confer | only<br>ring   |                                |                |
| Par         |  | vation Easements.   |  |                                       |   |                        |                |                                |                |
| 1           | Purpose(s) of con  | servation easements hel   | d by the organization (ch  | eck all that a                        | apply).                                       |                        |                |                                |                |
|             | Preservation   | n of land for public use (e   | e.g., recreation or educat   | ion)                                  | Preservation of a his                         | storically             | import         | tant land area                 |                |
|             |  | of natural habitat  |  | L                                     | Preservation of a ce                          | ertified hi            | storic s       | structure                      |                |
|             |  | n of open space   |  |                                       |   |                        |                |                                |                |
| 2           |  | a through 2d if the organi  | zation held a qualified co   | onservation c                         | ontribution in the form                       | m of a co              | onserva        | Held at the End                |                |
| а           | day of the tax yea   | ar.<br>conservation easements   |  |                                       |   |                        | 2a             |                                | UI UIC TAX TCA |
| b           |  | tricted by conservation e   |  |                                       |   |                        | 2b             |                                |                |
|             |  | rvation easements on a c  |  |                                       |   |                        | 2c             |                                |                |
|             |  | rvation easements incluc  |  |                                       |   |                        |                |                                |                |
|             | listed in the Nation   | nal Register  |  |                                       |   |                        | 2d             |                                |                |
| 3           | Number of conser   | rvation easements modif   | ied, transferred, released   | l, extinguishe                        | ed, or terminated by t                        | he orgar               | nization       | during the tax                 |                |
| 5<br>6<br>7 | Does the organiza violations, and endoted Staff and voluntee | where property subject ation have a written polic<br>forcement of the conserver<br>er hours devoted to mon<br>ses incurred in monitorin | y regarding the periodic i<br>vation easements it holds<br>itoring, inspecting, handl  | monitoring, in s?<br>ing of violation | nspection, handling o                         | onservati              | on ease        | ements during                  | the year       |
| '           | ► \$   |   | g, inspecting, nandling o  | r violationis, a                      | and emotering conserv                         |                        | 136111611      | its during the y               | Jai            |
| 8           | Does each conser   | rvation easement reporten)(4)(B)(ii)?   |  |                                       |   |                        |                | Yes                            | 5 🗆 No         |
| 9           |  | ibe how the organization  |  |                                       |   |                        |                |                                | et, and        |
|             | include, if applical   | ble, the text of the footno   | ote to the organization's  | financial stat                        | ements that describe                          | es the org             | ganizat        | ion's accountin                | g for          |
| _           | conservation ease  |   |  |                                       |   |                        |                |                                |                |
| Par         |  | ations Maintaining<br>if the organization answe   |  |                                       |   | Other                  | Simila         | ar Assets.                     |                |
| 1a          |  | n elected, as permitted u   |  |                                       |   | ement ar               | nd bala        | Ince sheet work                | s of art.      |
| 14          |  | es, or other similar assets   |  |                                       |   |                        |                |                                |                |
|             |  | otnote to its financial stat  |  |                                       |   |                        |                | <i>,</i> ,                     | ,              |
| b           | If the organization  | n elected, as permitted u   | nder SFAS 116 (ASC 958   | 3), to report i                       | n its revenue stateme                         | ent and b              | alance         | sheet works of                 | art, historica |
|             | treasures, or othe relating to these it                      | er similar assets held for p<br>tems:   | public exhibition, education   | on, or resear                         | ch in furtherance of p                        | oublic se              | rvice, p       | provide the follo              | wing amount    |
|             | (i) Revenue inclu  | uded on Form 990, Part \  |  |                                       |   |                        |                | ۶                              |                |
|             | .,   |   |  |                                       |   |                        | . 🕨 🤋          | £                              |                |
| 2           |  | n received or held works  |  |                                       |   | cial gain,             | provide        | e                              |                |
| _           |  | ounts required to be repo   |  |                                       |   |                        |                | •                              |                |
|             |  | d on Form 990, Part VIII, I<br>n Form 990, Part X   |  |                                       |   |                        |                |                                |                |
|             |  | n Form 990, Part X<br>Reduction Act Notice, se  |  |                                       |   |                        |                | <sup>▶</sup><br>Schedule D (Fo | orm 9901 201   |
|             | 1 10-09-17   |   |  |                                       |   |                        | •              |                                |                |
|             |  |   |  | 20                                    |   |                        |                |                                |                |
| 110         | 117 758104   | 4 81059.001   | 2017.0502  | 20 NATI                               | ONAL ASSOC                                    | IATI                   | ON O           | F STA 8                        | 1059_01        |

|          | NATIONA   | L ASSOCIAT            | ION C          | F STA         | TE DI            | RECTOR       |   |                   |            |               |
|----------|---|-----------------------|----------------|---------------|------------------|--------------|---|-------------------|------------|---------------|
| Sche     | dule D (Form 990) 2017 OF CARE                    | ER TECHNIC            | AL EI          | UCATI         | ON CO            | NSORT        | CUM 52                                  | -1646             | 898        | Page <b>2</b> |
| Par      | t III Organizations Maintaining C                 | Collections of A      | rt, Histo      | orical Tr     | easures          | s, or Othe   | er Similar                              | Assets(c          | ontinu     | ed)           |
| 3        | Using the organization's acquisition, access      | ion, and other record | ds, check      | any of the    | following t      | that are a s | ignificant use                          | of its colle      | ection i   | items         |
|          | (check all that apply):                           |                       |                |               |                  |              |   |                   |            |               |
| а        | Public exhibition                                 | c                     | 1 🗆 L          | oan or exc    | hange pro        | grams        |   |                   |            |               |
| b        | Scholarly research                                | e                     |                |               | •                |              |   |                   |            |               |
| с        | Preservation for future generations               |                       |                |               |                  |              |   |                   |            |               |
| 4        | Provide a description of the organization's c     | ollections and explai | in how the     | ev further t  | he organiz       | zation's exe | mpt purpose                             | in Part XIII      |            |               |
| 5        | During the year, did the organization solicit of  |                       |                |               |                  |              |   |                   |            |               |
| -        | to be sold to raise funds rather than to be m     |                       |                |               |                  |              |   | . 🗌 Υε            | s          | No No         |
| Par      | t IV Escrow and Custodial Arran                   |                       |                |               |                  |              |   |                   |            |               |
|          | reported an amount on Form 990, Pa                |                       |                | gainzatio     |                  |              | 1 0111 000,1                            | urerv, mio        | 5, 6,      |               |
| 1a       | Is the organization an agent, trustee, custod     |                       | diary for c    | ontribution   | ns or other      | assets not   | included                                |                   |            |               |
| 14       | on Form 990, Part X?                              |                       |                |               |                  |              |   | Ye                | 20         |               |
| h        | If "Yes," explain the arrangement in Part XIII    |                       |                |               |                  |              |   | 🗀 🖸               | , <b>3</b> |               |
| D        |   | and complete the it   |                | IDIE.         |                  |              |   | ^                 |            |               |
| -        | Designing belongs                                 |                       |                |               |                  |              | 10                                      | AIII              | ount       |               |
|          | Beginning balance                                 |                       |                |               |                  |              |   |                   |            |               |
|          | Additions during the year                         |                       |                |               |                  |              |   |                   |            |               |
|          | Distributions during the year                     |                       |                |               |                  |              |   |                   |            |               |
|          | Ending balance                                    |                       |                |               |                  |              |   |                   |            |               |
|          | Did the organization include an amount on F       |                       |                |               |                  |              | • |                   |            |               |
|          | If "Yes," explain the arrangement in Part XIII.   |                       |                |               |                  |              |   |                   |            |               |
| Par      | <b>t V</b> Endowment Funds. Complete              | 1                     | -              |               |                  |              |   |                   |            | <u> </u>      |
|          |   | (a) Current year      | <b>(b)</b> Pri | or year       | <b>(c)</b> Iwo y | /ears back   | (d) Three years                         | <u>s back (e)</u> | Four ye    | ears back     |
|          | Beginning of year balance                         |                       |                |               |                  |              |   |                   |            |               |
| b        | Contributions                                     |                       |                |               |                  |              |   |                   |            |               |
| С        | Net investment earnings, gains, and losses        |                       |                |               |                  |              |   |                   |            |               |
|          | Grants or scholarships                            |                       |                |               |                  |              |   |                   |            |               |
| е        | Other expenditures for facilities                 |                       |                |               |                  |              |   |                   |            |               |
|          | and programs                                      |                       |                |               |                  |              |   |                   |            |               |
| f        | Administrative expenses                           |                       |                |               |                  |              |   |                   |            |               |
| g        | End of year balance                               |                       |                |               |                  |              |   |                   |            |               |
| 2        | Provide the estimated percentage of the cur       | rent year end baland  | ce (line 1g    | , column (a   | a)) held as:     | :            |   |                   |            |               |
| а        | Board designated or quasi-endowment               |                       | %              |               |                  |              |   |                   |            |               |
| b        | Permanent endowment                               | %                     |                |               |                  |              |   |                   |            |               |
| с        | Temporarily restricted endowment                  | %                     |                |               |                  |              |   |                   |            |               |
|          | The percentages on lines 2a, 2b, and 2c sho       | ould equal 100%.      |                |               |                  |              |   |                   |            |               |
| 3a       | Are there endowment funds not in the posse        |                       | ation that     | are held a    | nd admini        | stered for t | he organizatio                          | on                |            |               |
|          | by:   | Ū                     |                |               |                  |              | C                                       |                   | Y          | 'es No        |
|          | (i) unrelated organizations                       |                       |                |               |                  |              |   | 3                 | a(i)       |               |
|          | (ii) related organizations                        |                       |                |               |                  |              |   |                   | a(ii)      |               |
| b        | If "Yes" on line 3a(ii), are the related organiza |                       |                |               |                  |              |   |                   | 3b         |               |
| 4        | Describe in Part XIII the intended uses of the    |                       |                |               |                  |              |   | ····· L           |            |               |
| <u> </u> | t VI Land, Buildings, and Equipm                  |                       | 5 Williont It  |               |                  |              |   |                   |            |               |
|          | Complete if the organization answere              |                       | 0 Part IV      | line 11a S    | See Form 9       | 990 Part X   | line 10                                 |                   |            |               |
|          | Description of property                           | (a) Cost or c         |                |               | t or other       |              | ccumulated                              | (d)               | Book \     |               |
|          | Description of property                           | basis (investr        |                | • •           | (other)          |              | preciation                              | (0)               | DOOK \     | /alue         |
|          | Land  |                       |                | 04315         |                  |              | S COIALION                              | +                 |            |               |
|          | Land  |                       |                |               |                  |              |   |                   |            |               |
|          | Buildings   |                       |                |               |                  |              |   |                   |            |               |
|          | Leasehold improvements                            |                       |                | <u> </u>      | 6,171            |              | 33 200                                  |                   | <u> </u>   | 100           |
|          | Equipment   |                       |                | 3             | 0,1/1            | •            | 33,689                                  |                   |            | ,482.         |
|          | Other   |                       |                |               |                  |              | <u> </u>                                |                   |            | 100           |
| Tota     | Add lines 1a through 1e. (Column (d) must e       | equal Form 990, Part  | X, colum       | n (B), line 1 | 10c.)            | <u></u>      | 🕨                                       | •                 |            | ,482.         |

Schedule D (Form 990) 2017

732052 10-09-17

#### ACCOCTANTON OF CHANE DIDECHODO

|   |                            | CATION CONSORTIUM                     | 52-1646898 Page 3             |
|---|----------------------------|---------------------------------------|-------------------------------|
| Part VII Investments - Other Securities.  |                            |                                       |                               |
| Complete if the organization answered "Yes" of  | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12.   |                               |
| (a) Description of security or category (including name of security)  | <b>(b)</b> Book value      | (c) Method of valuation: Cost         | or end-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" of<br>(a) Description of investment   | (b) Book value             | (c) Method of valuation: Cost         |                               |
|   |                            | (c) Method of Valuation. Cost         | or end-or-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" of  | on Form 990, Part IV, line | e 11d. See Form 990, Part X, line 15. |                               |
| (a) [   | Description                |                                       | (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" of  | on Form 990, Part IV, line |                                       | ine 25.                       |
| 1. (a) Description of liability   |                            | (b) Book value                        |                               |
| (1) Federal income taxes  |                            |                                       |                               |
| (2)   |                            |                                       |                               |
| (3)   |                            |                                       |                               |
| <u>(4)</u>  |                            |                                       |                               |
| (5)   |                            |                                       |                               |
| (6)   |                            |                                       |                               |
| (7)   |                            |                                       |                               |
| (8)   |                            |                                       |                               |
| (9)<br>Total (Column (b) must actual Form 000, Bart X, act. (B) line  | 25)                        |                                       |                               |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line   |                            | e the executed in the second states   | anto that rangets the         |
| 2. Liability for uncertain tax positions. In Part XIII, provide<br>organization's liability for uncertain tax positions under |                            |                                       |                               |
| organization shapility for uncertain tax positions under  |                            | There is the text of the loothole has | Schedule D (Form 990) 2017    |
|   |                            |                                       | 3011EUUIE D (F01111 990) 2017 |

| Sche | dule D (Form 990) 2017 OF CAREER TECHNICAL EDUCATION  | CONSORTIUM       | 52-1646898 Page | 4 |
|------|---|------------------|-----------------|---|
| Pa   | t XI Reconciliation of Revenue per Audited Financial Statements   | With Revenue per | Return.         |   |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                             |                  |                 |   |
| 1    | Total revenue, gains, and other support per audited financial statements                                |                  | 1               |   |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                     |                  |                 |   |
| а    | Net unrealized gains (losses) on investments  | 1                |                 |   |
| b    | Donated services and use of facilities 21   |                  |                 |   |
| с    | Recoveries of prior year grants 2d  | ;                |                 |   |
| d    | Other (Describe in Part XIII.)  | 1                |                 |   |
| е    | Add lines 2a through 2d   |                  | 2e              |   |
| 3    | Subtract line 2e from line 1  |                  | 3               |   |
| 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  | 1                |                 |   |
| b    | Other (Describe in Part XIII.)  | )                |                 |   |
| с    | Add lines 4a and 4b   |                  | 4c              |   |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                         |                  | 5               |   |
| Pa   | t XII Reconciliation of Expenses per Audited Financial Statements                                       | With Expenses pe | r Return.       |   |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.                             |                  | -1 - 1          |   |
| 1    | Total expenses and losses per audited financial statements  |                  | 1               |   |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                       | 1                |                 |   |
| а    | Donated services and use of facilities  |                  | 4               |   |
| b    | Prior year adjustments2   |                  | 4               |   |
| С    | Other losses 20   |                  | 4               |   |
| d    | Other (Describe in Part XIII.)  |                  |                 |   |
| е    | Add lines 2a through 2d   |                  | 2e              |   |
| 3    | Subtract line 2e from line 1  |                  | 3               |   |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                      | 1                |                 |   |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b  |                  | -               |   |
| b    | Other (Describe in Part XIII.)  |                  |                 |   |
| С    | Add lines 4a and 4b   |                  |                 |   |
| 5    | Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> ) |                  | 5               |   |
| ra   | t XIII Supplemental Information.  |                  |                 |   |

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

PART X, LINE 2:

FOR THE YEARS ENDED JUNE 30,2018 AND 2017, THE ORGANIZATIONS HAVE

DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAVE

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

732054 10-09-17

12410117 758104 81059.001

| sc   | HEDULE J               | Compensation Information  | 1           | OMB No.     | 1545-00 | 47     |
|------|------------------------|---|-------------|-------------|---------|--------|
| (Fo  | rm 990)                | For certain Officers, Directors, Trustees, Key Employees, and Highest                               |             | 2017        |         |        |
| •    | -                      | Compensated Employees   |             | 20          |         |        |
| Dono | 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     | Go to www.irs.gov/Form990 for instructions and the latest information.                              |             | 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   | Check the appropr      | iate box(es) if the organization provided any of the following to or for a person listed on Form    | 990,        |             |         |        |
|      | Part VII, Section A,   | line 1a. Complete Part III to provide any relevant information regarding these items.               |             |             |         |        |
|      | First-class or o       | charter travel Housing allowance or residence for perso   | nal use     |             |         |        |
|      | Travel for com         |   |             |             |         |        |
|      |                        | cation and gross-up payments Health or social club dues or initiation fees                          |             |             |         |        |
|      | Discretionary          | spending account Personal services (such as, maid, chauffe  | ur, chef)   |             |         |        |
|      |                        |   |             |             |         |        |
| b    | •                      | 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             |             | <b>1</b> b  |         |        |
| 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 on line 1a?                  |             | 2           |         |        |
| _    |                        |   |             |             |         |        |
| 3    |                        | ny, of the following the filing organization used to establish the compensation of the organization |             |             |         |        |
|      |                        | ector. Check all that apply. Do not check any boxes for methods used by a related organizati        | ion to      |             |         |        |
|      | ·                      | ation of the CEO/Executive Director, but explain in Part III.                                       |             |             |         |        |
|      | Compensation           |   |             |             |         |        |
|      |                        | compensation consultant   |             |             |         |        |
|      | Form 990 of o          | ther organizations X Approval by the board or compensation c  | ommittee    |             |         |        |
|      |                        |   |             |             |         |        |
| 4    |                        | d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing           |             |             |         |        |
|      | organization or a re   | e e e e e e e e e e e e e e e e e e e   |             |             |         | v      |
| a    |                        | ce payment or change-of-control payment?  |             |             |         | X<br>X |
| b    |                        | ceive payment from, a supplemental nonqualified retirement plan?                                    |             |             |         | X      |
| С    |                        | ceive payment from, an equity-based compensation arrangement?                                       |             | <b>4c</b>   |         |        |
|      | If "Yes" to any of III | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.            |             |             |         |        |
|      | Only costion 501/      | c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.                             |             |             |         |        |
| 5    |                        | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation      | n           |             |         |        |
| 5    | contingent on the r    |   | 211         |             |         |        |
| а    | •                      |   |             | 5a          |         | x      |
| b    | Any related organiz    | ration?   |             | 5u<br>5b    | L       | X      |
|      |                        | or 5b, describe in Part III.  |             |             |         |        |
| 6    |                        | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio       | on          |             |         |        |
| •    | contingent on the r    |   |             |             |         |        |
| а    | •                      |   |             | 6a          | Х       |        |
| b    | Any related organiz    | ation?  |             | 6b          |         | X      |
|      |                        | or 6b, describe in Part III.  |             |             |         |        |
| 7    |                        | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments       | S           |             |         |        |
|      |                        | nes 5 and 6? If "Yes," describe in Part III   |             | 7           |         | X      |
| 8    |                        | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t        |             |             |         |        |
|      |                        | 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)?   |             | 9           |         |        |
| LHA  |                        | eduction Act Notice, see the Instructions for Form 990.   |             | ile J (Forr | n 990)  | ) 2017 |

732111 10-17-17

### Schedule J (Form 990) 2017

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

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

|                       | (B) Breakdown of W-2 and/or 1099-MISC compensation |   |   | (C) Retirement and other deferred | (D) Nontaxable |            |  |  |
|-----------------------|--|---|---|-----------------------------------|----------------|------------|--|--|
| (A) Name and Title    | (i) Base<br>compensation                           | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      | benefits       | (B)(i)-(D) | in column (B)<br>reported as deferred<br>on prior Form 990 |  |
| (1) KIMBERLY GREEN (i | 180,556.   | 23,604.                                   | 0.  |                                   |                |            | 0.   |  |
| EXECUTIVE DIRECTOR (i |  | 0.  | 0.  | 0.                                | 0.             | 0.         | 0.   |  |
| (i                    |  |   |   |                                   |                |            |  |  |
| (ii                   |  |   |   |                                   |                |            |  |  |
| (i                    |  |   |   |                                   |                |            |  |  |
| (ii                   |  |   |   | · ·                               |                |            |  |  |
| (i                    |  |   |   |                                   |                |            |  |  |
| (ii                   |  |   |   |                                   |                |            |  |  |
| (i                    |  |   |   |                                   |                |            |  |  |
| (ii                   |  |   |   |                                   |                |            |  |  |
| (i                    |  |   |   |                                   |                |            |  |  |
| (ii                   |  |   |   |                                   |                |            |  |  |
| (ii                   |  |   |   |                                   |                |            |  |  |
| (i                    |  |   |   |                                   |                |            |  |  |
| (ii                   |  |   |   |                                   |                |            |  |  |
| (i                    |  | · · · · ·                                 |   |                                   |                |            |  |  |
| (ii                   |  |   |   |                                   |                |            |  |  |
| (i                    |  |   |   |                                   |                |            |  |  |
| (ii                   |  |   |   |                                   |                |            |  |  |
| (i                    |  |   |   |                                   |                |            |  |  |
| (ii                   |  |   |   |                                   |                |            |  |  |
| (i                    |  |   |   |                                   |                |            |  |  |
| (ii                   |  |   |   |                                   |                |            |  |  |
| (i                    |  |   |   |                                   |                |            |  |  |
| (i)                   |  |   |   |                                   |                |            |  |  |
| (i                    |  |   |   |                                   |                |            |  |  |
| (i                    |  |   |   |                                   |                |            |  |  |
| (i                    |  |   |   |                                   |                |            |  |  |
| (ii                   |  |   |   |                                   |                |            |  |  |
| (ii                   |  |   |   |                                   |                |            |  |  |

Schedule J (Form 990) 2017

## 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.

| PART I, LINE 6:   |
|---|
| EXECUTIVE DIRECTOR'S CONTRACT INDICATES THAT HER PERFORMANCE EVALUATION AND |
| RESULTING SALARY INCREASES AND/OR BONUSES CONSIDER THE OVERALL FISCAL       |
| HEALTH OF THE ORGANIZATION.   |
|   |
|   |
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|   |
|   |
|   |
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|   |

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 **2017** Open to Public Inspection

NATIONAL ASSOCIATION OF STATE DIRECTORS | Employer identification number OF CAREER TECHNICAL EDUCATION CONSORTIUM | 52-1646898

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

ON NATIONAL POLICY TO PROMOTE ACADEMIC AND TECHNICAL EXCELLENCE THAT

ENSURES A CAREER-READY WORKFORCE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADVANCE CTE WON A CONTRACT TO PROVIDE THE STATE OF VERMONT WITH

TECHNICAL ASSISTANCE AND SUPPORT TO GATHER STAKEHOLDER INPUT,

SYNTHESIZE THE FEEDBACK AND TO DRAFT A VISION TO ADVANCE HIGH-QUALITY

CAREER TECHNICAL EDUCATION IN VERMONT.

EXPENSES \$ 10,916. INCLUDING GRANTS OF \$ 0. REVENUE \$ 12,000.

ADVANCE CTE, UNDER A CONTRACT WITH THE BILL AND MELINDA GATES FOUNDATION, CONDUCTED A LANDSCAPE REVIEW TO CONTENT, TOPICS AND TRENDS IMPACTING CAREER READINESS AND CAREER TECHNICAL EDUCATION. THE ANALYSIS REVIEWED AND SYNTHESIZED BEST PRACTICES AND RESEARCH ON TOPICS SUCH AS CREDENTIALS, CAREER PATHWAYS, GUIDANCE AND ADVISEMENT, ETC. EXPENSES \$ 25,839. INCLUDING GRANTS OF \$ 0. REVENUE \$ 85,970.

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.

12410117 758104 81059.001

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211
 09-07-17

27 2017.05020 NATIONAL ASSOCIATION OF STA 81059\_01

Schedule O (Form 990 or 990-EZ) (2017) Page 2 Name of the organization NATIONAL ASSOCIATION OF STATE DIRECTORS Employer identification number OF CAREER TECHNICAL EDUCATION CONSORTIUM 52-1646898 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 NOMINATIONS ARE ALSO ACCEPTED FROM THE FLOOR. THE STATE DIRECTORS 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 11B:

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

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CONFLICTS.

732212 09-07-17

 

 Schedule O (Form 990 or 990-E2) (2017)
 Page 2

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

 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

 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.

FORM 990, PART XII, 2C

THERE WAS NO CHANGE TO THE OVERSIGHT PROCESS OR SELECTION PROCESS.

732212 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)

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2017.05020 NATIONAL ASSOCIATION OF STA 81059\_01

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| SCHEDULE R<br>(Form 990)                               | Related Organizations and Unrelated Partnerships         ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.         ▶ Attach to Form 990.         ▶ Go to www.irs.gov/Form990 for instructions and the latest information. |   |  |  |  |  |
|--|--|---|--|--|--|--|
| Department of the Treasury<br>Internal Revenue Service |  |   |  |  |  |  |
| Name of the organizat                                  |  | ployer identification number 52-1646898 |  |  |  |  |
|  |  |   |  |  |  |  |

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| <b>(a)</b><br>Name, address, and EIN (if applicable)<br>of disregarded entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state or<br>foreign country) | <b>(d)</b><br>Total income | <b>(e)</b><br>End-of-year assets | <b>(f)</b><br>Direct controlling<br>entity |
|---|--------------------------------|--|----------------------------|----------------------------------|--|
|   |                                |  |                            |                                  |  |
|   |                                |  |                            |                                  |  |
|   |                                |  |                            |                                  |  |
|   |                                |  |                            |                                  |  |

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

| <b>(a)</b><br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section | (f)<br>Direct controlling<br>entity | contr | <b>g)</b><br>512(b)(13)<br>rolled<br>tity? |  |
|---|--------------------------------|---|-------------------------------|---|-------------------------------------|-------|--|--|
|   |                                |   |                               | 501(c)(3))                                  |                                     | Yes   | No   |  |
| NATIONAL CAREER TECHNICAL EDUCATION                             |                                |   |                               |   |                                     |       |  |  |
| FOUNDATION - 73-1086246, 8484 GEORGIA AVE,                      | ADVANCE AND SUPPORT CAREER     |   |                               |   |                                     |       |  |  |
| SILVER SPRING, MD 20910-5604                                    | TECHNICAL EDUCATION            | MARYLAND  | 501(C)(3)                     | 509(A)(2)                                   | N/A                                 |       | Х  |  |
|   |                                |   |                               |   |                                     |       |  |  |
|   |                                |   |                               |   |                                     |       |  |  |
|   |                                |   |                               |   |                                     |       |  |  |
|   |                                |   |                               |   |                                     |       |  |  |
|   |                                |   |                               |   |                                     |       |  |  |
|   |                                |   |                               |   |                                     |       |  |  |
|   |                                |   |                               |   |                                     |       |  |  |
|   |                                |   |                               |   |                                     |       |  |  |
|   |                                |   |                               |   |                                     |       |  |  |

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

Schedule R (Form 990) 2017

OMB No. 1545-0047

1

## NATIONAL ASSOCIATION OF STATE DIRECTORS Schedule R (Form 990) 2017 OF CAREER TECHNICAL EDUCATION CONSORTIUM

52-1646898 Page 2

Part 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)   | (1   | h) | (i)                               | (j)                           | (k) |  |                           |   |
|--|------------------|---|---|--|------------------------------|---|--|----|-----------------------------------|-------------------------------|-----|--|---------------------------|---|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling Pre<br>entity (re<br>exclu | jal<br>icile<br>e or<br>icing<br>e or<br>icing | Direct controlling<br>entity | Direct controlling<br>entity<br>entity<br>excluded from tax under<br>sections 512-514 | Predominant income Share of total s<br>(related, unrelated, income er<br>excluded from tax under |    | Share of<br>end-of-year<br>assets | Disproportionate allocations? |     | Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | Genera<br>manag<br>partne | l or Percentag<br><sup>ing</sup> ownershi<br>r? |
|  |                  | country)                                  |   | sections 512-514)                              |                              |   | Yes  | No | K-1 (Form 1065)                   | Yes                           | lo  |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   |                               |     |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   |                               |     |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   |                               |     |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   |                               |     |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   |                               |     |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   |                               |     |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   |                               |     |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   |                               |     |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   |                               |     |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   |                               |     |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   |                               |     |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   |                               |     |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   | $\uparrow \uparrow$           |     |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   |                               |     |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   |                               |     |  |                           |   |
|  |                  |   |   |  |                              |   |  |    |                                   |                               |     |  |                           |   |

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)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (C)<br>Legal domicile<br>(state or<br>foreign | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|--------------------------------|---|-------------------------------------|--|--|---|--------------------------------|---|----|
|  |                                | country)                                      |                                     |  |  |   |                                | Yes   | No |
|  |                                |   |                                     |  |  |   |                                |   |    |
|  |                                |   |                                     |  |  |   |                                |   |    |
|  |                                |   |                                     |  |  |   |                                |   |    |
|  |                                |   |                                     |  |  |   |                                |   |    |
|  |                                |   |                                     |  |  |   |                                |   |    |

## Schedule R (Form 990) 2017 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 | No |
|--|------------------------|--------------------------------|--|-------|-----|----|
| 1 During the tax year, did the organization engage in any of the following transaction           | ns with one or more re | elated organizations listed in | Parts II-IV?                             |       |     |    |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit | ty                     |                                |  | 1a    |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)                         |                        |                                |  | 1b    |     | Х  |
| c Gift, grant, or capital contribution from related organization(s)                              |                        |                                |  | 1c    |     | Х  |
| d Loans or loan guarantees to or for related organization(s)                                     |                        |                                |  | 1d    |     | X  |
| e Loans or loan guarantees by related organization(s)  |                        |                                |  | 1e    |     | X  |
| f Dividends from related organization(s)   |                        |                                |  | 1f    |     | X  |
| g Sale of assets to related organization(s)  |                        |                                |  | 1g    |     | X  |
| h Purchase of assets from related organization(s)  |                        |                                |  | 1h    |     | X  |
| i Exchange of assets with related organization(s)  |                        |                                |  | 1i    |     | X  |
| j Lease of facilities, equipment, or other assets to related organization(s)                     |                        |                                |  | 1j    |     | X  |
| k Lease of facilities, equipment, or other assets from related organization(s)                   |                        |                                |  | 1k    |     | X  |
| I Performance of services or membership or fundraising solicitations for related organization(s) |                        |                                |  |       |     |    |
| m Performance of services or membership or fundraising solicitations by related organization(s)  |                        |                                |  |       |     |    |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |                        |                                |  |       |     |    |
|  |                        |                                |  | 10    | Х   |    |
| p Reimbursement paid to related organization(s) for expenses                                     |                        |                                |  | 1p    |     | X  |
| q Reimbursement paid by related organization(s) for expenses                                     |                        |                                |  | 1q    | Х   |    |
| r Other transfer of cash or property to related organization(s)                                  |                        |                                |  | 1r    |     | X  |
| s Other transfer of cash or property from related organization(s)                                |                        |                                |  |       |     | X  |
| If the answer to any of the above is "Yes," see the instructions for information on v            | who must complete t    | nis line, including covered re | ationships and transaction thresholds.   | -     |     | -  |
| (a)<br>Name of related organization  | (b)<br>Transaction     | (c)<br>Amount involved         | (d)<br>Method of determining amount invo | olved |     |    |

| (a)<br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|---|-------------------------------|--|
| NATIONAL CAREER TECHNICAL EDUCATION |   |                               |  |
| (1) FOUNDATION                      | 0                                       | 391,954.                      | TIME ALLOCATION                              |
| NATIONAL CAREER TECHNICAL EDUCATION |   |                               |  |
| (2) FOUNDATION                      | Q                                       | 407,137.                      | REIMBURSEMENT                                |
|                                     |   |                               |  |
| (3)                                 |   |                               |  |
|                                     |   |                               |  |
| (4)                                 |   |                               |  |
|                                     |   |                               |  |
| (5)                                 |   |                               |  |
|                                     |   |                               |  |
| (6)                                 | 3.0                                     |                               |  |

# Schedule R (Form 990) 2017 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.

| (a)                    | (b)              | (c)               | (d)  | -  | 1               | (f)      | (g)         | (ł                       |            | (i)  | (j)            | (k) |
|------------------------|------------------|-------------------|--|--|-----------------|----------|-------------|--------------------------|------------|--|----------------|-----|
| Name, address, and EIN | Primary activity | Legal domicile    | (d)<br>Prodominant incomo  | (e<br>Are a<br>partners<br>501(c<br>orgs | all             | Share of |             |                          | י <b>י</b> | (י)<br>Code V URI  | (J)<br>General |     |
| of entity              | Filling activity | (state or foreign | (related, unrelated,   | partners<br>501(c                        | s sec.<br>:)(3) | total    | end-of-year | Dispr<br>tion<br>allocat | late       | amount in box 20   | managin        |     |
| orentity               |                  | country)          | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | orgs                                     | s.? '           | income   | assets      | alloca                   | ions?      | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | partner        |     |
|                        |                  | country)          | sections 512-514)  | Yes                                      | No              | Income   | a55615      | Yes                      | No         | (FOLUTI 1065)  | Yes N          | )   |
|                        |                  |                   |  |  |                 |          |             |                          |            |  |                |     |
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Schedule R (Form 990) 2017

|            |                                | NAT      | FIONAL       | ASSOCIATIO          | N OF STATE            | DIRECTORS                   |
|------------|--------------------------------|----------|--------------|---------------------|-----------------------|-----------------------------|
| Schedule R | (Form 990) 2017                | OF       | CAREER       | R TECHNICAL         | EDUCATION             | CONSORTIUM52-1646898 Page 5 |
| Part VII   | Supplemental Infor             |          |              |                     |                       |                             |
|            | Provide additional information | ation fo | or responses | to questions on Sch | edule R. See instruct | ions.                       |
|            |                                |          |              |                     |                       |                             |
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#### 2017 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

#### 990

|              | JO PAGE IO                                   |                  |        |      |         |             |                             | 990              | _                      |                            |                           |  |                               |                           |                                       |
|--------------|--|------------------|--------|------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset<br>No. | Description                                  | Date<br>Acquired | Method | Life | C o n v | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | *<br>Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|              | MACHINERY & EQUIPMENT                        |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
| 1            | COMPUTER AND EQUIPMENT                       | VARIOUS          | SL     | 3.00 |         | 16          | 11,064.                     |                  |                        |                            | 11,064.                   | 7,303.                                   |                               | 1,697.                    | 9,000.                                |
| 2            | FURNITURE AND FIXTURE                        | VARIOUS          | SL     | 7.00 |         | 16          | 25,107.                     |                  |                        |                            | 25,107.                   | 24,583.                                  |                               | 106.                      | 24,689.                               |
|              | * 990 PAGE 10 TOTAL<br>MACHINERY & EQUIPMENT |                  |        |      |         |             | 36,171.                     |                  |                        |                            | 36,171.                   | 31,886.                                  |                               | 1,803.                    | 33,689.                               |
|              | * GRAND TOTAL 990 PAGE 10<br>DEPR            |                  |        |      |         |             | 36,171.                     |                  |                        |                            | 36,171.                   | 31,886.                                  |                               | 1,803.                    | 33,689.                               |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
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728111 04-01-17

(D) - Asset disposed

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

### 2018 ESTIMATED TAX FILING INSTRUCTIONS

#### FORM 990-W

#### FOR THE YEAR ENDING

June 30, 2019

| Prepared for                                    | NATIONAL ASSOCIATION OF STATE DIRECTORS<br>OF CAREER TECHNICAL EDUCATION CONSORTIUM<br>8484 Georgia Avenue No. 620<br>Silver Spring, MD 20910   |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|
| Prepared by                                     | DEMBO JONES, P.C.<br>6010 EXECUTIVE BLVD, SUITE 900<br>ROCKVILLE, MD 20852  |  |  |  |  |  |  |  |  |  |  |
| Amount of tax                                   | Total Estimated Tax\$480Less credit from prior year\$0Less amount already paid on 2018 estimate\$0Balance due\$480Payable in full or in installments as follows:Due DateInstallmentAmountDue DateNo. 1\$120No. 2\$120No. 3\$120No. 4\$120June 17, 2019June 17, 2019 |  |  |  |  |  |  |  |  |  |  |
| Make check<br>payable to                        | Payments should be made using the Electronic Federal Tax<br>Payment System (EFTPS).   |  |  |  |  |  |  |  |  |  |  |
| Mail voucher<br>and check (if<br>applicable) to | Not applicable  |  |  |  |  |  |  |  |  |  |  |
| Special<br>Instructions                         |   |  |  |  |  |  |  |  |  |  |  |

### TAX RETURN FILING INSTRUCTIONS

#### FORM 990-T

#### FOR THE YEAR ENDING

June 30, 2018

| Prepared for                                       | NATIONAL ASSOCIATION OF STATE DIRECTORS<br>OF CAREER TECHNICAL EDUCATION CONSORTIUM<br>8484 Georgia Avenue No. 620<br>Silver Spring, MD 20910 |
|--|---|
| Prepared by  | DEMBO JONES, P.C.<br>6010 EXECUTIVE BLVD, SUITE 900<br>ROCKVILLE, MD 20852  |
| Amount due<br>or refund                            | Balance due of \$475  |
| Make check<br>payable to                           | Payments should be made using the Electronic Federal Tax<br>Payment System (EFTPS).   |
| Mail tax return<br>and check (if<br>applicable) to | Department of the Treasury<br>Internal Revenue Service Center<br>Ogden, UT 84201-0027   |
| Return must be<br>mailed on<br>or before           | May 15, 2019  |
| Special<br>Instructions                            | The return should be signed and dated.  |

| From 990-T     Exempt 0 regarization Business Income Tax Return<br>Indo proxy tax under section (60330)     Out the theory<br>and section (1) and section (2) and |                                   | NOTICE   | 2018     | -100                      |                     |              |                               |  |  |  |  |  |
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| <sup>1</sup> and or <i>M</i> and <i>M</i> and <i>M</i> Florage semigration number (See instructions.) <sup>1</sup> becarbe the organization's primery ID (M) (See instructions.) <sup>1</sup> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <sup>1</sup> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <sup>1</sup> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <sup>1</sup> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <sup>1</sup> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <sup>1</sup> Notes are in care of 1 <sup>1</sup> Notes are in care of 1 <sup>1</sup> Notes are in care of 1 <sup>1</sup> Notes are in care of 1 <sup>1</sup> Notes are in care of 1 <sup>1</sup> Notes are in care of 1 <sup>1</sup> Notes are in care of 1 <sup>1</sup> Notes are in care of 1 <sup>1</sup> Notes are in care of 1 <sup>1</sup> Notes are in care of 1 <sup>1</sup> Notes are in care of 1 <sup>1</sup> Notes <sup>1</sup> Notes <sup>1</sup> Notes <sup>1</sup> Notes <sup>1</sup> Notes <sup>1</sup> Notes <sup>1</sup> Notes <sup>1</sup> Notes <sup>1</sup> Notes </th <td></td> <td></td> <td></td> <td>jii postal code</td> <td></td> <td>900</td> <td>099</td>  |                                   |  |          | jii postal code           |                     | 900          | 099                           |  |  |  |  |  |
| a de de 33, 351, 420. [ © Check organization type: ► X 50 (c) concration       50 (c) trust       40 (a) trust       Other trust         H Describe the organization s primary unrelated business activity. ► TRANSPORTATION BENEFITS       Use: X to the organization subsidiary on an altitude group or a parent-subsidiary controlled group?       Ves       X to the organization subsidiary on an altitude group or a parent-subsidiary controlled group?       Ves       X to the organization subsidiary on a parent-subsidiary controlled group?       Ves       X to the organization subsidiary on a parent-subsidiary controlled group?       Ves       X to the organization subsidiary on a parent-subsidiary controlled group?       Ves       X to the organization subsidiary on the organization subsidiary on the organization subsidiary control and subsidiary on the organization subsidiary control and subsidiary on the organization subsidi  |                                   | E Over evenentien number (Cas instructions)  |          |                           |                     | 200          |                               |  |  |  |  |  |
| In Decode the organization is many unreased bounders a subsidiary of TRAINS PORTATION BENEFITS       Yes       X No         I'''ess' enter the rame and identifying number of the parent corporation. ►       I'' the books are incered of ►       X TMBERLY A.       Research       R   | <sup>at end of year</sup> 3,351,4 | 20. G Check organization type ► X 501(c) co  | poratio  | n 501(c) trust            | 401(a               | ) trust      | Other trust                   |  |  |  |  |  |
| If the same and identifying number of the parent corporation.         J The books are in care of ▶ KIMBERLY A. GREEN         Test U furrelated Trade of Business Income         (a) Income (as profiles or Business Income         (b) East returns and allowances         (c) Net         (c) State in care of ▶ KIMBERLY A. GREEN         (c) State in care of ▶ KIMBERLY A. GREEN         (c) State in care of ▶ KIMBERLY A. GREEN         (c) State in care of ▶ KIMBERLY A. GREEN         (c) State in care of ▶ KIMBERLY A. GREEN         (c) State in care of ▶ KIMBERLY A. GREEN         (c) State in care of ▶ KIMBERLY A. GREEN         (c) State in care of books and (schold A, line 7)         (c) Care it loss of the care of target and the state ment of the care of target and care of the care of target and care of target   | H Describe the organization       | Describe the organization's primary unrelated business activity.  TRANSPORTATION BENEFITS  |          |                           |                     |              |                               |  |  |  |  |  |
| J The books are in care of ▶ KINBERLY A. GREEN       Telephone number ▶ 301-588-9630         Part ⊥       Unrelated Trade or Business Income       (A) income       (B) Expenses       (C) Net         a Gross receipts or sales       c Balance       (C) Net       (C) Net       (C) Net         a Gross receipts or sales       c Balance       (C) Net       (C) Net       (C) Net         3 Gross profit. Subtract line 2 from line 1c       (C) Net       (C) Net       (C) Net       (C) Net         4 a Capital gain net income (attach Schedule 0)       (E) Methy (C) Me  | I During the tax year, was        | the corporation a subsidiary in an affiliated group or a pai   | ent-subs | sidiary controlled group? | ▶                   | Yes          | s X No                        |  |  |  |  |  |
| Part II       Unrelated Trade or Business Income       (A) Income       (B) Expenses       (C) Net         1a Grass receipts or sales       c Balance       1       1       (C) Net       1         2 Goss pol(Schedule A, line 7)       c Balance       1  |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 1a       Gross recipts or sales       c       Blance       1         2       Cost of goods sold (Schedule A, line 7)       2       2         3       Gross profit. Subtract line 2 from line to       3       3         4       Capital gain net income (attach Schedule 0)       44       44         5       Income (sold (Schedule C))       44       44         6       Feature income (Schedule C)       44       44         7       Urrelated doct-financed income (Schedule E)       7       7         7       Interest, annulles, royalities, and rents from controlled organizations (Sch. F)       8       9         9       Interest, annulles, royalities, and rents from controlled organizations (Sch. F)       10       11         10       Exploited doct-financed income (Schedule I)       11       12       3, 640.       3, 640.         11       Advertising income (Schedule J)       11       13       3, 640.       3, 640.       3, 640.       3, 640.       14       15         12       Other income (Schedule K)       13       3, 640.       14       15       16       16       16       16       16       16       16       16       16       16       16       16       16       16  |                                   |  |          |                           | one number 🕨 🕻      | 301-!        | 588-9630                      |  |  |  |  |  |
| b       Less returns and allowances       c       cBalance       1c         2       Cost of goods sold (Schedule A, line 7)       c       cBalance       2         4       Capital gain net income (attach Schedule D)       capital loss deduction for trusts       capital loss deduction for trusts       capital loss deduction for trusts         5       Income (dss) form 4797, Part II, line 17) (attach Form 4797)       cd       cd       cd         6       Enternicome (Schedule C)       6       cd       cd       cd         7       Urrelated debt-financed income (Schedule C)       6       cd       cd       cd       cd         8       Interest, annulities, royatites, and rents from controlled organizations (Schedule G)       0       cd  | Part I Unrelate                   | d Trade or Business Income   | _        | (A) Income                | (B) Expense         | S            | (C) Net                       |  |  |  |  |  |
| 2       Cost of goods sold (Schedule A, line 7)       2         3       Gross profit. Subtract line 2 from line to       3         4       Capital gioss, Horm 737, Part II, line 17) (attach Form 4797)       46         6       Capital loss, Horm 7479, Part II, line 17) (attach Form 4797)       46         6       Capital loss, Horm 7479, Part II, line 17) (attach Form 4797)       46         6       Capital loss, Horm 7479, Part II, line 17) (attach Form 4797)       46         7       Immediate deduction for trusts       6         8       Interset, annuties, royalites, and rents from controlled organizations (Sob F)       8         9       Investment income (Schedule E)       7         11       Advertising income (Schedule J)       70         12       3, 640.       3, 640.         13       7, 640.       3, 640.         14       Comprensation of Mices, directors, and trustees (Schedule K)       14         15       Salaries and wages       15         16       Repairs and maintenance       16         17       18       14         18       Taxes and licenses       19         20       Charitable contributions, (Genetuctions for limitation rules)       20         21       22       20       <  |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 3       Gross profit. Subtrate line 2 from line 1c       3       3       3         4a       Capital gain en income (attach Schedule D)       4a       4a       4a         b       Net gain (loss) (form 4797, Part II, line 17) (attach Form 4797)       4a       4a       4a         c       Capital loss deduction for trusts       4a       4a       4a       4a         5       Income (sols) from patterships and S corporations (attach statement)       5       5       5       5         6       Rent income (Schedule C)       7       7       6   |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 4a       Capital gain net income (attach Schedule D)       4a       4a         b       Net gain (loss) (form 4797, Part II, IIIer 17) (attach Form 4797)       46       4a         5       Income (loss) (form 4797, Part II, IIIer 17) (attach Form 4797)       46       4a         5       Income (loss) form patherships and S corporations (attach statement)       6       6       6         6       Interest, annulies, royalites, and rest from controlled organizations (Stch F).       8       6       6       6         9       Investment income (Schedule C)       7       8       6  |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| b       Net gain (loss) form 4797, Part II, line 17) (attach Form 4797)       40       40         c       Capital loss deduction for trusts       5       6       6         income (loss) from partnerships and S corporations (attach statement)       5       6       6       6         7       Unrelated deht-financed income (Schedule E)       7       7       6       6       7         9       Interest, annuilies, royalites, and reits from controlled organization (Schedule 6)       9       7       7       7         10       Exploited exempt activity income (Schedule 1)       7       7       10       10       11       10       11       11       11       11       11       12       3, 6 40.       3, 6 40.       13, 6 40.       13, 6 40.       13, 6 40.       13, 6 40.       13, 6 40.       13, 6 40.       14       14       14       14       14       14       14       14       14       14       14       14       15       16       16       17       11       14       14       14       15       14       15       14       15       16       16       17       16       16       17       16       17       16       16       17       16       16 <t< th=""><td>•</td><td></td><td>-</td><td></td><td></td><td></td><td></td></t<>   | •                                 |  | -        |                           |                     |              |                               |  |  |  |  |  |
| c Capital loss deduction for trusts       4c       4c         5 Income (loss) from partnerships and S corporations (attach statement)       6       5         6 Ret income (Schedule C)       6       5         7 Urrelated debt-financed income (Schedule E)       7       6         9 Investment income of a socia 501(c)(7), (9), or (17) organization (Schedule 6)       9       5         10 Exploited exempt activity income (Schedule 1)       10       11         11 Advertising income (Schedule 1)       10       11         12 Other income (Se e instructions attach schedule)       STATEBMENT 1       13       3, 6 40 0.       3, 6 40 0.         13 Total. Combine lines 3 through 12       13       3, 6 40 0.       3, 6 40 0.       13, 6 40 0.       3, 6 40 0.         14 Except for contributions, deductions must be directly connected with the unrelated business income.)       14       15       16         17 Bad debts       18       11       12       20       14       15         18 Interest (attach schedule)       19       20       18       11       12       22       20         19 Depretion (attach form offices, directors, and trustees (Schedule K)       19       20       21       22       22       22       22       22       22       22       22 <td>4 a Capital gain net incon</td> <td>19 (attach Schedule D)</td> <td>48</td> <td></td> <td></td> <td></td> <td></td>   | 4 a Capital gain net incon        | 19 (attach Schedule D)   | 48       |                           |                     |              |                               |  |  |  |  |  |
| 5       Income (loss) from partnerships and S corporations (attach statement)       5       6         6       Rent income (Schedule C)       7       7         1       Unrelated deht-financed income (Schedule E)       7       7         9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)       9       10         11       Advertising income (Schedule I)       10       11         12       Other income (Schedule J)       11       3, 6 40.         12       Totat. Combine lines 3 through 12       3, 6 40.       3, 6 40.         11       J       3, 6 40.       3, 6 40.         12       Other income (Schedule J)       13       3, 6 40.       3, 6 40.         12       Other income (Schedule J)       13       3, 6 40.       3, 6 40.         14       15       15       16       16         15       Salaries and wages       16       16       16         16       Repairs and maintenance       16       18       19       20         16       Repairs and licenses       19       20       20       20       20       20       20       21       22       22       22       22       23       24       24  |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 6       Rent income (Schedule C)       6       7         7       Unrelated debt-financed income (Schedule E)       7       7         9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)       9       9         10       Exploited exempt activity income (Schedule I)       10       10         11       Advertising income (Schedule J)       10       11         12       3, 640.       3, 640.       3, 640.         13       13, 640.       3, 640.       3, 640.         14       Combine lines 3 through 12       13       3, 640.       3, 640.         13       14       3, 640.       3, 640.       3, 640.         14       Compensation of officers, directors, and trustees (Schedule K)       14       14         15       Salaries and waiges       16       17         16       17       18       19       20         17       Interest (attach schedule)       18       19       20         14       Depreciation (attach form 4562)       21       22       22         15       Exess exempt expenses (Schedule A and elsewhere on return       22       22       22         15       Exess exempt expenses (Schedule J)       27 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 7       Unrelated debt-financed income (Schedule E)       7       8         8       Intrest, annuities, royalties, and rents from controlled organizations (Sch. F).       8       9         10       Exploited exempt activity income (Schedule I)       10       10         11       Advertising income (Schedule I)       10       10         12       Other income (Schedule I)       11       11         13       Total. Combine lines 3 through 12       12       3, 6 40.       3, 6 40.         14       Intrest, annuities, robust at the schedule I)       11       11       11         14       Advertising income (Schedule I)       11       11       12         15       Total. Combine lines 3 through 12       12       3, 6 40.       3, 6 40.         16       Interest, and maintenance       16       18       16         17       Taxes and litenance       18       18       17         18       Interest (attach schedule)       19       20       20       20         21       Depreciation claimed on Schedule A and elsewhere on return       22       22       22       22         22       Less depreciation claimed on Schedule A and elsewhere on return       23       24       24       24       <  |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 8       Interest, annuities, royalties, and rents from controlled organizations (Sch. F).       8       9       0         9       Investment income of a section 501(c)(7), (9), or (7) organization (Schedule 6)       9       0       0         10       Exploited exempt activity income (Schedule 1)       10       11       12       3, 640.         11       12       3, 640.       3, 640.       3, 640.         13       3, 640.       13       3, 640.       3, 640.         14       15       15       16       16         15       Salaries and wages       15       16       16       17         16       18       16       16       16       16       17         17       Salaries and wages       16       16       16       18       16       16       17       18       18       19       10<  |                                   |  | -        |                           |                     |              |                               |  |  |  |  |  |
| 9       Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6)       9       10         10       Exploited exempt activity income (Schedule 1)       10       10         11       Advertising income (Schedule 1)       10       10         12       Other income (See instructions; attach schedule)       STATEMENT 1       11       3       3       640       3       , 640         13       3       , 640       3       , 640       3       , 640       3       , 640         14       Combine lines 3 through 12       13       3       , 640       3       , 640       3       , 640         15       Interest (attach schedule)       Stataries and maintenance       14       15       16       16       17       17       16       16       17       17       18       18       19       20  |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 10       Exploited exempt activity income (Schedule I)       10       11         11       Advertising income (Schedule J)       11       12       3, 640.         12       Other income (See instructions; attach schedule)       STATEMENT 1.       12       3, 640.       3, 640.         13       3, 640.       13       3, 640.       3, 640.       3, 640.         Part II       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)<br>(Except for contributions, deductions must be directly connected with the unrelated business income.)         14       0       15       16         15       16       16       17         16       17       18       16         17       18       16       17         18       19       20       18         19       20       20       20         21       22       22       22         22       22       22       22         23       Depreciation (attach Firm 4562)       21       22         24       25       26       26         25       26       27       28         26       28       29       0.         28       29   |                                   |  | G) 9     |                           |                     |              |                               |  |  |  |  |  |
| 12       Other income (See instructions; attach schedule)       STATEMENT 1       12       3,640.       3,640.         13       Total. Combine lines 3 through 12.       13       3,640.       3,640.       3,640.         Part III       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)<br>(Except for contributions, deductions must be directly connected with the unrelated business income.)       14  |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 12       Other income (See instructions; attach schedule)       STATEMENT 1       12       3,640.       3,640.         13       Total. Combine lines 3 through 12.       13       3,640.       3,640.       3,640.         Part III       Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)<br>(Except for contributions, deductions must be directly connected with the unrelated business income.)       14  |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| Part II       Decluctions Not Taken Elsewhere (See instructions for limitations on deductions.)<br>(Except for contributions, deductions must be directly connected with the unrelated business income.)         14       Compensation of officers, directors, and trustees (Schedule K)       14         15       Salaries and wages       16         17       18       16         17       18       19         18       19       18         19       20       21         20       21       22         21       22       22         22       23       24         23       24       22         24       25       23         25       26       23         26       27       28         27       28       28         28       29       0.         29       0.       27         28       29       0.         29       0.       30       3, 640.         29       0.       31       32       3.         29       0.       33       1, 000.       33       1, 000.         30       3, 640.       33       32       3, 640.       33       <   | 12 Other income (See in:          | structions; attach schedule) <b>STATEMENT</b> 1  |          |                           |                     |              |                               |  |  |  |  |  |
| Image: Contributions deductions must be directly connected with the unrelated business income.)       14         Image: Compensation of officers, directors, and trustees (Schedule K)       14         Image: Solaries and wages       15         Image: Repairs and maintenance       16         Image: Repairs and maintenance       18         Image: Repairs and maintenance       19         Image: Repairs and maintenance       18         Image: Repairs and maintenance       18         Image: Repairs and maintenance       19         Image: Repairs and maintenance       18         Image: Repairs and maintenance       19         Image: Repairs and maintenance       19         Image: Repairs and maintenance       10         Image: Repairs and maintenance       121         Image: Repairs and maintenance       20         Image: Repairs and maintenance       21         Image:  |                                   |  |          | -                         |                     |              | 3,640.                        |  |  |  |  |  |
| 14       Compensation of officers, directors, and trustees (Schedule K)       14         15       Salaries and wages       15         16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess exempt expenses (Schedule I)       27         27       Other deductions (attach schedule)       29         29       O.       30       3, 640.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       3, 640.         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30.       32       3, 640.         33       1,000.       31       31, 000.       34       2, 640.         34       2, 64  |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 15       Salaries and wages       15         16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       23         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       26       27         26       27       28         27       28       29         28       29       0.         29       0.       30         21       28       29         25       28       29         26       27       28         29       0.       30         30       3., 640.       31         31       30       3., 640.         32       3., 640.       33         33       1., 000.       33         34       2., 640.<  |                                   |  |          |                           |                     | 1 1          |                               |  |  |  |  |  |
| 16       Repairs and maintenance       16         17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Depletion       23       24         24       Employee benefit programs       26       27         26       Excess exempt expenses (Schedule I)       26       27         28       Other deductions (attach schedule)       28       29       0.         29       Other deductions (attach schedule)       28       29       0.         30       J, 640.       31       30       3, 640.         31       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       3, 640.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1, 000.         34       Q., 640.       24       2, 640.       26  |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 17       Bad debts       17         18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       23         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       26         26       Excess readership costs (Schedule I)       27         28       Other deductions (attach schedule)       28         29       O.       30       3, 640.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       3, 640.         31       Net operating loss deduction (limited to the amount on line 30)       31       31       32       3, 640.         32       Junrelated business taxable income before specific deductions for exceptions)       33       1, 000.       33       1, 000.         34       Unrelated business taxable income. Subtract line 31 from line 30.       33       1, 000.       34       2, 640.   |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 18       Interest (attach schedule)       18         19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Depletion       23       24         24       Contributions to deferred compensation plans       25       25         26       Excess exempt expenses (Schedule I)       27       28         29       Total deductions, (attach schedule)       28       29       0.         20       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       3, 640.         31       Net operating loss deduction (limited to the amount on line 30)       31       31       31         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       3, 640.       33       1, 000.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1, 000.       34       2, 640.         34       2, 640.       723r01 01-22-18       LHA       For Paperwork Reduction Act Notice, see inst   |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 19       Taxes and licenses       19         20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       26         26       Excess readership costs (Schedule I)       27         28       Other deductions (attach schedule)       28         29       Total deductions. Add lines 14 through 28       29       0.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       3, 640.         31       Net operating loss deduction (limited to the amount on line 30)       31       32       3, 640.         32       3, 640.       33       1, 000.       33       1, 000.         34       Unrelated business taxable income before specific deduction. Subtract line 31 from line 32, enter the smaller of zero or line 32       34       2, 640.         35       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       34       2, 640.  |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 20       Charitable contributions (See instructions for limitation rules)       20         21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       26         26       Excess exempt expenses (Schedule I)       26         27       Excess readership costs (Schedule J)       27         28       Other deductions (attach schedule)       28         29       O.       30       3, 640.         31       Net operating loss deduction (limited to the amount on line 30)       31         32       Unrelated business taxable income before specific deduction. Subtract line 29 from line 30       31         33       Depcific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1,000.         34       2,640.       72,701       01-22-18       2,640.  |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 21       Depreciation (attach Form 4562)       21         22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess exempt expenses (Schedule I)       26         27       Excess readership costs (Schedule J)       27         28       Other deductions (attach schedule)       28         29       Total deductions. Add lines 14 through 28       29       0.         30       3, 640.       31       30       3, 640.         31       Net operating loss deduction (limited to the amount on line 30)       31       31       31         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       3, 640.       33       1, 000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32       34       2, 640.         723701 01-22-18       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2017)  | 20 Charitable contributi          | ons (See instructions for limitation rules)  |          |                           |                     |              |                               |  |  |  |  |  |
| 22       Less depreciation claimed on Schedule A and elsewhere on return       22a       22b         23       Depletion       23         24       Contributions to deferred compensation plans       24         25       Employee benefit programs       25         26       Excess exempt expenses (Schedule I)       26         27       Excess readership costs (Schedule J)       27         28       Other deductions (attach schedule)       28         29       Total deductions. Add lines 14 through 28       29       0.         30       J, 640.       31       30       3, 640.         31       Net operating loss deduction (limited to the amount on line 30)       31       31       33       1, 000.         32       J, 640.       33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1, 000.       34       2, 640.         723701 01-22-18       LHA       For Paperwork Reduction Act Notice, see instructions.       Form <b>990-T</b> (2017)       Form <b>990-T</b> (2017)   |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 24Contributions to deferred compensation plans2425Employee benefit programs2526Excess exempt expenses (Schedule I)2627Excess readership costs (Schedule J)2728Other deductions (attach schedule)2829Total deductions. Add lines 14 through 282930Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 133031Net operating loss deduction (limited to the amount on line 30)3132Unrelated business taxable income before specific deduction. Subtract line 31 from line 3032331,000.331,000.342,640.342,640.72370101-22-18LHAFor Paperwork Reduction Act Notice, see instructions.Form 990-T (2017)   |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 24Contributions to deferred compensation plans2425Employee benefit programs2526Excess exempt expenses (Schedule I)2627Excess readership costs (Schedule J)2728Other deductions (attach schedule)2829Total deductions. Add lines 14 through 282930Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 133031Net operating loss deduction (limited to the amount on line 30)3132Unrelated business taxable income before specific deduction. Subtract line 31 from line 3032331,000.331,000.342,640.342,640.72370101-22-18LHAFor Paperwork Reduction Act Notice, see instructions.Form 990-T (2017)   |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 26       Excess exempt expenses (Schedule I)       26         27       Excess readership costs (Schedule J)       27         28       29       0.         29       0.       28         29       0.       30         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       3,640.         31       Net operating loss deduction (limited to the amount on line 30)       31       31         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       3,640.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1,000.         34       2,640.       72,640.       72,010       01-22-18         723701       01-22-18       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2017)   | 24 Contributions to defe          | Contributions to deferred compensation plans   |          |                           |                     |              |                               |  |  |  |  |  |
| 27       Excess readership costs (Schedule J)       27         28       Other deductions (attach schedule)       28         29       Total deductions. Add lines 14 through 28       29       0.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       3, 640.         31       Net operating loss deduction (limited to the amount on line 30)       31       31         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       3, 640.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1, 000.         34       Q, 640.       34       2, 640.         723701       01-22-18       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2017)   | 25 Employee benefit pro           | Employee benefit programs  |          |                           |                     |              |                               |  |  |  |  |  |
| 28       Other deductions (attach schedule)       28         29       Total deductions. Add lines 14 through 28       29       0.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       3,640.         31       Net operating loss deduction (limited to the amount on line 30)       31       31         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       3,640.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1,000.         34       Unrelated business taxable income. Subtract line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32       34       2,640.         723701       01-22-18       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2017)  | 26 Excess exempt expe             | nses (Schedule I)  |          |                           |                     |              |                               |  |  |  |  |  |
| 29       Total deductions. Add lines 14 through 28       29       0.         30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       3,640.         31       Net operating loss deduction (limited to the amount on line 30)       31       31         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       3,640.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1,000.         34       Unrelated business taxable income. Subtract line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32       34       2,640.         723701       01-22-18       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2017)   | 27 Excess readership c            | osts (Schedule J)  |          |                           |                     |              |                               |  |  |  |  |  |
| 30       Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13       30       3,640.         31       Net operating loss deduction (limited to the amount on line 30)       31         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       3,640.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1,000.         34       Unrelated business taxable income. Subtract line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32       34       2,640.         723701       01-22-18       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2017)   | 28 Other deductions (at           | tach schedule)   |          |                           |                     |              |                               |  |  |  |  |  |
| 31       Net operating loss deduction (limited to the amount on line 30)       31         32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       3,640.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1,000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32       34       2,640.         723701       01-22-18       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2017)  | 29 Iotal deductions. A            | <ul> <li>I utai ucuucuuis. Auu iiites 14 iiituuyii 20</li> <li>I unrelated husiness tavahle income before net operating loss deduction. Subtract line 20 from line 12</li> </ul> |          |                           |                     |              |                               |  |  |  |  |  |
| 32       Unrelated business taxable income before specific deduction. Subtract line 31 from line 30       32       3,640.         33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1,000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32       34       2,640.         723701       01-22-18       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2017)  |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 33       Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)       33       1,000.         34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32       34       2,640.         723701       01-22-18       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2017)  |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 34       Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32       34       2,640.         723701       01-22-18       LHA       For Paperwork Reduction Act Notice, see instructions.       Form 990-T (2017)   |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| line 32         34         2,640.           723701 01-22-18         LHA         For Paperwork Reduction Act Notice, see instructions.         Form 990-T (2017)   |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |
| 723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions. Form <b>990-T</b> (2017)  |                                   |  | •        | -                         |                     | 34           | 2,640.                        |  |  |  |  |  |
|   |                                   |  |          |                           |                     |              |                               |  |  |  |  |  |

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| NATIONAL ASSOCIATION OF STATE DIRECTORS |
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| Form 990-T | (2017)   | OF CAREER TECHNI   | CAL EDUCATION CO                      | DNSORTI          | UM           | 52-1                 | 646898                           | Page <b>2</b>        |  |  |
|------------|--|--|---------------------------------------|------------------|--------------|----------------------|----------------------------------|----------------------|--|--|
| Part I     |  | Tax Computation  |                                       |                  |              |                      |                                  |                      |  |  |
| 35         | Orga   | nizations Taxable as Corporations. See i   | nstructions for tax computation.      |                  |              |                      |                                  |                      |  |  |
|            | Contr  | olled group members (sections 1561 and   | l 1563) check here 🕨 📃 See il         | nstructions an   | d:           |                      |                                  |                      |  |  |
| a          |  | your share of the \$50,000, \$25,000, and  | \$9,925,000 taxable income bracket    | s (in that orde  | r):          |                      |                                  |                      |  |  |
|            | • •  | \$ (2) \$  | (3)                                   |                  |              |                      |                                  |                      |  |  |
| b          |  | organization's share of: (1) Additional 59   |                                       |                  |              |                      |                                  |                      |  |  |
|            | <b>(2)</b> A   | dditional 3% tax (not more than \$100,00   | 0)                                    | <u>}</u>         |              |                      |                                  |                      |  |  |
| C          | Incor  | ne tax on the amount on line 34  | SI                                    | STA1             | 'EMEN'       | Ľ <u>Z</u>           | ► <u>35</u> c                    | 475.                 |  |  |
| 36         |  | s Taxable at Trust Rates. See instruction  |                                       |                  |              |                      |                                  |                      |  |  |
|            |  | Tax rate schedule or Schedule D  |                                       |                  |              |                      |                                  |                      |  |  |
|            |  | / tax. See instructions  |                                       |                  |              |                      |                                  |                      |  |  |
| 38         |  |  |                                       |                  |              |                      |                                  |                      |  |  |
|            | 39       Tax on Non-Compliant Facility Income. See instructions       39         40       Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies       40 |  |                                       |                  |              |                      |                                  |                      |  |  |
|            |  | Tax and Payments   | , whichever applies                   |                  |              |                      | 40                               | 475.                 |  |  |
|            |  | gn tax credit (corporations attach Form 1  | 118: truete attach Form 1116)         |                  | 41a          |                      |                                  |                      |  |  |
|            |  |  | 110, 110313 attacin 0111 1110)        |                  | 41b          |                      | _                                |                      |  |  |
|            |  | ral business credit. Attach Form 3800  |                                       |                  |              |                      |                                  |                      |  |  |
| J<br>d     | Credi  | t for prior year minimum tax (attach Form  | 8801 or 8827)                         |                  | 410<br>41d   |                      |                                  |                      |  |  |
|            |  | credits. Add lines 41a through 41d   |                                       |                  |              |                      | 41e                              |                      |  |  |
|            |  | act line 41e from line <u>40</u>   |                                       |                  |              |                      |                                  | 475.                 |  |  |
| 43         | Other  | le) <b>43</b>  |                                       |                  |              |                      |                                  |                      |  |  |
| 44         | Total  |  | 475.                                  |                  |              |                      |                                  |                      |  |  |
| 45 a       | Paym   | ents: A 2016 overpayment credited to 20  | )17                                   |                  | 45a          |                      |                                  |                      |  |  |
|            | b     2017 estimated tax payments  |  |                                       |                  |              |                      |                                  |                      |  |  |
|            | c Tax deposited with Form 8868   |  |                                       |                  |              |                      |                                  |                      |  |  |
|            | d Foreign organizations: Tax paid or withheld at source (see instructions)   |  |                                       |                  |              |                      |                                  |                      |  |  |
|            |  | up withholding (see instructions)  |                                       |                  | 45e          |                      |                                  |                      |  |  |
|            |  | t for small employer health insurance pre  |                                       |                  | 45f          |                      |                                  |                      |  |  |
| g          | Other  | credits and payments:  | Form 2439                             |                  |              |                      |                                  |                      |  |  |
|            |  | Form 4136  | Other                                 | Total 🕨          | 45g          |                      |                                  |                      |  |  |
| 46         | Total  | payments. Add lines 45a through 45g $\dots$  |                                       |                  |              |                      | 46                               |                      |  |  |
|            |  | ated tax penalty (see instructions). Check   |                                       |                  |              |                      |                                  |                      |  |  |
| 48         |  | l <b>ue.</b> If line 46 is less than the total of lines  |                                       |                  |              |                      | ▶ 48                             | 475.                 |  |  |
| 49         |  | payment. If line 46 is larger than the total   |                                       | erpaid           |              | I                    | ▶ 49                             |                      |  |  |
|            |  | the amount of line 49 you want: Credited   |                                       |                  |              | Refunded             | ► 50                             |                      |  |  |
| Part V     |  | Statements Regarding Cert  |                                       |                  |              |                      |                                  |                      |  |  |
|            |  | y time during the 2017 calendar year, did  | e e                                   | Ũ                |              | 5                    |                                  | Yes No               |  |  |
|            |  | a financial account (bank, securities, or of   | ,                                     | -                | -            |                      |                                  |                      |  |  |
|            |  | N Form 114, Report of Foreign Bank and   | Financial Accounts. If YES, enter the | e name of the    | toreign cou  | ntry                 |                                  | v                    |  |  |
|            | here   | ·  |                                       |                  |              | <u> </u>             |                                  |                      |  |  |
|            |  | g the tax year, did the organization receiv  |                                       | rantor of, or tr | ansteror to  | , a foreign trust?   |                                  |                      |  |  |
|            |  | S, see instructions for other forms the org  |                                       | ¢                |              |                      |                                  |                      |  |  |
| 53         |  | the amount of tax-exempt interest received of penalties of perjury, I declare that I have example. | ,                                     |                  | statements a | nd to the best of my | knowledge and beli               | ef it is true        |  |  |
| Sign       |  | rrect, and complete. Declaration of preparer (othe   |                                       |                  |              |                      |                                  | oi, it io ado,       |  |  |
| Here       |  |  | <b>N</b> T                            | EXECUTI          | ית שעי       | IRECTOR              |                                  | uss this return with |  |  |
|            |  | Signature of officer   |                                       |                  |              | INDETOR              | the preparer show instructions)? |                      |  |  |
|            |  | Print/Type preparer's name   | Preparer's signature                  | Da               | te           | Check                |                                  |                      |  |  |
| <b>.</b>   |  | η τητά τγρο μισματοί ο πάπτο<br>   | i ropardi o orginaluit                |                  | 10           | self- employ         | -                                |                      |  |  |
| Paid       |  | BERT L. SWAIN, CPA   | BERT L. SWAIN,                        | , CPA01          | /17/1        |                      |                                  | 238304               |  |  |
| Prepa      |  | Firm's name DEMBO JONE   |                                       | , 011401         | -, _, _      | Firm's EIN           |                                  | L073331              |  |  |
| Use O      | niy  |  | CUTIVE BLVD, SUI                      | TE 900           | )            |                      | , , , ,                          |                      |  |  |
|            |  | Firm's address <b>►</b> ROCKVILL   |                                       |                  |              | Phone no.            | (301)77                          | 70-5100              |  |  |

| Form | 990- | <b>T</b> (2017) |
|------|------|-----------------|
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#### NATIONAL ASSOCIATION OF STATE DIRECTORS Form 990-T (2017) OF CAREER TECHNICAL EDUCATION CONSORTIUM 52-1646898

Page 3

| 1       Inventory at beginning of year       1       2         2       Purchases       7       Cost of gods soid. Subtrat: line 6       7         3       Gods of labor       3       1       1       7         4a       Additional section 263A costs<br>(attach schedule)       4a       8       Do ther rules of section 263A (with respect to<br>property produced or acquired for resalt) apply to       Yes       No         5       Total. Add lines 1 through 4b       5       Total cost of labor       Yes       No         5       Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)       Yes       No         (1)       (1)       (1)       (1)       (1)       (1)       (1)         (2)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (2)       (2)       (3)   | Schedule A - Cost of Goods S                              | old. Enter        | method of invent              | ntorv valu | ation <b>N</b> /A       |          |   |       |   |         |
|--|---|-------------------|-------------------------------|------------|-------------------------|----------|---|-------|---|---------|
| 2       Purchases       2       3       7       Cost of goods sold. Subtract line 6       7       For a for operative sold sold. Subtract line 6         3       Cost of tabor       3   |   |                   |                               | -          |                         |          |   | 6     |   |         |
| 3       Cast of tablor,       7         4a       Additional section 263A costs<br>(attach schedule)       4       Tom line 5. Inter here and in Part I,<br>line 2       7         4a       4d       4a       B       Do the rules of section 263A (with respect to<br>property produced or acquired for resale) apply to<br>the organization?       Yes       No         5       Total. Add lines 1 through 4b       5       Total       Total       Total         C2       C3       C3       C4       C4       C4       C4         C2       C3       C4       C4 </td <td></td> <td>· ·</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>   |   | · ·               |                               |            |                         |          |   | -     |   |         |
| 4a Additional section 253A costs<br>(attach schedule)       4a       Iine 2       7         8 D the rules of section 263A (with respect to<br>b Other costs (attach schedule)       4a       Yes       No         5 Total. Add lines through 4b       5       1       Property produce of acquired for resale) apply to<br>the organization?       Yes       No         Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)<br>(see instructions)       1       Ease of the rules of section 263A (with respect to<br>property Leased With Real Property)       1       1         (a)  |   | 3                 |                               | -          | -                       |          |   |       |   |         |
| 4a       8       Do the rules of section 263A (with respect to property induced or acquired for resale) apply to the or grantzation?       Yes       No         5       Total. Additions 1 through 40       5       Total additions 1 through 40       5       Total additions 1 through 40       Total additions 10       Total additions 10 <td< td=""><td></td><td></td><td></td><td>-</td><td></td><td></td><td>,</td><td>7</td><td></td><td></td></td<>  |   |                   |                               | -          |                         |          | ,   | 7     |   |         |
| b Other costs (attach schedule)       4b       property produced or acquired for resale) apply to the organization?         5 Total. Add lines t through 4b       5       the organization?         Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)       1. Description of property         1. Description of property       (1)       (2)         (3)       (4)       (1)         (2)       (3)       (1)         (3)       (1)       (1)         (3)       (2)       (3)         (4)       (1)       (1)         (2)       (3)       (3)         (3)       (1)       (1)         (2)       (2)       (3)         (3)       (2)       (3)         (4)       (2)       (3)         (3)       (2)       (3)         (4)       (2)       (3)         (5)       Total       (2)         (6)       (2)       (3)         (1)       (2)       (3)         (2)       (3)       (4)         (4)       (2)       (3)         (5)       Total       (4)       (5)         (6)       Total       (6)   | (attach schedule)   | 4a                |                               | 8 D        | o the rules of section  | 263A (\  | with respect to                                 |       | Yes                                     | No      |
| 5       Total. Add lines 1 through 4b       5       the organization?         Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)  |   | 4b                |                               | -          |                         | ``       |   |       |   |         |
| Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)         (see instructions)          1. bescription of property         (1)         (2)         (3)         (4)         (6)         (7)         (8)         (9)         (10)         (11)         (22)         (3)         (11)         (22)         (3)         (11)         (22)         (3)         (4)         (7)         (10)         (22)         (3)         (4)         (5)         (6)         (7)         (7)         (8)         (9)         (10)         (2)         (11)         (2)         (12)         (13)         (9)       Total         (14)         (15)         (16)       Total         (17)       (10)         (18)       Column (3)         (19)       Description of debt-financed Income (see instructions)   |   | 5                 |                               |            |                         |          | ,   |       |   |         |
| (1)         (2)         (3)         (4)         2. Rent received or accrued         (a) From personal property (if the percentage of rent to personal property (if the percentage of rent to personal property is nore than 50%)       3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)         (1)       (b) Form rest and personal property is nore than 50%)       3(b) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)         (1)       (c)       (c)       (c)         (2)       (c)       (c)         (3)       (c)       (c)       (c)         (a)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)       (c)       (c)         (a)       (c)   | Schedule C - Rent Income (Fro                             | om Real           | Property and                  | d Perso    | onal Property           | Leas     | ed With Real Pro                                | perty | r)                                      |         |
| (2)         (3)         (4)         (a)         (a)         (a) From personal property (fit the personal property and the personal personal property anditach schedule) </td <td>1. Description of property</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>   | 1. Description of property                                |                   |                               |            |                         |          |   |       |   |         |
| (2)         (3)         (4)         (a)         (a)         (a) From personal property (fit the personal property and the personal personal property anditach schedule) </td <td>(1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  | (1)   |                   |                               |            |                         |          |   |       |   |         |
| (3)         (4)         2. Rent received or accrued         (a) From personal property (if the parcentage of rent for personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)       3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)         (1)       (2)       (3)         (2)       (3)       (4)         (3)       (4)       (5)         (4)       (6)       (7)         (7) Total       (1)       (1)         (6) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part 1, line 6, column (6).       (1)         (6) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part 1, line 6, column (6).       (1)         (6) Total deductions directly connected with or allocable to debt-financed property       (1)       (2)         (2)       (3)       (3)       (3)         (1)       (2)       (3)       (3)         (2)       (3)       (4)       (4)         (2)       (3)       (4)       (4)         (2)       (4)       (4)       (4)         (4)       (4)       (4)       (4)         (3)       (4)       (4)       (4)         (4)       (4   |   |                   |                               |            |                         |          |   |       |   |         |
| (4)       2. Rent received or accrued       3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)         (1)       (2)       (3)       (4)         (2)       (3)       (4)       (4)         (2)       (4)       (4)       (4)         (2)       (4)       (4)       (4)       (4)         (4)       (4)       (4)       (4)       (4)       (4)       (4)         (5)       Total       (4) <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>  |   |                   |                               |            |                         |          |   |       |   |         |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)       (b) From real and personal property exceeds 50% or if the rent to personal property exceeds 50% or if the rent is based on profit or income)       3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)         (1)       (2)       (2)       (3)         (3)       (4)       (4)       (4)         Total       (1)       (1)       (1)       (1)         (2)       (2)       (3)       (4)       (4)         Total       (2)       (3)       (4)       (4)         Schedule E - Unrelated Debt-Financed Income (see instructions)       (2)       (3)       (4)       (4)         (1)       (2)       (3)       (4)       (4)       (4)       (4)       (5)         (6) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part 1, line 6, column (8)       (7)       (8)       Deductions directly connected with or allocable to debt-financed property       (1)       (2)       (3)       (4)       (4)       (4)       (5)       Deductions directly connected with or allocable to debt-financed property       (1)       (4)       (5)       Deductions directly connected with or allocable to debt-financed property       (1)       (4)       (6)       (6)       (6)       (1) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |   |                   |                               |            |                         |          |   |       |   |         |
| (a) From personal property im percentage of<br>refit for personal property is more than 10% but not more than 50% in<br>10% but not more | 2.  | Rent receive      | ed or accrued                 |            |                         |          |   |       |   |         |
| (2)       (3)         (4)       (4)         Total       0.       Total         (c) Total income. Add totals of columns 2(a) and 2(b). Enter       (b) Total deductions.         here and on page 1, Part I, line 6, column (A)       (b)         Schedule E - Unrelated Debt-Financed Income (see instructions)       0.         Schedule E - Unrelated Debt-Financed Income (see instructions)       3. Deductions directly connected with or allocable to debt-financed property         (1)       (a)       (b) Other deductions (attach schedule)         (1)       (c)       (c)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (4)       (c)       (c)         (1)       (c)       (c)         (a)       (c)       (c)         (b) column 6       (c)       (c)         (a)       (c)       (c)       (c)         (1)       (c)       (c)       (c)       (c)         (b) column 6       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)       (c)         (1)       (c)       (c)       (c)       (c) <t< td=""><td colspan="4">' rent for personal property is more than ' of rent for p</td><td>perty exceeds 50% or if</td><td></td><td></td><td></td><td></td><td>) in</td></t<>   | ' rent for personal property is more than ' of rent for p |                   |                               |            | perty exceeds 50% or if |          |   |       |   | ) in    |
| (3)       (4)         Total       0.       Total         (c) Total income. Add totals of columns 2(a) and 2(b). Enter       0.         here and on page 1, Part I, line 6, column (A)       0.         Schedule E - Unrelated Debt-Financed Income (see instructions)       0.         1. Description of debt-financed property       2. Gross income from or allocable to debt-financed property       3. Deductions directly connected with or allocable to debt-financed property         (1)       2. Gross income from or allocable to debt-financed property       (a) Straight line depreciation (attach schedule)       (b) Other deductions (attach schedule)         (1)       (a)       (b) Column 4 divided by column 5       (column 6)       (b) Other deductions (attach schedule)         (4)       (column 6)       5. Average adjusted basis of or allocable to debt-financed property (attach schedule)       6. Column 6       7. Gross income reportable (column 2 x column 6)       (column 6 x total of columns 3(a) and 3(b))         (1)       (a)       %       (column 6)       (column 6)       (column 6)       (column 6 x total of columns 3(a) and 3(b))   | (1)   |                   |                               |            |                         |          |   |       |   |         |
| (4)       Total       O.       Total       O.         (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)       (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)       (c) Total deductions.         Schedule E - Unrelated Debt-Financed Income (see instructions)       0.       (a) Straight line depreciation (attach schedule)       (b) Other deductions directly connected with or allocable to debt-financed property         1. Description of debt-financed property       2. Gross income from or allocable to debt-financed property       (a) Straight line depreciation (attach schedule)       (b) Other deductions (attach schedule)         (1)       (a)       (b) Average adjusted basis of column 5       (c) allocable to debt-financed property (attach schedule)       (b) Allocable deductions (attach schedule)         (4)       (c)       (c)       (c)       (c)       (c)       (c)         (1)       (c)       (c)       (c)       (c)       (c)       (c)         (4)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (1)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (4)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c) <td>(2)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2</td> <td></td> <td></td> <td></td>   | (2)   |                   |                               |            |                         |          | 2   |       |   |         |
| Total       O.       Total       O.         (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part 1, line 6, column (A)       (b) Total deductions. Enter here and on page 1. Part 1, line 6, column (A)       0.         Schedule E - Unrelated Debt-Financed Income (see instructions)       0.       3. Deductions directly connected with or allocable to debt-financed property       0.         1. Description of debt-financed property       2. Gross income from or allocable to debt-financed property       (a) Straight line depreciation (attach schedule)       (b) Other deductions (attach schedule)         (1)       (a)       (b) Column 4 divided by column 5       (c) and colube to debt-financed property (attach schedule)       (b) Other deductions (attach schedule)         (1)       (a)       (b) Column 4 divided by column 5       (c) and column 6       (b) Column 5       (c) and column 5         (c)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (1)       (c)       (c)       (c)       (c) and colube to debt-financed property (attach schedule)       (c) and column 5       (c) and  | (3)   |                   |                               |            |                         |          |   |       |   |         |
| (e) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)       0.       Enter here and on page 1, Part I, line 6, column (A)       0.         Schedule E - Unrelated Debt-Financed Income (see instructions)       0.       3. Deductions directly connected with or allocable to debt-financed property       0.         1. Description of debt-financed property       2. Gross income from or allocable to debt-financed property       3. Deductions directly connected with or allocable to debt-financed property       (b) Other deductions (attach schedule)         (1)       (2)       (3)       (4)       (4)       5. Average adjusted basis of or allocable to debt-financed property (attach schedule)       6. Column 4 divided by column 5       7. Gross income reportable (column 2 × column 6)       8. Allocable deductions (column 6 × total of columns 3 (a) and 3(b))         (1)       %       %       1.   | (4)   |                   |                               |            |                         |          |   |       |   |         |
| (i) Your module radius of bound (a)       (b) Enter and on page 1, Part I, line 6, column (A)       (c) Part I, line 6, column (B)       (c) Part I, line 6, column (C)       (c) Part I, line 6, column (C)       (c) Part I,   | Total   | 0.                | Total                         |            |                         | 0.       |   |       |   |         |
| 1. Description of debt-financed property       2. Gross income from or allocable to debt-financed property       3. Deductions directly connected with or allocable to debt-financed property         (1)       (a) Straight line depreciation (attach schedule)       (b) Other deductions (attach schedule)         (1)       (2)       (a)         (3)       (a)       (a)         (4)       (b) Column 4 divided by column 5       7. Gross income reportable (column 2 x column 6)         (1)       (b) Column 4 divided by column 5       7. Gross income reportable (column 2 x column 6)         (1)       (c) When the deductions (attach schedule)       (c) Column 6 x total of columns 3(a) and 3(b))         (1)       %       (c) When total of column 5         (1)       %       (c) When total of column 5   |   | • •               |                               |            |                         | 0.       | Enter here and on page 1,                       |       |   | 0.      |
| 1. Description of debt-financed property       2. Gross income from or allocable to debt-financed property       to debt-financed property         (a) Straight line depreciation (attach schedule)       (b) Other deductions (attach schedule)         (1)       (2)       (2)         (3)       (4)       (4)         (4)       (4)       (5). Average adjusted basis of or allocable to debt-financed property (attach schedule)       6. Column 4 divided by column 5       7. Gross income reportable (column exportable (column exportable (column f))       (2)         (1)       (2)       %       (2)       (2)       (4)  | Schedule E - Unrelated Debt-F                             | inanced           | Income (see                   | instructi  | ons)                    |          |   |       |   |         |
| 1. Description of debt-financed property       financed property       (a) Straight fine depreductions (attach schedule)         (1)       (attach schedule)       (attach schedule)         (2)       (attach schedule)       (attach schedule)         (3)       (attach schedule)       (attach schedule)         (4)       (attach schedule)       (attach schedule)         (1)       %       (attach schedule)         (2)       %       (attach schedule)   |   |                   |                               |            |                         |          | to debt-finance                                 |       | erty                                    |         |
| (2)       (3)         (4)       (4)         4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)       5. Average adjusted basis of or allocable to debt-financed property (attach schedule)       6. Column 4 divided by column 5       7. Gross income reportable (column 2 x column 6)         (1)       %       (2)       %       (2)   | 1. Description of debt-finance                            | d property        |                               |            |                         | (a)      | Straight line depreciation<br>(attach schedule) |       | (D) Other deduction<br>(attach schedule | )<br>)  |
| (2)       (3)         (4)       (4)         4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)       5. Average adjusted basis of or allocable to debt-financed property (attach schedule)       6. Column 4 divided by column 5       7. Gross income reportable (column 2 x column 6)         (1)       %       (2)       %       (2)   | (1)   |                   |                               |            |                         |          |   |       |   |         |
| (3)       (4)         4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)       5. Average adjusted basis of or allocable to debt-financed property (attach schedule)       6. Column 4 divided by column 5       7. Gross income reportable (column 2 x column 6)       8. Allocable deductions (columns 3(a) and 3(b))         (1)       %             (2)       %   | (2)   |                   |                               |            |                         |          |   |       |   |         |
| (4)       (4)         4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)       5. Average adjusted basis of or allocable to debt-financed property (attach schedule)       6. Column 4 divided by column 5       7. Gross income reportable (column 2 x column 6)       8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))         (1)       %       %   |   |                   |                               |            |                         |          |   |       |   |         |
| debt on or allocable to debt-financed property (attach schedule)       of or allocable to debt-financed property (attach schedule)       by column 5       reportable (column 2 x column 6)       (column 6 x total of columns 3(a) and 3(b))         (1)       %  |   |                   |                               |            |                         |          |   |       |   |         |
| (2) %  | debt on or allocable to debt-financed                     | of or a debt-fina | Illocable to<br>nced property | 6. (       |                         |          | reportable (column                              | (c    | olumn 6 x total of c                    | columns |
| (2) %  | (1)   |                   |                               |            | %                       |          |   |       |   |         |
|  |   |                   |                               |            | %                       |          |   |       |   |         |
| (3) %  | (3)   |                   |                               |            | %                       |          |   |       |   |         |
| (4) %  |   |                   |                               |            | %                       |          |   |       |   |         |
| Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B).  | ·   |                   |                               |            |                         |          |   |       |   |         |
| Totals 0. 0.   | Totals  |                   |                               |            |                         |          | 0   |       |   | 0.      |
| Total dividends-received deductions included in column 8   |   | ed in column      | 8                             |            | -                       | <u> </u> |   | -     |   |         |

Form 990-T (2017)

723721 01-22-18

|   |  | TION OF ST  |   |   |   |  |                      |  |
|---|--|---|---|---|---|--|----------------------|--|
| Form 990-T (2017) OF CAR                      |  |   |   |   |   | 52-16  |                      |  |
| Schedule F - Interest, /                      |  |   | Controlled Org  |   | -   | ations (see in:  | structions           | i)   |
| 1. Name of controlled organizat               | identi   | nployer <b>3.</b> Net unr   | related income<br>e instructions)   | <b>4</b> . Tot                          | al of specified ments made  | 5. Part of column 4 included in the con-<br>organization's gross   | trolling             | 6. Deductions directly<br>connected with income<br>in column 5                               |
| (1)   |  |   |   |   |   |  |                      |  |
| (2)   |  |   |   |   |   |  |                      |  |
| (3)   |  |   |   |   |   |  |                      |  |
| (4)   |  |   |   |   |   |  |                      |  |
| Nonexempt Controlled Organiz                  | zations  |   |   |   |   |  |                      |  |
|   |  |   | of specified payme<br>made  | ents                                    | in the controlli  | nn 9 that is included<br>ng organization's<br>i income   |                      | uctions directly connected ncome in column 10  |
| (1)   |  |   |   |   |   |  |                      |  |
| (2)   |  |   |   |   |   |  |                      |  |
| (3)   |  |   |   |   |   |  |                      |  |
| (4)   |  |   |   |   |   |  |                      |  |
| Totals<br>Schedule G - Investme<br>(see instr | nt Income of a   | Section 501(c)(   | (7), (9), or (1   | ►<br>17) Or                             | line 8, c   | on page 1, Part I,<br>column (A).  |                      | re and on page 1, Part I,<br>ne 8, column (B).<br>0 •  |
| 1. Desci                                      | iption of income   |   | 2. Amount of in   | come                                    | <ol> <li>Deduction<br/>directly conne<br/>(attach sched)</li> </ol> | cted 4. Set-   | -asides<br>schedule) | <b>5.</b> Total deductions<br>and set-asides<br>(col. 3 plus col. 4)                         |
| (1)   |  |   |   |   |   |  |                      |  |
| (2)   |  |   |   |   |   |  |                      |  |
| (3)   |  |   |   |   |   |  |                      |  |
| (4)   |  |   |   |   |   |  |                      |  |
|   |  |   | Enter here and or<br>Part I, line 9, colu   | n page 1,<br>mn (A).                    |   |  |                      | Enter here and on page 1,<br>Part I, line 9, column (B).                                     |
| Totals  |  |   |   | 0.                                      |   |  |                      | 0.   |
| Schedule I - Exploited<br>(see instru         | -  | y Income, Othe  | r Than Adv  | ertisi                                  | ing Income  | )  |                      |  |
| 1. Description of exploited activity          | 2. Gross<br>unrelated business<br>income from<br>trade or business | 3. Expenses<br>directly connected<br>with production<br>of unrelated<br>business income | 4. Net income<br>from unrelated t<br>business (colu<br>minus column<br>gain, compute o<br>through 7 | rade or<br>imn 2<br>3). If a<br>cols. 5 | from activity t<br>is not unrelat                                   | Gross income<br>m activity that<br>not unrelated<br>siness income<br><b>6.</b> Expenses<br>attributable to<br>column 5 |                      | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4). |
| (1)   |  |   |   |   |   |  |                      | 1  |
| (2)   |  |   |   |   |   |  |                      |  |
| (3)   |  |   |   |   |   |  |                      |  |

 (4)
 Enter here and on page 1, Part I, line 10, col. (A).
 Enter here and on page 1, Part I, line 10, col. (B).

 Totals
 0 •
 0 •

Schedule J - Advertising Income (see instructions)

### Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical                 | <b>2.</b> Gross<br>advertising<br>income | <b>3.</b> Direct advertising costs | <b>4.</b> Advertising gain<br>or (loss) (col. 2 minus<br>col. 3). If a gain, compute<br>cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership<br>costs (column 6 minus<br>column 5, but not more<br>than column 4). |
|---------------------------------------|--|------------------------------------|--|-----------------------|---------------------|--|
| (1)                                   |  |                                    |  |                       |                     |  |
| (2)                                   |  |                                    |  |                       |                     |  |
| (3)                                   |  |                                    |  |                       |                     |  |
| (4)                                   |  |                                    |  |                       |                     |  |
| Totals (carry to Part II, line (5)) ► | 0.                                       | 0.                                 |  |                       |                     | 0.   |
|                                       |  |                                    |  |                       |                     | Form <b>990-T</b> (2017)   |

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12410117 758104 81059.001

2017.05020 NATIONAL ASSOCIATION OF STA 81059\_01

Enter here and on page 1, Part II, line 26.

0.

#### NATIONAL ASSOCIATION OF STATE DIRECTORS Form 990-T (2017) OF CAREER TECHNICAL EDUCATION CONSORTIUM

52-1646898

Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

|   |  |  | col. 3). If a gain, compute cols. 5 through 7. | income | <b>6.</b> Readership costs | costs (column 6 minus<br>column 5, but not more<br>than column 4). |  |  |
|---|--|--|--|--------|----------------------------|--|--|--|
| 1)  |  |  |  |        |                            |  |  |  |
| 2)  |  |  |  |        |                            |  |  |  |
| (3)   |  |  |  |        |                            |  |  |  |
| (4)   |  |  |  |        |                            |  |  |  |
| otals from Part I 🛛 🕨 🕨   | • 0.   | 0.   |  |        |                            | 0.   |  |  |
|   | Enter here and on<br>page 1, Part I,<br>line 11, col. (A). | Enter here and on<br>page 1, Part I,<br>line 11, col. (B). |  |        |                            | Enter here and<br>on page 1,<br>Part II, line 27.                  |  |  |
| otals, Part II (lines 1-5) 🕨  | 0.   | 0.   |  |        |                            | 0.   |  |  |
| Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) |  |  |  |        |                            |  |  |  |

| 1. Name   | <b>2.</b> Title | 3. Percent of time devoted to business | <ol> <li>Compensation attributable<br/>to unrelated business</li> </ol> |
|---|-----------------|--|---|
| (1)   |                 | %                                      |   |
| (2)   |                 | %                                      |   |
| (3)   |                 | %                                      |   |
| (4)   |                 | %                                      |   |
| Total. Enter here and on page 1, Part II, line 14 |                 | ▶                                      | 0.  |

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Form 990-T (2017)

723732 01-22-18

#### 52-1646898

| FORM 990-T OTH                      | ER INCOME STATEMENT | 1   |
|-------------------------------------|---------------------|-----|
| DESCRIPTION                         | AMOUNT              |     |
| TRANSPORTATION BENEFITS             | 3,6                 | 40. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 1 | 2 3,6               | 40. |

| FORM | 990-T LINE 35C TAX COMPUTATION            | STATEMENT | 2   |
|------|---|-----------|-----|
| 1.   | TAXABLE INCOME                            | 2,640     |     |
| 2.   | LESSER OF LINE 1 OR FIRST BRACKET AMOUNT  | 2,640     |     |
| 3.   | LINE 1 LESS LINE 2                        | 0         |     |
| 4.   | LESSER OF LINE 3 OR SECOND BRACKET AMOUNT | 0         |     |
| 5.   | LINE 3 LESS LINE 4                        | 0         |     |
| 6.   | INCOME SUBJECT TO 34% TAX RATE            | 0         |     |
| 7.   | INCOME SUBJECT TO 35% TAX RATE            | 0         |     |
| 8.   | 15 PERCENT OF LINE 2                      | 396       |     |
| 9.   | 25 PERCENT OF LINE 4                      | 0         |     |
| 10.  | 34 PERCENT OF LINE 6                      | 0         |     |
| 11.  | 35 PERCENT OF LINE 7                      | 0         |     |
| 12.  | ADDITIONAL 5% SURTAX                      | 0         |     |
| 13.  | ADDITIONAL 3% SURTAX                      | 0         |     |
| 14.  | TOTAL INCOME TAX                          |           | 396 |
|      |   |           |     |
| 1 -  | TAX 3 019 DAME DEPENDENT ADDED 10/01/0010 |           |     |

| 15.        | TAX AT 21% RATE EFFECTIVE AFTER                                    | 12/31/2017 554 |     |
|------------|--|----------------|-----|
|            |  | DAYS           |     |
| 16.<br>17. | TAX PRORATED FOR NUMBER OF DAYS<br>TAX PRORATED FOR NUMBER OF DAYS |                |     |
| 18.        | TOTAL TAX PRORATED   | 365            | 475 |

| <b>4562</b>  |                            |  | iation and Am  |   |                |             | OMB No. 1545-0172                             |
|--|----------------------------|--|--|---|----------------|-------------|---|
| Form   | Attach to your tax return. |  |  |   |                |             |   |
| Department of the Treasury                               | <b>.</b>                   |  | =  |   |                |             | Attachment                                    |
| Internal Revenue Service (99)<br>Name(s) shown on return | ► Go to                    | www.irs.gov/F                              | orm4562 for instruction<br>Busir   | s and the latest<br>ness or activity to white |                |             | Sequence No. <b>179</b><br>Identifying number |
| NATIONAL ASS   | OCIATION O                 | F STATE                                    | DIRECTORS  |   |                |             |   |
|  |                            |  | CONSORTIUMFOR  | RM 990 PA                                     | AGE 10         |             | 52-1646898                                    |
|  |                            |  | 79 Note: If you have any li  |   |                | V before v  |   |
| 1 Maximum amount (s                                      |                            |  |  |   |                |             | 510,000.                                      |
| ,  | ,                          |  | instructions)  |   |                |             |   |
|  |                            |  | in limitation  |   |                |             | 2,030,000.                                    |
|  |                            |  | o or less, enter -0-   |   |                |             |   |
| _  |                            |  | -0 If married filing separately, se  |   |                |             |   |
| 6  | (a) Description of pro     | perty                                      | (b) Cost (busi   | ness use only)                                | (c) Elected    | cost        |   |
|  |                            |  |  |   |                |             |   |
|  |                            |  |  |   |                |             |   |
|  |                            |  |  |   |                |             |   |
|  |                            |  |  |   |                |             |   |
| 7 Listed property. Ent                                   | er the amount from         | line 29                                    |  | 7   |                |             |   |
|  |                            |  | s in column (c), lines 6 and   |   |                |             |   |
| 9 Tentative deduction                                    | Enter the smaller of       | of line 5 or line 8                        |  |   |                | 9           |   |
| 10 Carryover of disallow                                 | ved deduction from         | line 13 of your 2                          | 016 Form 4562  |   |                | 10          |   |
| 11 Business income lim                                   | itation. Enter the sn      | naller of busines                          | s income (not less than ze   | ero) or line 5                                |                | 11          |   |
| 12 Section 179 expens                                    | e deduction. Add lin       | es 9 and 10, but                           | don't enter more than lin  | ne 11 <u></u>                                 |                | 12          |   |
| 13 Carryover of disallow                                 | ved deduction to 20        | 18. Add lines 9 a                          | and 10, less line 12   | 🕨 13  |                |             |   |
| Note: Don't use Part II o                                | r Part III below for li    | sted property. Ir                          | istead, use Part V.  |   |                |             |   |
| Part II Special De                                       | preciation Allowar         | ice and Other D                            | epreciation (Don't includ  | de listed propert                             | /.)            |             |   |
| 14 Special depreciation                                  | allowance for quali        | fied property (otl                         | ner than listed property) p  | laced in service                              | during         |             |   |
| the tax year   |                            |  |  |   |                | 14          |   |
|  |                            |  |  |   |                |             |   |
| 16 Other depreciation (                                  |                            |  |  |   |                | 16          | 1,803.  |
| Part III MACRS D   | epreciation (Don't i       | nclude listed pro                          | perty.) (See instructions.)  |   |                |             |   |
|  |                            |  | Section A  |   |                |             |   |
| 17 MACRS deductions                                      | for assets placed in       | service in tax ye                          | ears beginning before 201  | 17  | <u></u>        | 17          |   |
|  |                            |  | into one or more general asset ac  |   |                |             |   |
|  | ection B - Assets I        |  | e During 2017 Tax Year   | Using the Gene                                | eral Deprecia  | ation Syste | m   |
| (a) Classification                                       | of property                | (b) Month and<br>year placed<br>in service | (c) Basis for depreciation<br>(business/investment use<br>only - see instructions) | (d) Recovery<br>period                        | (e) Convention | (f) Method  | (g) Depreciation deduction                    |
| <b>19a</b> 3-year property                               |                            |  |  |   |                |             |   |
| <b>b</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 renta                                      | al property                | /  |  | 27.5 yrs.                                     | MM             | S/L         |   |
|  |                            | /  |  | 39 yrs.                                       | MM             | S/L         |   |
| i Nonresidential r                                       | eal property               | /  |  | ,   | MM             | S/L         |   |
| Se   | ction C - Assets Pl        | aced in Service                            | During 2017 Tax Year L   | Jsing the Altern                              | ative Depred   | iation Sys  | tem   |
| 20a Class life   |                            |  |  |   |                | S/L         |   |
| <b>b</b> 12-year   |                            |  |  | 12 yrs.                                       |                | S/L         |   |
| <b>c</b> 40-year   |                            | /  |  | 40 yrs.                                       | MM             | S/L         |   |
|  | See instructions.)         | -  |  | · ·   | -              |             |   |
| 21 Listed property. Ent                                  |                            | 28   |  |   |                | 21          |   |
|  |                            |  | es 19 and 20 in column (   |   |                |             |   |
|  |                            | -  | artnerships and S corpora  |   |                | 22          | 1,803.  |
| 23 For assets shown al                                   |                            | •  |  |   |                |             | •   |
| portion of the basis                                     | -                          | -  | , ,  | 23  |                |             |   |
|  |                            |  | , see separate instructio  |   |                |             | Form <b>4562</b> (2017)                       |
|  |                            |  | 44 g   |   |                |             | ( · · · )                                     |

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<sup>1 2017.05020</sup> NATIONAL ASSOCIATION OF STA 81059\_01

| Form decign(201)         OF         CARE RET TECHNICAL EDUCATION         CONSORTIUM         52.1-36.66.98         rescal           Part V         Listed property flocida automables, earling one automables, and property used to emetanment, increasion, of anisament).         Section A-1 and Section II. A graduation of a section A in a decima  |  |   | NAT               | IONAL A           | SSOC      | IATI       | ON (     | OF ST        | ATE      | DIRE         | CTOR       | S        |                  |                  |                  |                 |               |
|---|--|---|-------------------|-------------------|-----------|------------|----------|--------------|----------|--------------|------------|----------|------------------|------------------|------------------|-----------------|---------------|
| recreation, or any vehicle for which you are using the standard minage rate or defunding lease expense, complete only 24a, 24b, columns.           Section A: Depreciation and Date Information (Caution: See the instructions for limits for passenge automobiles)           Section A: Depreciation and Date Information (Caution: See the instructions for limits for passenge automobiles)           Section A: Depreciation and Date Information (Caution: See the instructions for limits for limits are order written?           Vehicle written?         Other information (Caution: See the instructions for limits for limits are order written?           Section A: Depreciation and outer so use.         25           Section A: Depreciation and outer so use.         25           28         Property used for limits are used to use outer so use.           27         Property used 50% or less in a qualified busines use.           29         Section B: Information on Use Of Whiteles           Complete this section for the vehicles.           29           Add amounts in column (b), lines 25 through 72. Enter here and on line 21, page 1         28           29         Section B: Information O. Use Of Whiteles           Complete this section for wholesuse used by a cole propriety on Ty age 1 <th colspan<="" td=""><td>For</td><td>m 4562 (2017)</td><td>OF</td><td>CAREER</td><td>TECH</td><td>INICA</td><td>L E</td><td>DUCAT</td><td>ION</td><td>CONS</td><td>ORTI</td><td>UM</td><td>52-</td><td>1646</td><td>898</td><td>Page <b>2</b></td></th>   | <td>For</td> <td>m 4562 (2017)</td> <td>OF</td> <td>CAREER</td> <td>TECH</td> <td>INICA</td> <td>L E</td> <td>DUCAT</td> <td>ION</td> <td>CONS</td> <td>ORTI</td> <td>UM</td> <td>52-</td> <td>1646</td> <td>898</td> <td>Page <b>2</b></td> | For                                       | m 4562 (2017)     | OF                | CAREER    | TECH       | INICA    | L E          | DUCAT    | ION          | CONS       | ORTI     | UM               | 52-              | 1646             | 898             | Page <b>2</b> |
| Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 248, 24b, columns (a) through (for disection and order of an disection C in applicable.         Section A - Depreciation and O Meter Momention (Quarton: See the intructions for limits for passenger automobiles.)         4 (a) toy this we define this support them is support the standard mileage rate or deducting lease expense.       (a) (b) (b) (b) (b) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c  | Pa   | art V Listed Proper                       | ty (Include a     | utomobiles, ce    | rtain otl | her vehic  | cles, ce | rtain aircı  | raft, ce | ertain com   | puters, a  | ind prop | perty use        | ed for en        | tertainm         | ent,            |               |
| (a) through (c) 05 dection A, and Section C if applicable.         Section A - Depretation and Other Information (Gauture) See the instructions for limits for passenger automobile.)         24e. Up you have textedned to support the business lives in the information (Gauture) See the instructions for limits for passenger automobile.)       Ves       No       Abt information       Ves       No       Abt information       Ves       No       Abt information       Ves       No       Abt information       Abs information       Exclusion       Exclusion       Section       Section       Abs information       Exclusion       Abs information       Abs information </td <td></td> <td></td> <td></td> <td>hich vou are u</td> <td>sina the</td> <td>standa</td> <td>rd milea</td> <td>age rate o</td> <td>or dedi</td> <td>ucting leas</td> <td>se expen</td> <td>se. com</td> <td>iplete <b>or</b></td> <td><b>lv</b> 24a, 2</td> <td>4b. colu</td> <td>imns</td>  |  |   |                   | hich vou are u    | sina the  | standa     | rd milea | age rate o   | or dedi  | ucting leas  | se expen   | se. com  | iplete <b>or</b> | <b>lv</b> 24a, 2 | 4b. colu         | imns            |               |
| 2ga D vol have evidence is support the businessimestment use claimed?       Yes       No       26 Ib. 'Yes,''s the avidance wither no       (f)         Yes (f) evidence       Data       Data       Data       (f)       Data       Data       (f)       Data       Data </td <td></td> <td>(a) through (c)</td> <td>of Section A</td> <td>, all of Section</td> <td>B, and</td> <td>Section</td> <td>C if ap</td> <td>olicable.</td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |  | (a) through (c)                           | of Section A      | , all of Section  | B, and    | Section    | C if ap  | olicable.    |          | -            |            |          |                  |                  |                  |                 |               |
| (a)<br>Type of property<br>(Bit whites first)         (b)<br>paced in<br>paced in<br>paced in<br>paced in<br>paced in<br>the paced in<br>the pa |  |   | -                 |                   |           | •          |          |              | nstruc   | tions for li | mits for p | basseng  | ger auto         | mobiles.)        |                  |                 |               |
| Type of yropenty<br>(1st vehicles)         Desc<br>periodition<br>(1st vehicles)         Description<br>(1st vehicles)         Mainteety<br>(1st vehicles)         Description<br>(1st vehicles)  | <b>24</b> a  | Do you have evidence to s                 | support the bu    | siness/investme   | nt use cl | aimed?     | <u> </u> | res 🗌        | No       | 24b If "Y    | es," is th | ie evide | nce writ         | ten?             |                  |                 |               |
| (if et which first)       use procession       use and the basis       use and the basis       deduction       9000000000000000000000000000000000000  |  | (a)                                       |                   |                   |           |            | D.       | • •          | opiation |              |            |          |                  |                  |                  |                 |               |
| Struct         Struct         Structure         Cost           25         Special depreciation allowance for qualified business use:         25           26         Property used more than 50% in a qualified business use:         25           27         Property used 50% or less in a qualified business use:         36           27         Property used 50% or less in a qualified business use:         36           28         Add amounts in column (h), lines 26 through 27. Enter here and on line 21, page 1         28           29         Add amounts in column (h), lines 26 through 27. Enter here and on line 21, page 1         28           29         Add amounts in column (h), lines 26 through 27. Enter here and on line 21, page 1         28           20         Section 8         Intermation on line 37, page 1         28           20         Complete this section for vhicles used by a sole propriofer, partner, or other "more thin 36% come?" or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.           20         Total husines/divendment miles driven during the year.         40         40         40         40         40         40         40         40         40         40         40         40         40         40         40         40         40 <t< td=""><td></td><td>lype of property<br/>(list vehicles first)</td><td>placed in</td><td>investment</td><td></td><td></td><td>(h</td><td>usiness/inve</td><td>stment</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>   |  | lype of property<br>(list vehicles first) | placed in         | investment        |           |            | (h       | usiness/inve | stment   |              |            |          |                  |                  |                  |                 |               |
| used more than 50% in a qualified business use:       25         26       Property used more than 50% in a qualified business use:       25         27       Property used more than 50% in a qualified business use:       36         27       Property used 50% or less in a qualified business use:       54         28       38.1       54         29       Add amounts in column (b), line 25. Brough 27. Enter here and on line 21, page 1       29         29       Add amounts in column (b), line 26. Enter here and on line 7, page 1       29         29       Add amounts in column (b), line 26. Enter here and on line 7, page 1       29         20       Section B - Information on Use of Vehicles       Complete this section for vehicles used by a sobe proprietor, partner, or other 'more than 5% owner) or these socion for those vehicles.       29         30       Total business/investment thiles driven during the year.       Vehicle       Vehicle <td></td> <td></td> <td>service</td> <td>use percentag</td> <td>je o</td> <td></td> <td>,</td> <td>use only</td> <td>/)</td> <td>ponou</td> <td>00110</td> <td></td> <td>400</td> <td>aotion</td> <td>CC</td> <td>ost</td>  |  |   | service           | use percentag     | je o      |            | ,        | use only     | /)       | ponou        | 00110      |          | 400              | aotion           | CC               | ost             |               |
| 26       Property used more than 50% in a qualified business use:         1       96         27       Property used 50% or less in a qualified business use:         28       Add amounts in column (b), ine 25 through 27. Enter here and on line 21, page 1       28         29       Add amounts in column (b), line 26. Enter here and on line 21, page 1       29         29       Add amounts in column (b), line 26. Enter here and on line 21, page 1       29         30       Total business/investment miles driven during the year (add amounts in column (b), line 26. Enter here and on line 21, page 1       29         30       Total business/investment miles driven during the year (add mounts in column (b), line 26. Enter here and on line 21, page 1       29         31       Total business/investment miles driven during the year (add mounts in gets)       (a)       (b)       (c)       (c) <t< td=""><td>25</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>  | 25   |   |                   |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| i       \$6       i       \$6         27       Property used 50% or less in a qualified bulness use:       \$6       \$5.1.         28       Add amounts in column (h), line 26 strongh 27. Enter here and on line 2, page 1       29         29       Add amounts in column (h), line 26. Enter here and on line 2, page 1       29         29       Add amounts in column (h), line 26. Enter here and on line 2, page 1       29         20       Add amounts in column (h), line 26. Enter here and on line 2, page 1       29         20       Add amounts in column (h), line 26. Enter here and on line 2, page 1       29         20       Add amounts in column (h), line 26. Enter here and on line 2, page 1       29         30       Total ubsiness/investment thiles during the year.       20         31       Total commuting miles diven during the year.       (a)       (b)       (c)       (c)       (f)         31       Total other personal (xoncommuting) miles during off walk house?       3       Total other personal use diven during the year.       3       3       3       3         32       Was the vehicle available for personal use diven during the year.       3       3       4       3       Yes< No   |  |   |                   |                   |           |            |          |              |          |              |            | 25       |                  |                  |                  |                 |               |
| Image: Section C - Duration of the personal use of Vehicles or use of Vehicles and the person of the personal use of Vehicles or use o   | 26   | Property used more that                   | n 50% in a c      | ualified busine   | ess use:  | :          | i        |              |          |              |            |          | ·                |                  |                  |                 |               |
| 27       Property used 50% or less in a qualified business usa:         27       Property used 50% or less in a qualified business usa:         28       Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1       28         29       Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1       28         29       Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1       28         20       Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1       28         20       Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1       29         20       Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1       29         30       Total business/investment miles diven during the year.       40       (h)       (c)       (c)       (d)       (d)       (d)       (d)       (e)       (f)       (f)       (g)       (h)   |  |   |                   |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| 27       Property used 50% or less in a qualified business use:       54       54         21       Property used 50% or less in a qualified business use:       54       54         22       Add amounts in column (h), line 25 through 27. Enter here and on line 21, page 1       28         23       Add amounts in column (h), line 25 through 27. Enter here and on line 21, page 1       29         24       Add amounts in column (h), line 26. Enter here and on line 21, page 1       29         Section 8 - Information on Use of Vehicles         Complete this section for whicks used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if your meet an sizeption to completing this section for those vehicles.         Total other personal (noncommuting miles)         Yes       Yes         Total other personal (noncommuting miles driven during the year.         Add ines 30 through 32.         Yes       No  |  |   |                   | -                 |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| 3       Total commuting miles driven during the year.         34       Add amounts in column (h), line 32 through 27. Enter here and on line 7, page 1       28         28       Add amounts in column (h), line 32 through 27. Enter here and on line 7, page 1       29         Section B - Information on Use of Vehicles       29         Section B - Information on Use of Vehicles       29         Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles.         30       Total toxing the year.         31       Total commuting miles driven during the year.         32       Total other personal (noncommuting) miles driven during the year.         31       Total other personal (noncommuting) miles driven during the year.         32       Was the vehicle available for personal use during the year.         34       Was the vehicle available for personal use during the year.         35       Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees         Answer these questions to determine if you meat an exception to completing Bection B for vehicles web or related person.         36       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees about the section for determine information received?         36       Do you maintain a written policy statement that prohibits all personal u   |  |   | : :               |                   | -         |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| Image: State which a written policy statement that prohibits personal use?       State  | 27   | Property used 50% or le                   | ess in a quali    | ified business    | use:      |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| Value         SAL           28 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1         28           29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1         29           Section B - Information on Use of Vehicles         29           Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles           30 Total business/investment miles driven during the year (dent include commuting miles)         (a)         (b)         (c)         (d)         (e)         (f)           31 Total commuting miles)         31 Total commuting miles         (a)         (b)         (c)         (d)         (e)         (f)         (f)         (f)         (g)         (h)  |  |   |                   |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| 28       Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1       28         29       Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1       29         29       Add amounts in column (h), lines 26. Enter here and on line 7, page 1       29         Section 8 - Information on Use of Vehicles         Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner;" or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.         30       Total business/investment miles driven during the year.       (a)       (b)       (c)       (d)       (e)       (f)         31       Total inles driven during the year.       Add innes 30 through 32       Venicle  |  |   |                   |                   | _         |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| 29     Add amounts in column (h), line 26. Enter here and on line 7, page 1     29       Section 8 - Information on Use of Vehicles       Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner" or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.       30     Total business/investment miles driven during the year.     (a)     (b)     (c)     (d)     (e)     (f)       31     Total commuting miles driven during the year.     (a)     (b)     (c)     (d)     (e)     (f)       32     Total other personal (oncommuting) miles driven during the year.     (a)     (b)     (c)     (d)     (e)     (f)       33     Total other personal use during of druty hours?     (a)     (b)     (c)     (d)     (e)     (e)       34     Was the vehicle available for personal use during of druty hours?     (b)     (c)     (c)     (c)     (c)     (c)     (c)       35     Is another vehicle available for personal use during of druty hours?     Section 6 - Cuestions for Employees Who Provide Vehicles for Use by Their Employees       36     Is another vehicle available for personal use during drute and use of vehicles, except commuting, by your employees?     Yes     No       37     Do your matriat ma information receiverd?  |  |   | : :               |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| Section B - Information on Use of Vehicles           Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner," or related person. If you provided vehicles, to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.           30 Total business/investment miles driven during the year. (don't include commuting miles)           Vehicle         Vehic  |  |   |                   |                   |           |            |          |              |          |              |            | -        |                  |                  |                  |                 |               |
| Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.   | 29   | Add amounts in column                     | i (i), line 26. E | Enter here and    | on line   | 7, page    | 1        |              | <u></u>  |              |            |          |                  | . 29             |                  |                 |               |
| to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.          30       Total business/investment miles driven during the year.       (a)       (b)       (c)       (d)       (e)       (f)         31       Total other personal (noncommuting) miles driven during the year.       (a)       (b)       (c)       (d)       (e)       (f)         32       Total other personal (noncommuting) miles driven during the year.       (a)       Ves No       Yes <no< td="">       Yes<no< td="">       Yes<yo<< td=""><td></td><td></td><td></td><td>S</td><td>ection</td><td>B - Infor</td><td>matior</td><td>n on Use</td><td>of Vel</td><td>hicles</td><td></td><td></td><td></td><td></td><td></td><td></td></yo<<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<></no<>  |  |   |                   | S                 | ection    | B - Infor  | matior   | n on Use     | of Vel   | hicles       |            |          |                  |                  |                  |                 |               |
| 30       Total business/investment miles driven during the year.       (a)       (b)       (c)       (d)       (e)       (f)         31       Total commuting miles       (m)   | Cor  | mplete this section for ve                | hicles used       | by a sole prop    | rietor, p | oartner, c | or other | "more th     | an 5%    | owner,"      | or related | d persor | n. If you        | providec         | l vehicles       | S               |               |
| 30       Total business/investment miles driven during the year (den't include commuting miles)       Vehicle       Vehicle </td <td>to y</td> <td>our employees, first ans</td> <td>wer the ques</td> <td>stions in Section</td> <td>on C to</td> <td>see if yo</td> <td>u meet</td> <td>an excep</td> <td>otion to</td> <td>o completi</td> <td>ng this s</td> <td>ection f</td> <td>or those</td> <td>vehicles</td> <td>6.</td> <td></td>  | to y   | our employees, first ans                  | wer the ques      | stions in Section | on C to   | see if yo  | u meet   | an excep     | otion to | o completi   | ng this s  | ection f | or those         | vehicles         | 6.               |                 |               |
| 30       Total business/investment miles driven during the year (den't include commuting miles)       Vehicle       Vehicle </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  |  |   |                   |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| year (don't include commuting miles)  |  |   |                   |                   |           |            |          | (b)          |          |              | (0         | d)       | (                | e)               | (f               | )               |               |
| 31       Total ommuting miles driven during the year.         32       Total other personal (noncommuting) miles driven         33       Total miles driven during the year.         Add lines 30 through 32         34       Was the vehicle available for personal use during off-duty hours?         35       Was the vehicle available for personal use during off-duty hours?         36       Is another vehicle available for personal use?         36       Is another vehicle available for personal use?         37       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?         38       Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees?         39       Do you reaintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees?         30       Do you reaintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees?         40       Do you reain the information received?         41       Do you reain the information received?         42       Amortization         43       Amortization of costs that begins during your 2017 tax year.         43       Amortization of costs that begins bury your 2017 tax year.         43       Amortization of costs that begins bury  | 30   |   |                   | •                 | Vel       | hicle      | Ve       | ehicle       | V        | /ehicle      | Veh        | icle     | Ve               | hicle            | Veh              | icle            |               |
| 32 Total other personal (noncommuting) miles<br>driven  |  |   |                   |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| driven       drit       driven       driven   |  |   |                   |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| 33       Total miles driven during the year.<br>Add lines 30 through 32         34       Was the vehicle available for personal use<br>during off-duty hours?         35       Was the vehicle used primarily by a more<br>than 5% owner or related person?         36       Is another vehicle available for personal<br>use?         Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees         Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5%<br>owners or related persons.         37       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your<br>employees?       Yes       No         38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your<br>employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Yes       No         39       Do you meet the requirements concerning qualified automobile demonstration use?<br>Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.       Imployees/<br>Part VI       Amortization<br>for this year         42       Amortization of costs that begins during your 2017 tax year:<br>i i i       Imployees/<br>Part VI       Amortization<br>for this year       Amortization<br>for this year         43       Amortization of costs that begins during your 2017 tax year:<br>i i i       Imployees/<br>Part VI       Imployees/   | 32   | Total other personal (no                  | ncommuting        | ) miles           |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| Add lines 30 through 32   |  | driven                                    |                   |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| 34       Was the vehicle available for personal use during off-duty hours?       No       Yes  | 33   |   |                   |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| during off-duty hours?       Image: Control of Cont of Cont  |  | Add lines 30 through 32                   | <u>.</u>          |                   |           |            |          | -            |          |              |            |          |                  |                  |                  |                 |               |
| 35       Was the vehicle used primarily by a more than 5% owner or related person?  | 34   | Was the vehicle availab                   | le for person     | al use            | Yes       | No         | Yes      | No           | Yes      | s No         | Yes        | No       | Yes              | No               | Yes              | No              |               |
| than 5% owner or related person?  |  | during off-duty hours?                    |                   |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| 36       Is another vehicle available for personal use?       Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees         Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.       Yes       No         37       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Image: Commuting Commuti  | 35   | Was the vehicle used p                    | rimarily by a     | more              |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees         Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.         37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?       Yes       No         39 Do you treat all use of vehicles by employees as personal use?   |  | than 5% owner or relate                   | ed person?        |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees         Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.         37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Yes       No         39 Do you treat all use of vehicles by employees as personal use?       40       Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?       Image: Colore the endirements concerning qualified automobile demonstration use?       Mo         Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.       Image: Colore the amortization period or percentage       Amortization for this year         42 Amortization of costs that begins during your 2017 tax year:       Image: Colore the instructions for where to report       43         43 Amortization of costs that began before your 2017 tax year       43       43       43         44 Total. Add amounts in column (f). See the instructions for where to report       43       Form 4562 (2017)  | 36   | Is another vehicle availa                 | ble for perso     | onal              |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.       Yes       No         37       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?       Yes       No         39       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Image: Commuting of the complex statement that prohibits personal use?       Image: Commuting of the complex statement that prohibits personal use?       Image: Commuting of the complex statement that prohibits personal use?       Image: Commuting of the complex statement that prohibits personal use?       Image: Commuting of the complex statement that prohibits personal use?       Image: Commuting of the complex statement that prohibits personal use?       Image: Commuting of the complex statement that prohibits personal use?       Image: Commuting of the complex statement that prohibits personal use?       Image: Commuting of the complex statement that prohibits personal use?       Image: Commuting of the complex statement that prohibits personal use?       Image: Commuting of the complex statement that prohibits personal use?       Image: Commuting of the complex statement that prohibits personal use?       Image: Commuting statement that prohibits personal use? <td< td=""><td></td><td>use?</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>  |  | use?                                      |                   |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| owners or related persons.       Yes       No         37       Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Image: See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Image: See the instructions for vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?       Image: See the instruction graph of the information received?         41       Do you maintain of costs       Image: See the instruction of costs that begins during your 2017 tax year:       Image: See the instruction of costs that began before your 2017 tax year       Image: See the instructions for where to report       Image: See the instructions for where to report       Image: See the instruction of costs       Image: See the instruction of costs that began before your 2017 tax year       Image: See the instruction of costs that began before your 2017 tax year       Image: See the instruction of costs       Image: See the instructions for where to report       Image: See the instruction of costs       Image: See the instructions for where to report   |  |   | Section C         | - Questions f     | or Emp    | loyers V   | Vho Pro  | ovide Vel    | nicles   | for Use b    | y Their E  | Employe  | ees              |                  |                  |                 |               |
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?       Yes       No         38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners       Yes       No         39 Do you treat all use of vehicles by employees as personal use?       40       Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?       41       Do you meet the requirements concerning qualified automobile demonstration use?       1         Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.       41       Amortization for this year       42         42 Amortization of costs that begins during your 2017 tax year:       i       i       i       i       i         43 Amortization of costs that began before your 2017 tax year:       i       i       i       i       i         44 Total. Add amounts in column (f). See the instructions for where to report       43       43       43   | Ans  | swer these questions to                   | determine if      | you meet an e     | xceptio   | n to com   | pleting  | Section      | B for v  | vehicles us  | ed by er   | nployee  | s who <b>a</b>   | ren't mo         | re than 5        | 5%              |               |
| employees?  |  |   |                   |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| 38       Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your  | 37   | Do you maintain a writte                  | en policy stat    | tement that pro   | ohibits a | all perso  | nal use  | of vehicle   | es, inc  | luding cor   | nmuting    | by you   | r                |                  | Yes              | No              |               |
| employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization  (a) Description of costs (b) Determinization  (c) (c) (c) (c) (c) (c) (c) (c) (c) (c   |  | employees?                                |                   |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| 39 Do you treat all use of vehicles by employees as personal use?   | 38   | •   |                   |                   | -         |            |          |              | -        |              |            |          |                  |                  |                  |                 |               |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about       Image: Content of the vehicles, and retain the information received?         41 Do you meet the requirements concerning qualified automobile demonstration use?       Image: Content of the vehicles.         Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.       Image: Content of the vehicles.         Part VI       Amortization       Image: Content of the vehicles of the vehicles.         (a)       (b)       (c)       (d)       (e)       (f)         Description of costs       Date amortization begins       Amortizable amount       Image: Content of the vehicles of the vehicles.       Amortization for this year         42       Amortization of costs that begins during your 2017 tax year:       Image: Content of the vehicles of the vehicles of the instructions for where to report       Image: Content of the vehicles of the vehicles of the vehicles of the vehicles of the vehicles.         43       Amortization of costs that began before your 2017 tax year       Image: Content of the vehicles of the instructions for where to report       Image: Content of the vehicles of the vehicles of the vehicles of the vehicles of the vehicles of the vehicles.         43       Amortization of costs that began before your 2017 tax year       Image: Content of the vehicles of the vehicles of the vehicles of the vehicles of the vehicles of the vehicles of the vehicles of the vehicles of the vehicles of the vehicles of the vehicles of the   |  |   |                   |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| the use of the vehicles, and retain the information received?<br>41 Do you meet the requirements concerning qualified automobile demonstration use?<br>Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.<br>Part VI Amortization<br>(a) (b) (c) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f   | 39   | Do you treat all use of v                 | ehicles by er     | mployees as p     | ersonal   | use?       |          |              |          |              |            |          |                  |                  |                  |                 |               |
| 41 Do you meet the requirements concerning qualified automobile demonstration use?  | 40   | Do you provide more th                    | an five vehic     | les to your em    | ployees   | , obtain   | informa  | ation from   | n your   | employee     | s about    |          |                  |                  |                  |                 |               |
| Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.         Part VI       Amortization         (a)       (b)       (c)       (d)       (e)       (f)         Description of costs       Date amortization<br>begins       Amortizable<br>amount       Code<br>section       Amortization<br>period or percentage       Amortization<br>for this year         42       Amortization of costs that begins during your 2017 tax year:       Image: Code<br>amount       Image: Code<br>section       Image: Code<br>section       Image: Code<br>Amortization<br>period or percentage       Image: Code<br>Amortization<br>for this year         43       Amortization of costs that began before your 2017 tax year       Image: Code<br>amount       Image: Code<br>amount <thim< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></thim<>  |  |   |                   |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| Part VI       Amortization         (a)<br>Description of costs       (b)<br>Date amortization<br>begins       (c)<br>Amortizable<br>amount       (d)<br>Code<br>section       (e)<br>Amortization<br>period or percentage       (f)<br>Amortization<br>for this year         42       Amortization of costs that begins during your 2017 tax year:       Image: Code<br>image:  | 41   | Do you meet the require                   | ements conc       | erning qualifie   | d autom   | nobile de  | emonstr  | ation use    | ?        |              |            |          |                  |                  |                  |                 |               |
| (a)<br>Description of costs       (b)<br>Date amortization<br>begins       (c)<br>Amortizable<br>amount       (d)<br>Code<br>section       (e)<br>Amortization<br>period or percentage       (f)<br>Amortization<br>for this year         42       Amortization of costs that begins during your 2017 tax year:       Image: Code<br>image:   | _  | Note: If your answer to                   | 37, 38, 39, 4     | 0, or 41 is "Ye   | s," don   | 't comple  | ete Sec  | tion B for   | the c    | overed ve    | hicles.    |          |                  |                  |                  |                 |               |
| begins     amount     section     period or percentage     for this year       42     Amortization of costs that begins during your 2017 tax year:  | Pa   |   |                   |                   |           |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| begins     amount     section     period or percentage     for this year       42     Amortization of costs that begins during your 2017 tax year:  |  | (a)                                       | f costs           | Data              | (b)       |            | (C)      | able         |          | (d)          |            |          |                  | Ar               | (f)              |                 |               |
| 43 Amortization of costs that began before your 2017 tax year       43         44 Total. Add amounts in column (f). See the instructions for where to report       44         716252 01-25-18       Form 4562 (2017)  |  | Beschpildh                                |                   |                   |           |            |          |              |          |              |            |          |                  | fo               | r this year      |                 |               |
| 43 Amortization of costs that began before your 2017 tax year       43         44 Total. Add amounts in column (f). See the instructions for where to report       44         716252 01-25-18       Form 4562 (2017)  | 42   | Amortization of costs th                  | at begins du      | ring your 2017    | 7 tax ye  | ar:        |          |              |          |              |            |          |                  |                  |                  |                 |               |
| 44 Total. Add amounts in column (f). See the instructions for where to report         44           716252 01-25-18         Form 4562 (2017)   |  |   |                   |                   | : :       |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| 44 Total. Add amounts in column (f). See the instructions for where to report         44           716252 01-25-18         Form 4562 (2017)   |  |   |                   |                   | : :       |            |          |              |          |              |            |          |                  |                  |                  |                 |               |
| 44 Total. Add amounts in column (f). See the instructions for where to report         44           716252 01-25-18         Form 4562 (2017)   | 43   | Amortization of costs th                  | at began be       | fore your 2017    | tax yea   | ar         |          |              |          |              |            |          | 43               |                  |                  |                 |               |
|   |  |   |                   |                   |           |            |          |              |          |              |            |          | 44               |                  |                  |                 |               |
|   | 7162   | 252 01-25-18                              |                   |                   |           |            |          |              |          |              |            |          |                  | F                | orm <b>456</b> 2 | <b>2</b> (2017) |               |

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|                                |                         | EXTENDED TO MAY 15, 2019   | )   |                            |
|--------------------------------|-------------------------|--|---|----------------------------|
|                                | Ω                       | <b>AN</b> Return of Organization Exempt Fror   | n Income Tax  | OMB No. 1545-0047          |
| Forn                           | n J                     | 90 Return of Organization Exempt From<br>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code   | (except private foundations   | <b>2017</b>                |
|                                |                         | of the Treasury Do not enter social security numbers on this form as it n  |   | Open to Public             |
|                                |                         | nue Service Go to www.irs.gov/Form990 for instructions and the la  |   | Inspection                 |
|                                |                         |  | JUN 30, 2018  |                            |
| <b>В</b> С<br>а                | heck if<br>pplicab      | C Name of organization NATIONAL CAREER TECHNICAL EDUCATION   | D Employer identificat  | tion number                |
| x                              | Addre                   |  |   |                            |
|                                | Name<br>Chang           |  | **_**   | *6246                      |
|                                | Initial<br>return       |  | suite E Telephone number  |                            |
|                                | <br><br>                |  |   | 38-9630                    |
|                                | termir<br>ated          | City or town, state or province, country, and ZIP or foreign postal code   | G Gross receipts \$   | 1,388,180.                 |
|                                | Amen<br>return          | SIDVER SERING, MD 20910-3004   | H(a) Is this a group retu   |                            |
|                                | Applic<br>tion<br>pendi | F Name and address of principal officer: ATMDERDT A. GREEN   | for subordinates?   |                            |
|                                | -                       | SAME AS C ABOVE  | H(b) Are all subordinates inclu   |                            |
|                                |                         | empt status: $X = 501(c)(3) = 501(c) ()  (insert no.) = 4947(a)(1) \text{ or }$  | 527 If "No," attach a lis   |                            |
|                                |                         | te: ► WWW • CAREERTECH • ORG<br>forganization: X Corporation Trust Association Other ► L   | H(c) Group exemption r<br>Year of formation: 1980 M S   |                            |
|                                | orm of<br>Irt I         | Summary  | rear of formation: 1900 M S   | tate of legal domicile: MD |
|                                | 1                       | Briefly describe the organization's mission or most significant activities: TO PROVI   | DE THE SUPPORTS   | S AND                      |
| Governance                     | •                       | DEVELOP THE RESOURCES AND PARTNERSHIPS NECES   | SARY TO ENSURE  |                            |
| 'naı                           | 2                       | Check this box   |   | ts                         |
| Ievo                           |                         |  | 3   | 7                          |
| ğ                              |                         | Number of independent voting members of the governing body (Part VI, line 1b)  |   | 7                          |
| 8 S                            |                         | Total number of individuals employed in calendar year 2017 (Part V, line 2a)   |   | 0                          |
| ∕itie                          |                         | 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               |
| e                              | 8                       | Contributions and grants (Part VIII, line 1h)  | 328,175.  | 505,000.                   |
| nuə                            | 9                       | Program service revenue (Part VIII, line 2g)   | 629,665.  | 725,936.                   |
| Revenue                        |                         | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 8,421.  | 33,881.                    |
|                                | 11                      | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 8,274.  | 10,943.                    |
|                                |                         | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 974,535.  | 1,275,760.                 |
|                                |                         | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 0.  | 0.                         |
|                                |                         | Benefits paid to or for members (Part IX, column (A), line 4)  | 0.  | 0.                         |
| ses                            | 15                      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 361,176.  | 392,966.                   |
| Expenses                       | 16a                     | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)<br>Professional fundraising fees (Part IX, column (A), line 11e)<br>Total fundraising expenses (Part IX, column (D), line 25)<br>19,961. | 0.  | 0.                         |
| Exp                            | b                       | Total fundraising expenses (Part IX, column (D), line 25)  | 389,740.  | 260 201                    |
| _                              | 17                      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 750,916.  | 368,284.<br>761,250.       |
|                                |                         | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 223,619.  | 514,510.                   |
| SS                             | 19                      | Revenue less expenses. Subtract line 18 from line 12   | Beginning of Current Year   | End of Year                |
| ets c<br>ance                  | 20                      | Total assats (Part Y line 16)  | 670,793.  | 1,177,472.                 |
| Asse<br>Bal                    |                         | Total assets (Part X, line 16)<br>Total liabilities (Part X, line 26)  | 104,697.  | 106,863.                   |
| Net Assets or<br>Fund Balances |                         | Total liabilities (Part X, line 26)<br>Net assets or fund balances. Subtract line 21 from line 20  | 566,096.  | 1,070,609.                 |
|                                | rt II                   | Signature Block  |   | _, ,                       |
|                                |                         | alties of perjury, I declare that I have examined this return, including accompanying schedules and si   | atements, and to the best of mv k   | nowledge and belief. it is |
|                                |                         | ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre  |   |                            |
|                                |                         |  | ,,, _,, _ |                            |

| Sign<br>Here  | Signature of officer         KIMBERLY A. GREEN, EXECUTIVE DIRECTOR         Type or print name and title | Date   |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
| Paid  | Print/Type preparer's name Preparer's signature BERT L. SWAIN, CPA BERT L. SWAIN, CPA                   | Date Check PTIN<br>12/28/18 if self-employed P00238304 |  |  |  |  |  |  |
| Preparer  | Firm's name DEMBO JONES, P.C.   | Firm's EIN **-**3331                                   |  |  |  |  |  |  |
| Use Only  | Firm's address 6010 EXECUTIVE BLVD, SUITE 900<br>ROCKVILLE, MD 20852 Phone no. (301)770-5100            |  |  |  |  |  |  |  |
| May the IRS discuss this return with the preparer shown above? (see instructions) |   |  |  |  |  |  |  |  |
| 732001 11-2   | 732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)  |  |  |  |  |  |  |  |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Par | 990 (2017) FOUNDATION **-**6246 Pa  |
|-----|---|
|     | t III Statement of Program Service Accomplishments  |
|     | Check if Schedule O contains a response or note to any line in this Part III  |
|     | Briefly describe the organization's mission:  |
|     | TO PROVIDE THE SUPPORTS AND DEVELOP THE RESOURCES AND PARTNERSHIPS  |
|     | NECESSARY TO ENSURE HIGH-QUALITY CAREER TECHNICAL EDUCATION IS<br>ADVANCED THROUGHOUT THE COUNTRY, LEADING TO A HIGHLY SKILLED WORKFORC   |
|     | AND PRODUCTIVE ECONOMY.   |
|     | Did the organization undertake any significant program services during the year which were not listed on the  |
|     |   |
|     | prior Form 990 or 990-EZ?   |
|     | Did the organization cease conducting, or make significant changes in how it conducts, any program services?  |
|     | If "Yes," describe these changes on Schedule O.   |
|     | 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.   |
|     | (Code: ) (Expenses \$ 25,193. including grants of \$ ) (Revenue \$  |
|     | ASSOCIATION'S BOARD PROVIDES POLICY LEADERSHIP FOR THE FOUNDATION'S   |
|     | ACTIVITIES, WHICH INCLUDES THE CAREER CLUSTERS INITIATIVE.  |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |
|     | (Code:) (Expenses \$ 52,089. including grants of \$) (Revenue \$17,55   |
|     | THE FOUNDATION DEVELOPS AND SELLS PRODUCTS THAT ADVANCE AND SUPPORT T<br>ADOPTION OF CAREER CLUSTERS BY SECONDARY, POST SECONDARY AND ADULT<br>PROGRAMS. THESE PRODUCTS ARE BUILT UPON THE COPYRIGHTED CAREER CLUSTE<br>KNOWLEDGE AND SKILLS STATEMENTS AND THE COMMON CAREER TECHNICAL CORE<br>STANDARDS AND ARE DESIGNED TO HELP EDUCATORS AND OTHER STAKEHOLDERS A   |
|     | THEY SEEK TO ADOPT AND EXPAND THEIR IMPLEMENTATION OF CAREER CLUSTERS   |
|     |   |
|     | PATHWAYS AND PROGRAMS OF STUDY.   |
| 4c  |   |
|     | (Code:) (Expenses \$618,847. including grants of \$) (Revenue \$719,32  |
|     | (Code: ) (Expenses \$ 618,847. including grants of \$ ) (Revenue \$ 719,32<br>THE FOUNDATION RECEIVES GRANTS/CONTRACTS AND PARTNERS WITH OTHER  |
|     | (Code:) (Expenses \$ 618,847. including grants of \$) (Revenue \$ 719,32<br>THE FOUNDATION RECEIVES GRANTS/CONTRACTS AND PARTNERS WITH OTHER<br>ORGANIZATIONS TO DEVELOP THE RESOURCES AND SUPPORTS NECESSARY TO ENSU   |
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| 4d  | (code:) (Expenses \$618,847. including grants of \$) (Revenue \$719,32<br>THE FOUNDATION RECEIVES GRANTS/CONTRACTS AND PARTNERS WITH OTHER<br>ORGANIZATIONS TO DEVELOP THE RESOURCES AND SUPPORTS NECESSARY TO ENSU:<br>HIGH-QUALITY CAREER TECHNICAL EDUCATION IS ADVANCED THROUGHOUT THE<br>COUNTRY. ONE STRATEGY TO ACHIEVE THIS GOAL IS TO DELIVER SESSIONS AN:<br>WORKSHOPS HELD AT PARTNERING ORGANIZATIONS' EVENTS OR CONFERENCES.<br> |
| 4d  | (Code:) (Expenses \$  |

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Form 990 (2017)

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| 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    |     | х      |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or     |      |     |        |
|     | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                                   | 5    |     | X      |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to        |      |     |        |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I     | 6    |     | 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, 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   |        |
| 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   |        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                | 13   |     | Х      |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                      | 14a  |     | X      |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,          |      |     |        |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       |      |     |        |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b  |     | 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   |     | Х      |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to         |      |     |        |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16   |     | 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? If "Yes," complete Schedule G, Part I   | 17   |     | X      |
| 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   |     | X      |
| 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   |     | X      |
|     |  | Form | 990 | (2017) |

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|     | rt IV Checklist of Required Schedules (continued)  | 0 2 4 0 |          | 'age <b>'</b> |
|-----|--|---------|----------|---------------|
| 202 | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a     | Yes      | No<br>X       |
|     | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20a     |          | <u> </u>      |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  | 200     |          | -             |
| 21  | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21      |          | x             |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |         |          | <u> </u>      |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22      |          | x             |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current   |         |          |               |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete   |         |          |               |
|     | Schedule J   | 23      | x        |               |
| 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?  | 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,"   |         |          |               |
|     | 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  |         |          |               |
|     | 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  |         |          |               |
|     | instructions for applicable filing thresholds, conditions, and exceptions):  | 00-     |          | x             |
|     | 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   | 28b     | <u> </u> |               |
| C   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 28c     |          | x             |
| 29  | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV<br>Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                                   | 29      |          | X             |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation  | 23      |          |               |
| 50  | contributions? If "Yes," complete Schedule M   | 30      |          | x             |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?   |         |          | <u> </u>      |
| •.  | If "Yes," complete Schedule N, Part I  | 31      |          | x             |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete   |         |          |               |
|     | Schedule N, Part II  | 32      |          | x             |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |         |          |               |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33      |          | X             |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |         |          |               |
|     | Part V, line 1   | 34      | X        |               |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a     |          | X             |
|     | 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      | X        |               |
| 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      | X        |               |

Form **990** (2017)

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| Form     | 990 (2017) FOUNDATION **-**6  | 246         | Pa  | age <b>5</b> |  |  |  |
|----------|---|-------------|-----|--------------|--|--|--|
| Pai      | t V Statements Regarding Other IRS Filings and Tax Compliance   |             |     |              |  |  |  |
|          | Check if Schedule O contains a response or note to any line in this Part V  |             |     |              |  |  |  |
|          |   |             | Yes | No           |  |  |  |
| 1a       | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 14  |             |     |              |  |  |  |
| b        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0  |             |     |              |  |  |  |
| c        | 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,   | 10          |     |              |  |  |  |
| Lu       | filed for the calendar year ending with or within the year covered by this return 2a 0  |             |     |              |  |  |  |
| h        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                  | 2b          |     |              |  |  |  |
| D        | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)                         | LN          |     |              |  |  |  |
| 20       |   | 3a          |     | х            |  |  |  |
|          | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3b          |     | - 23         |  |  |  |
|          | If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>                             | 30          |     |              |  |  |  |
| 48       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                       | 4a          |     | x            |  |  |  |
| <b>b</b> | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                |             |     |              |  |  |  |
| D        | 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).                             | _           |     | х            |  |  |  |
| 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          |     | ^            |  |  |  |
|          | 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                     |             |     | 37           |  |  |  |
|          | 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).   |             |     |              |  |  |  |
| 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            |  |  |  |
| b        | 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                               |             |     |              |  |  |  |
|          | to file Form 8282?  | 7c          |     | Х            |  |  |  |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year 7d  |             |     |              |  |  |  |
| е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                 | 7e          |     | Х            |  |  |  |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                    | 7f          |     | Х            |  |  |  |
| 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           |     |              |  |  |  |
| 9        | Sponsoring organizations maintaining donor advised funds.   |             |     |              |  |  |  |
| а        | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a          |     |              |  |  |  |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b          |     |              |  |  |  |
| 10       | Section 501(c)(7) organizations. Enter:   |             |     |              |  |  |  |
| а        | Initiation fees and capital contributions included on Part VIII, line 12 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 11a   |             |     |              |  |  |  |
| 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   | . <b>_u</b> |     |              |  |  |  |
| 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         |     |              |  |  |  |
| a        |   | iod         |     |              |  |  |  |
| L.       | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  |             |     |              |  |  |  |
| D        | 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  | 44-         |     | X            |  |  |  |
|          | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a         |     |              |  |  |  |
| <u>b</u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                                       | 14b         |     | L            |  |  |  |

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#### NATIONAL CAREER TECHNICAL EDUCATION FOUNDATION

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| Form     | 990 (2017) FOUNDATION **-***   |          |              | age |
|----------|--|----------|--------------|-----|
|          | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a  | a "No" r | respor       | ise |
|          | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.   |          |              | _   |
|          | Check if Schedule O contains a response or note to any line in this Part VI  |          |              | 2   |
| Sec      | tion A. Governing Body and Management  |          |              |     |
|          |  | 7        | Yes          | N   |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year 1a   | 4        |              |     |
|          | If there are material differences in voting rights among members of the governing body, or if the governing  |          |              |     |
| h        | body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.<br>Enter the number of voting members included in line 1a, above, who are independent <b>1b</b>                    | 7        |              |     |
| 2        | Enter the number of voting members included in line 1a, above, who are independent <b>1b</b><br>Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 4        |              |     |
| 2        |  | 2        |              | 2   |
| 3        | officer, director, trustee, or key employee?   | 2        |              |     |
| Ū        | of officers, directors, or trustees, or key employees to a management company or other person?   | 3        |              | 2   |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4        |              | 2   |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5        |              | 2   |
| 6        | Did the organization have members or stockholders?   | 6        |              | 2   |
| -<br>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       |              | 2   |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |          |              |     |
|          | persons other than the governing body?   | 7b       |              | 2   |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |          |              |     |
| а        | The governing body?  | 8a       | X            |     |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b       | Х            |     |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |          |              |     |
|          | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9        |              | 2   |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |          |              |     |
|          |  |          | Yes          | N   |
|          | Did the organization have local chapters, branches, or affiliates?   | 10a      |              | 2   |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   |          |              |     |
|          | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b      | v            |     |
|          | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a      | X            |     |
|          | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |          | v            |     |
|          | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a      | X<br>X       |     |
|          | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b      |              |     |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   | 10-      | x            |     |
| 10       | in Schedule O how this was done  | 12c      | X            |     |
| 13       | Did the organization have a written whistleblower policy?  | 13       | X            |     |
| 14<br>15 | Did the organization have a written document retention and destruction policy?<br>Did the process for determining compensation of the following persons include a review and approval by independent                     | 14       |              |     |
| 15       | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |          |              |     |
| ~        | The organization's CEO, Executive Director, or top management official   | 15a      | x            |     |
|          | Other officers or key employees of the organization  | 15a      |              | 2   |
| b        | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  | 155      |              |     |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |          |              |     |
| 100      | taxable entity during the year?  | 16a      |              | 2   |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   |          |              |     |
| ~        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |          |              |     |
|          | exempt status with respect to such arrangements?   | 16b      |              |     |
| Sec      | tion 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 (Section 501(c)(3)s only)   | availab  | ole          |     |
|          | 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)   |          |              |     |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and  | nd finan | cial         |     |
|          | statements available to the public during the tax year.  |          |              |     |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and records:  |          |              |     |
|          | KIMBERLY A. GREEN - 301-588-9630   |          |              |     |
|          | 8484 GEORGIA AVENUE, NO. 620, SILVER SPRING, MD 20910-5604   |          |              |     |
| 32000    | 5 11-28-17 <b>C</b>  | Form     | 1 <b>990</b> | (20 |
| ~ 1      |  |          |              | ~   |
| 21       | 228 758104 81060.001 2017.05010 NATIONAL CAREER TECHNICAL E  | : 81(    | 100          | _0  |

| 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

FOUNDATION

Form 990 (2017)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

| (A)<br>Name and Title                                   | (B)<br>Average<br>hours per  | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee) |                       | one<br>h an | <b>(D)</b><br>Reportable<br>compensation | <b>(E)</b><br>Reportable<br>compensation<br>from related | (F)<br>Estimated<br>amount of |  |                                  |   |
|---|--|--|-----------------------|-------------|--|--|-------------------------------|--|----------------------------------|---|
|   | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director   | Institutional trustee | Officer     | Key employee                             | Highest compensated<br>employee                          | Former                        | from<br>the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) ROD DUCKWORTH<br>PAST PRESIDENT                     | 1.00   | x  |                       | x           |  |  |                               | 0.   | 0.                               | 0.  |
| (2) CHERYL CARRIER                                      | 0.50   |  |                       |             |  |  |                               | 0.   | •                                | 0.  |
| DIRECTOR  | 0.50   | x  |                       |             |  |  |                               | 0.   | 0.                               | 0.  |
| (3) JENNIFER GROVE                                      | 0.50   |  |                       |             |  | 6  |                               |  |                                  |   |
| DIRECTOR  |  | х  |                       |             |  | $\mathbf{\nabla}$  |                               | 0.   | 0.                               | 0.  |
| (4) PRADEEP KOTAMRAJU<br>PRESIDENT                      | 1.00   | x  |                       | x           |  | ľ  |                               | 0.   | 0.                               | 0.  |
| (5) HILLARY WELLS                                       | 1.00   |  |                       |             |  |  |                               |  |                                  |   |
| DIRECTOR  |  | x  |                       | Ĩ           |  |  |                               | 0.   | Ο.                               | 0.  |
| (6) SARAH HEALTH  | 1.00   |  |                       |             |  |  |                               |  |                                  |   |
| SECRETARY-TREASURER                                     |  | X  |                       | Х           |  |  |                               | 0.   | 0.                               | 0.  |
| (7) BERNADETTE HOWARD                                   | 1.00   |  |                       |             |  |  |                               |  | _                                | _   |
| VICE PRESIDENT  |  | х  |                       | Х           |  |  |                               | 0.   | 0.                               | 0.  |
| (8) KIMBERLY GREEN                                      | 14.00  |  |                       |             |  |  |                               |  | 004 160                          |   |
| EXECUTIVE DIRECTOR                                      |  |  |                       | X           |  |  |                               | 0.   | 204,160.                         | 27,779.   |
| (9) KATE BLOSVEREN KREAMER<br>DEPUTY EXECUTIVE DIRECTOR | 12.00  |  |                       |             |  | x  |                               | 0.   | 126,162.                         | 12,261.   |
|   |  |  |                       |             |  |  |                               |  |                                  |   |
|   |  |  |                       |             |  |  |                               |  |                                  |   |
|   |  |  |                       |             |  |  |                               |  |                                  |   |
|   |  |  |                       |             |  |  |                               |  |                                  |   |
|   |  |  |                       |             |  |  |                               |  |                                  |   |
|   |  |  |                       |             |  |  |                               |  |                                  |   |
|   |  |  |                       |             |  |  |                               |  |                                  |   |
|   |  |  |                       |             |  |  |                               |  |                                  |   |
| 700007 44 00 47   |  |  |                       |             |  |  |                               |  |                                  | Eorm <b>990</b> (2017)  |

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Form **990** (2017)

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| hours per<br>week     (do not check more than one<br>box, unless person is both an<br>officer and a director/trustee)     compensation<br>from     compensation<br>from related       (list any<br>hours for<br>related     ist any<br>is is both an<br>officer and a director/trustee)     ist any<br>is is both an<br>organizations     compensation<br>from     compensation<br>from related       (W-2/1099-MISC)     is is is is both an<br>organizations     compensation<br>(W-2/1099-MISC)     compensation<br>from  | (F)<br>Estimated<br>amount of<br>other<br>ompensation<br>from the<br>organization<br>and related<br>organizations |
|--|---|
| (A)     (B)     (C)     (D)     (E)       Name and title     Average<br>hours per<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee)     Name and title     Reportable<br>compensation<br>from<br>from<br>the     Compensation<br>officer and a director/trustee)  | Estimated<br>amount of<br>other<br>ompensation<br>from the<br>organization<br>and related                         |
| Name and title     Average<br>hours per<br>week     Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a director/trustee)     Reportable<br>compensation<br>from     Reportable<br>compensation<br>from     Reportable<br>compensation   | Estimated<br>amount of<br>other<br>ompensation<br>from the<br>organization<br>and related                         |
| (list any junction of the organizations co   | ompensation<br>from the<br>organization<br>and related  |
| line line line line line line line line  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| 1b Sub-total         0. 330, 322.  | 40,040.   |
| c Total from continuation sheets to Part VII, Section A  | 0.40,040.   |
| 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable   |   |
| compensation from the organization   | O<br>Yes No   |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3  | 3 X   |
| 4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual4  | t X   |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> 5  | 5 X   |
| Section B. Independent Contractors   |   |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensatio the organization. Report compensation for the calendar year ending with or within the organization's tax year.  | on from   |
| (A) (B)  | (C)<br>pensation  |
| EDGE RESEARCH , 1560 WILSON BLVD. SUITE<br>475, ARLINGTON, VA 22209 CONSULTANT 1   | .20,800.  |
|  |   |
|  |   |
|  |   |
| 2 Total number of independent contractors (inclusive but not limited to the collist of the unit of the sector of t |   |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than         \$100,000 of compensation from the organization ▶         1   | rm <b>990</b> (2017)  |

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| NATIONAL  | CAREER | TECHNICAL | EDUCATION |
|-----------|--------|-----------|-----------|
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| Form 990 (2017) FOUNDATION **-**6246 Page  |        |  |                 |   |  |  |  |  |  |
|--|--------|--|-----------------|---|--|--|--|--|--|
|  | rt VI  |  |                 |   |  |  |  |  |  |
|  |        | Check if Schedule O contains a response or i                 | note to any lin | e in this Part VIII                     |  |  |  |  |  |
|  |        |  |                 | (A)<br>Total revenue                    | <b>(B)</b><br>Related or<br>exempt function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |  |  |
| nts<br>its   | 1 a    | Federated campaigns  |                 |   |  |  |  |  |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts  | t      |  |                 |   |  |  |  |  |  |
|  | Ċ      | Fundraising events 1c  |                 |   |  |  |  |  |  |
| ar,  |        | Related organizations 1d                                     |                 |   |  |  |  |  |  |
| s,   |        | Government grants (contributions)                            |                 |   |  |  |  |  |  |
| r Si   |        | All other contributions, gifts, grants, and                  |                 |   |  |  |  |  |  |
| the  |        |  | 05,000.         |   |  |  |  |  |  |
| <u>a</u>   | ç      | Noncash contributions included in lines 1a-1f: \$            |                 |   |  |  |  |  |  |
| аS   | ł      | Total. Add lines 1a-1f                                       | <b>&gt;</b>     | 505,000.                                |  |  |  |  |  |
|  |        | Bu   | isiness Code    |   |  |  |  |  |  |
| ø  | 2 8    |  | 900099          | 725,936.                                | 725,936.   |  |  |  |  |
| <sup>®</sup> Zi  | ł      |  |                 |   |  |  |  |  |  |
| Se   | Ċ      |  |                 |   |  |  |  |  |  |
| Program Service<br>Revenue   | Ċ      |  |                 |   |  |  |  |  |  |
| -<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B<br>B | e      |  |                 |   |  |  |  |  |  |
| Å,   | f      | All other program service revenue                            |                 |   |  |  |  |  |  |
|  | ç      | Total. Add lines 2a-2f                                       | <b>&gt;</b>     | 725,936.                                |  |  |  |  |  |
| _  | 3      | Investment income (including dividends, interest,            |                 |   |  |  |  |  |  |
|  |        | other similar amounts)                                       |                 | 16,199.                                 |  |  | 16,199.  |  |  |
|  | 4      | Income from investment of tax-exempt bond proc               |                 |   |  |  |  |  |  |
|  | 5      | Royalties  | ►               |   |  |  |  |  |  |
|  |        |  | (ii) Personal   |   |  |  |  |  |  |
|  | 6 a    | Gross rents  | . ,             |   |  |  |  |  |  |
|  | ł      |  |                 |   |  |  |  |  |  |
|  | c      |  |                 |   |  |  |  |  |  |
|  | c      | Net rental income or (loss)                                  |                 |   |  |  |  |  |  |
|  |        | Gross amount from sales of (i) Securities                    | (ii) Other      |   |  |  |  |  |  |
|  |        | assets other than inventory 124,912.                         |                 |   |  |  |  |  |  |
|  | t      | Less: cost or other basis                                    |                 |   |  |  |  |  |  |
|  |        | and sales expenses 107,230.                                  |                 |   |  |  |  |  |  |
|  | Ċ      | Gain or (loss) 17,682.                                       |                 |   |  |  |  |  |  |
|  | c      | Net gain or (loss)   | <b>&gt;</b>     | 17,682.                                 |  |  | 17,682.  |  |  |
| e  |        | Gross income from fundraising events (not                    |                 |   |  |  |  |  |  |
| Other Revenue  |        | including \$ of  |                 |   |  |  |  |  |  |
| sev.   |        | contributions reported on line 1c). See                      |                 |   |  |  |  |  |  |
| ъ  |        | Part IV, line 18 a   |                 |   |  |  |  |  |  |
| Ę  | ł      | Less: direct expenses b                                      |                 |   |  |  |  |  |  |
| 0  | Ċ      | Net income or (loss) from fundraising events                 | ►               |   |  |  |  |  |  |
|  | 9 a    | Gross income from gaming activities. See                     |                 |   |  |  |  |  |  |
|  |        | Part IV, line 19 a   |                 |   |  |  |  |  |  |
|  | ł      | Less: direct expenses b                                      |                 |   |  |  |  |  |  |
|  | C      | Net income or (loss) from gaming activities                  | ►               |   |  |  |  |  |  |
|  | 10 a   | Gross sales of inventory, less returns                       |                 |   |  |  |  |  |  |
|  |        | and allowances a   | 11,044.         |   |  |  |  |  |  |
|  |        | Less: cost of goods sold b                                   | 5,190.          |   |  |  |  |  |  |
| ļ  | 0      | Net income or (loss) from sales of inventory                 |                 | 5,854.                                  | 5,854.   |  |  |  |  |
| ļ  |        |  | Isiness Code    |   | E 000  |  |  |  |  |
|  |        |  | 900099          | 5,089.                                  | 5,089.   |  |  |  |  |
|  | ł      |  |                 |   |  |  |  |  |  |
|  | C      |  |                 |   |  |  |  |  |  |
|  |        | All other revenue  | <b></b>         | 5,089.                                  |  |  |  |  |  |
|  | 12     | Total. Add lines 11a-11d<br>Total revenue. See instructions. |                 | 1,275,760.                              | 736,879.   | 0.   | 33,881.  |  |  |
| 73200  |        |  |                 | _,_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,,   | • •  | Form <b>990</b> (2017)   |  |  |
| 13200  | ∠ II-2 | 0 17   |                 |   |  |  |  |  |  |

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|          | 990 (2017) FOUNDATION   | REER TECHNIC.         | AL EDUCATION                       | **_**                                     | **6246 Page 10                 |
|----------|---|-----------------------|------------------------------------|---|--------------------------------|
|          | t IX Statement of Functional Expens<br>on 501(c)(3) and 501(c)(4) organizations must com  |                       | er organizations must co           | omplete column (A)                        |                                |
| 5601     | Check if Schedule O contains a respor   |                       |                                    |   | X                              |
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
| 1        | Grants and other assistance to domestic organizations   |                       | enpensee                           | 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   | 87,647.               | 79,654.                            | 809.                                      | 7,184.                         |
| 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  | 243,424.              | 236,269.                           | 541.                                      | 6,614.                         |
| 8        | Pension plan accruals and contributions (include  | 16 450                | 1 - 0 4 0                          | 20  | 1.65                           |
|          | section 401(k) and 403(b) employer contributions)   | 16,452.               | 15,949.                            | 38.                                       | 465.                           |
| 9        | Other employee benefits   | 23,096.               | 22,093.                            | 101.                                      | 902.                           |
| 10       | Payroll taxes   | 22,347.               | 21,664.                            | 52.                                       | 631.                           |
| 11       | Fees for services (non-employees):  |                       |                                    |   |                                |
|          | Management  | 588.                  | 588.                               |   |                                |
|          | Legal   | 17,588.               | 17,588.                            |   |                                |
|          | Accounting  | 17,500.               | 17,500.                            |   |                                |
|          | Lobbying  |                       |                                    |   |                                |
|          | Professional fundraising services. See Part IV, line 17   | 7,640.                | 7,640.                             |   |                                |
|          | Investment management fees<br>Other. (If line 11g amount exceeds 10% of line 25,  | 7,040.                | 7,040.                             |   |                                |
| g        | column (A) amount, list line 11g expenses on Sch 0.)  | 193,736.              | 191,211.                           |   | 2,525.                         |
| 10       |   | 155,150.              | 171,211•                           |   | 2,525.                         |
| 12<br>13 | Advertising and promotion   | 38,417.               | 37,106.                            | 412.                                      | 899.                           |
| 13<br>14 | Office expenses   | 50/11/1               | 5771000                            |   |                                |
| 15       | Information technology<br>Royalties   |                       |                                    |   |                                |
| 16       | Occupancy   | 57,491.               | 57,491.                            |   |                                |
| 17       | Travel  | 48,456.               | 47,715.                            |   | 741.                           |
| 18       | Payments of travel or entertainment expenses  | ,                     | ,                                  |   |                                |
|          | for any federal, state, or local public officials   |                       |                                    |   |                                |
| 19       | Conferences, conventions, and meetings  |                       |                                    |   |                                |
| 20       | Interest  |                       |                                    |   |                                |
| 21       | Payments to affiliates  |                       |                                    |   |                                |
| 22       | Depreciation, depletion, and amortization   | 1,825.                |                                    | 1,825.                                    |                                |
| 23       | Insurance   | 2,543.                | 2,543.                             |   |                                |
| 24       | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.) |                       |                                    |   |                                |
| а        | OVERHEAD  | 0.                    | 1,513.                             | -1,513.                                   |                                |
| b        |   |                       |                                    |   |                                |
| с        |   |                       |                                    |   |                                |
| -1       |   |                       |                                    |   |                                |

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Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

d

25 26

e All other expenses

Check here

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739,024.

761,250.

Form **990** (2017)

19,961.

2,265.

## NATIONAL CAREER TECHNICAL EDUCATION FOUNDATION

\*\*-\*\*\*6246 Page 11

| Form 990 | (2017) |
|----------|--------|
|----------|--------|

|               | 1 990 (i | Balance Sheet   |                          |            |                                 |          | ***6246 Page 11           |
|---------------|----------|---|--------------------------|------------|---------------------------------|----------|---------------------------|
| Pa            | rt X     |   |                          |            |                                 |          |                           |
|               |          | Check if Schedule O contains a response or note       | e to any line in this Pa | rt X       |                                 |          |                           |
|               | -        |   |                          |            | <b>(A)</b><br>Beginning of year |          | <b>(B)</b><br>End of year |
|               | 1        | Cash - non-interest-bearing                           |                          |            |                                 | 1        |                           |
|               | 2        | Savings and temporary cash investments                |                          |            | 141,661.                        | 2        | 325,688.                  |
|               | 3        | Pledges and grants receivable, net                    |                          | 3          |                                 |          |                           |
|               | 4        | Accounts receivable, net                              |                          |            | 3,834.                          | 4        | 8,218.                    |
|               | 5        | Loans and other receivables from current and fo       | rmer officers, director  | s,         |                                 |          |                           |
|               |          | trustees, key employees, and highest compensa         | ted employees. Comp      | olete      |                                 |          |                           |
|               |          | Part II of Schedule L                                 |                          |            |                                 | 5        |                           |
|               | 6        | Loans and other receivables from other disqualif      | ied persons (as define   | ed under   |                                 |          |                           |
|               |          | section 4958(f)(1)), persons described in section     | 4958(c)(3)(B), and cor   | ntributing |                                 |          |                           |
|               |          | employers and sponsoring organizations of sections    | ion 501(c)(9) voluntary  | ,          |                                 |          |                           |
| st            |          | employees' beneficiary organizations (see instr).     | Complete Part II of So   | ch L       |                                 | 6        |                           |
| Assets        | 7        | Notes and loans receivable, net                       |                          |            |                                 | 7        |                           |
| ◄             | 8        | Inventories for sale or use                           |                          |            | 9,892.                          | 8        | 6,473.                    |
|               | 9        | Prepaid expenses and deferred charges                 |                          |            | 277.                            | 9        | 7,229.                    |
|               | 10a      | Land, buildings, and equipment: cost or other         |                          |            |                                 |          |                           |
|               |          | basis. Complete Part VI of Schedule D                 | 10a 59                   | ,480.      | _                               |          |                           |
|               | b        | Less: accumulated depreciation                        | 10b 54                   | ,329.      | 2,931.                          | 10c      | 5,151.                    |
|               | 11       | Investments - publicly traded securities              |                          |            | 512,198.                        | 11       | 824,713.                  |
|               | 12       | Investments - other securities. See Part IV, line 1   | 1                        |            |                                 | 12       |                           |
|               | 13       | Investments - program-related. See Part IV, line 1    |                          |            |                                 | 13       |                           |
|               | 14       | Intangible assets                                     |                          | L          |                                 | 14       |                           |
|               | 15       | Other assets. See Part IV, line 11                    |                          |            |                                 | 15       |                           |
|               | 16       | Total assets. Add lines 1 through 15 (must equa       |                          |            | 670,793.                        | 16       | 1,177,472.                |
|               | 17       | Accounts payable and accrued expenses                 |                          |            | 28,715.                         | 17       | 21,465.                   |
|               | 18       | Grants payable  |                          |            |                                 | 18       |                           |
|               | 19       | Deferred revenue                                      |                          |            |                                 | 19       |                           |
|               | 20       | Tax-exempt bond liabilities                           |                          |            |                                 | 20       |                           |
|               | 21       | Escrow or custodial account liability. Complete F     | Part IV of Schedule D    |            |                                 | 21       |                           |
| es            | 22       | Loans and other payables to current and former        | officers, directors, tru | stees,     |                                 |          |                           |
| iliti         |          | key employees, highest compensated employee           |                          |            |                                 |          |                           |
| Liabilities   |          | Complete Part II of Schedule L                        |                          |            |                                 | 22       |                           |
| _             | 23       | Secured mortgages and notes payable to unrela         |                          |            |                                 | 23       |                           |
|               | 24       | Unsecured notes and loans payable to unrelated        | I third parties          |            |                                 | 24       |                           |
|               | 25       | Other liabilities (including federal income tax, pay  |                          |            |                                 |          |                           |
|               |          | parties, and other liabilities not included on lines  | 17-24). Complete Par     | t X of     |                                 |          |                           |
|               |          | Schedule D  |                          | F          | 75,982.                         | 25       | 85,398.                   |
|               | 26       | Total liabilities. Add lines 17 through 25            |                          |            | 104,697.                        | 26       | 106,863.                  |
|               |          | Organizations that follow SFAS 117 (ASC 958)          |                          | and        |                                 |          |                           |
| ces           |          | complete lines 27 through 29, and lines 33 and        |                          |            | 102 050                         |          | 710 615                   |
| lan           | 27       | Unrestricted net assets                               |                          |            | <u>492,950.</u><br>73,146.      | 27       | 718,615.<br>351,994.      |
| Fund Balances | 28       | Temporarily restricted net assets                     |                          |            | /3,140.                         | 28       | 551,994.                  |
| pur           | 29       |   | 00 000) - k k            |            |                                 | 29       |                           |
|               |          | Organizations that do not follow SFAS 117 (As         | อง ของ), cneck here      | ┍╴┘        |                                 |          |                           |
| Net Assets or |          | and complete lines 30 through 34.                     |                          |            |                                 | -        |                           |
| set           | 30       | Capital stock or trust principal, or current funds    |                          |            |                                 | 30       |                           |
| As            | 31       | Paid-in or capital surplus, or land, building, or equ |                          |            |                                 | 31       | <u> </u>                  |
| Net           | 32       | Retained earnings, endowment, accumulated inc         |                          |            | 566,096.                        | 32       | 1,070,609.                |
|               | 33       | Total net assets or fund balances                     |                          |            | 670,793.                        | 33<br>34 | 1,177,472                 |
|               | 34       | Total liabilities and net assets/fund balances        |                          |            | 010,130.                        | 34       | Form <b>990</b> (2017     |

Form **990** (2017)

732011 11-28-17

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| NATIONAL | CAREER | TECHNICAL | EDUCATION |
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|          |        |           |           |

| Form | 1990 (2017) FOUNDATION   | **_***   | 6246         | Pag           | ge <b>12</b> |
|------|--|----------|--------------|---------------|--------------|
| Ра   | 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        | 1,275        |               |              |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2        |              |               | 50.          |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3        |              |               | 10.          |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                          | 4        |              |               | 96.          |
| 5    | Net unrealized gains (losses) on investments   | 5        | - 9          | 9,9           | 97.          |
| 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       | 1,070        | ),6           | 09.          |
| Pa   | rt XII Financial Statements and Reporting  |          |              |               |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII                                       |          |              |               | X            |
|      |  |          |              | 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     |          |              |               |              |
| 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             | L            |
|      | 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             | L            |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Sch  |          |              |               |              |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | •        |              |               |              |
|      | Act and OMB Circular A-133?  |          | . <b>3</b> a |               | X            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ  |          |              |               |              |
|      | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                           |          |              |               | L            |
|      |  |          | Form         | 9 <b>90</b> ( | 2017         |

Form **990** (2017)

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| Contraction       Public Charity Status         (Form 990 or 990-EZ)       Complete if the organization is a section 4947(a)(1) nonexemption         Department of the Treasury       ► Attach to Form 990         Internal Revenue Service       ► Go to www.irs.gov/Form990 for instr         Name of the organization       NATIONAL CAREER TECHNICA FOUNDATION  | 501(c)(3) organization or a section<br>charitable trust.<br>or Form 990-EZ. Open | 017              |
|---|--|------------------|
| Department of the Treasury<br>Internal Revenue Service       ▲ 4947(a)(1) nonexemption         Name of the organization       ▲ Attach to Form 990         NATIONAL       CAREER         FOUNDATION   | charitable trust.<br>or Form 990-EZ. Open  |                  |
| Department of the Treasury<br>Internal Revenue Service       ► Attach to Form 990         Name of the organization       NATIONAL CAREER TECHNICA<br>FOUNDATION   | or Form 990-EZ. Open   | to Dublic        |
| Name of the organization NATIONAL CAREER TECHNICA<br>FOUNDATION   | ctions and the latest information. Ins   | to Public        |
| FOUNDATION  |  | pection          |
|   |  |                  |
|   | **_***   | 6246             |
| Part I Reason for Public Charity Status (All organizations mu   | t complete this part.) See instructions.   |                  |
| The organization is not a private foundation because it is: (For lines 1 through  | 2, check only one box.)  |                  |
| 1 A church, convention of churches, or association of churches desc   | bed in section 170(b)(1)(A)(i).  |                  |
| 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E  | orm 990 or 990-EZ).)   |                  |
| 3 A hospital or a cooperative hospital service organization described   | n section 170(b)(1)(A)(iii).   |                  |
| 4 A medical research organization operated in conjunction with a host   | ital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospi              | tal's name,      |
| city, and state:  |  |                  |
| 5 An organization operated for the benefit of a college or university o   | ned or operated by a governmental unit described in                              |                  |
| section 170(b)(1)(A)(iv). (Complete Part II.)   |  |                  |
| 6 A federal, state, or local government or governmental unit describe   | in section 170(b)(1)(A)(v).  |                  |
| 7 An organization that normally receives a substantial part of its supp   | ort from a governmental unit or from the general public de                       | scribed in       |
| section 170(b)(1)(A)(vi). (Complete Part II.)   |  |                  |
| 8 A community trust described in section 170(b)(1)(A)(vi). (Complete  | Part II.)  |                  |
| 9 An agricultural research organization described in section 170(b)(1   | A)(ix) operated in conjunction with a land-grant college                         |                  |
| or university or a non-land-grant college of agriculture (see instructi   | ns). Enter the name, city, and state of the college or                           |                  |
| university:   |  |                  |
| <b>10</b> An organization that normally receives: (1) more than 33 1/3% of its  | support from contributions, membership fees, and gross                           | receipts from    |
| activities related to its exempt functions - subject to certain except  | ns, and (2) no more than 33 1/3% of its support from gro                         | ss investment    |
| income and unrelated business taxable income (less section 511 ta   | ) from businesses acquired by the organization after June                        | e 30, 1975.      |
| See section 509(a)(2). (Complete Part III.)   |  |                  |
| 11 An organization organized and operated exclusively to test for pub   | safety. See section 509(a)(4).   |                  |
| 12 X An organization organized and operated exclusively for the benefit   | f, to perform the functions of, or to carry out the purpose                      | s of one or      |
| more publicly supported organizations described in section 509(a)   | I) or section 509(a)(2). See section 509(a)(3). Check the                        | box in           |
| lines 12a through 12d that describes the type of supporting organi  | ation and complete lines 12e, 12f, and 12g.                                      |                  |
| a <b>X</b> Type I. A supporting organization operated, supervised, or control   | led by its supported organization(s), typically by giving                        |                  |
| the supported organization(s) the power to regularly appoint or e   | ct a majority of the directors or trustees of the supporting                     | 1                |
| organization. You must complete Part IV, Sections A and B.  |  |                  |
| <b>b Type II.</b> A supporting organization supervised or controlled in con | nection with its supported organization(s), by having                            |                  |
| control or management of the supporting organization vested in  | e same persons that control or manage the supported                              |                  |
| organization(s). You must complete Part IV, Sections A and C.   |  |                  |
| c L Type III functionally integrated. A supporting organization oper  | ed in connection with, and functionally integrated with,                         |                  |
| its supported organization(s) (see instructions). You must compl  | te Part IV, Sections A, D, and E.  |                  |
| d L Type III non-functionally integrated. A supporting organization   | perated in connection with its supported organization(s)                         |                  |
| that is not functionally integrated. The organization generally mus   | satisfy a distribution requirement and an attentiveness                          |                  |
| requirement (see instructions). You must complete Part IV, Sec  | ons A and D, and Part V.   |                  |
| e Check this box if the organization received a written determination   | from the IRS that it is a Type I, Type II, Type III                              |                  |
| functionally integrated, or Type III non-functionally integrated sup  | orting organization.   |                  |
| f Enter the number of supported organizations   |  | 1                |
| <b>g</b> Provide the following information about the supported organization(s).   | E. C. A. La Hana and an E. Son Balanda I.  |                  |
| (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1   | in your governing document?  | ount of other    |
| organization (described on lines i<br>above (see instructio   |  | ee instructions) |
|   |  |                  |
| NASDCTEC **-**6898 10   | X 393,339.   |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
|   |  |                  |
| Total   | 393,339.   | 0.               |
| LHA For Paperwork Reduction Act Notice, see the Instructions for Form 9   | 0 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 1.3                         | 990-EZ) 2017     |

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# NATIONAL CAREER TECHNICAL EDUCATION Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION

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| 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 organizatio |

fails to qualify under the tests listed below, please complete Part III.)

| See  | ction A. Public Support                      |                       |                      |             |          |                     |           |
|------|--|-----------------------|----------------------|-------------|----------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨    | (a) 2013              | <b>(b)</b> 2014      | (c) 2015    | (d) 2016 | (e) 2017            | (f) Total |
| 1    | Gifts, grants, contributions, and            |                       |                      |             |          |                     |           |
|      | membership fees received. (Do not            |                       |                      |             |          |                     |           |
|      | include any "unusual grants.")               |                       |                      |             |          |                     |           |
| 2    | 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                       |                       |                      |             |          |                     |           |
| Cale | ndar year (or fiscal year beginning in) 🕨    | (a) 2013              | <b>(b)</b> 2014      | (c) 2015    | (d) 2016 | (e) 2017            | (f) Total |
|      | Amounts from line 4                          |                       |                      |             |          |                     |           |
| 8    | Gross income from interest,                  |                       |                      |             |          |                     |           |
|      | dividends, payments received on              |                       |                      |             |          |                     |           |
|      | securities loans, rents, royalties,          |                       |                      |             |          |                     |           |
|      | and income from similar sources              |                       |                      |             |          |                     |           |
| 9    | Net income from unrelated business           |                       |                      |             |          |                     |           |
|      | activities, whether or not the               |                       |                      |             |          |                     |           |
|      | business is regularly carried on             |                       |                      |             |          |                     |           |
| 10   | Other income. Do not include gain            |                       |                      |             |          |                     |           |
|      | or loss from the sale of capital             |                       |                      |             |          |                     |           |
|      | assets (Explain in Part VI.)                 |                       |                      |             |          |                     |           |
| 11   | Total support. Add lines 7 through 10        |                       |                      |             |          |                     |           |
| 12   | · · · · · · · · · · · · · · · · · · ·        | etc. (see instruction | ons)                 |             |          | 12                  |           |
|      | First five years. If the Form 990 is for     |                       | ,                    |             |          |                     |           |
|      | organization, check this box and <b>stor</b> |                       |                      |             | ·····    |                     |           |
| See  | ction C. Computation of Publ                 | ic Support Pe         | rcentage             |             |          |                     |           |
| 14   | Public support percentage for 2017 (         | line 6, column (f) d  | ivided by line 11, o | column (f)) |          | 14                  | %         |
|      | Public support percentage from 2016          |                       |                      |             |          | 15                  | %         |
|      | <b>33 1/3% support test - 2017.</b> If the o |                       |                      |             |          | nore, check this bo | ox and    |
|      | stop here. The organization qualifies        |                       |                      |             |          |                     |           |
| b    | 33 1/3% support test - 2016. If the o        |                       |                      |             |          |                     |           |
|      | and <b>stop here.</b> The organization qual  |                       |                      |             |          |                     |           |
| 17a  | 10% -facts-and-circumstances tes             |                       |                      |             |          |                     |           |
|      | and if the organization meets the "fac       |                       |                      |             |          |                     |           |
|      | meets the "facts-and-circumstances"          |                       |                      | -           | -        | -                   |           |
| b    | 10% -facts-and-circumstances tes             |                       |                      |             |          |                     |           |
| ~    | more, and if the organization meets th       |                       |                      |             |          |                     |           |
|      | organization meets the "facts-and-cire       |                       |                      |             |          |                     |           |
| 18   | Private foundation. If the organization      |                       |                      |             |          |                     | s         |
|      |  |                       |                      | ,,,,        |          | dule A (Form 990    |           |

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Part II

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### Schedule A (Form 990 or 990 EZ) 2017 FOUNDATION

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec        | tion A. Public Support   |                             |                       |                        |                     |                     |                   |
|------------|--|-----------------------------|-----------------------|------------------------|---------------------|---------------------|-------------------|
| Cale       | ndar year (or fiscal year beginning in) 🕨  | (a) 2013                    | <b>(b)</b> 2014       | (c) 2015               | (d) 2016            | (e) 2017            | (f) Total         |
| 1          | Gifts, grants, contributions, and  |                             |                       |                        |                     |                     |                   |
|            | membership fees received. (Do not  |                             |                       |                        |                     |                     |                   |
|            | include any "unusual grants.")   |                             |                       |                        |                     |                     |                   |
| 2          | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                             |                       |                        |                     |                     |                   |
| 3          | Gross receipts from activities that  |                             |                       |                        |                     |                     |                   |
|            | are not an unrelated trade or bus-<br>iness under section 513  |                             |                       |                        |                     |                     |                   |
| 4          | Tax revenues levied for the organ-   |                             |                       |                        |                     |                     |                   |
| -          | ization's benefit and either paid to<br>or expended on its behalf  |                             |                       |                        |                     |                     |                   |
| 5          | The value of services or facilities  |                             |                       |                        |                     |                     |                   |
| Ŭ          | furnished by a governmental unit to  |                             |                       |                        |                     |                     |                   |
| -          | the organization without charge  |                             |                       |                        |                     |                     |                   |
|            | Total. Add lines 1 through 5   |                             |                       |                        |                     |                     |                   |
| 7a         | Amounts included on lines 1, 2, and  |                             |                       |                        |                     |                     |                   |
| h          | 3 received from disqualified persons   |                             |                       |                        |                     |                     |                   |
| D          | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                             |                       |                        |                     |                     |                   |
| с          | Add lines 7a and 7b  |                             |                       |                        |                     |                     |                   |
| 8          | Public support. (Subtract line 7c from line 6.)  |                             |                       |                        |                     |                     |                   |
|            | ction B. Total Support   |                             |                       |                        |                     |                     |                   |
| Cale       | ndar year (or fiscal year beginning in) 🕨  | (a) 2013                    | <b>(b)</b> 2014       | (c) 2015               | (d) 2016            | (e) 2017            | (f) Total         |
|            | Amounts from line 6<br>Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                        |                             |                       |                        |                     |                     |                   |
| b          | Unrelated business taxable income  |                             |                       |                        |                     |                     |                   |
|            | (less section 511 taxes) from businesses acquired after June 30, 1975  |                             |                       |                        |                     |                     |                   |
| с          | Add lines 10a and 10b  |                             |                       |                        |                     |                     |                   |
|            | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on   |                             |                       |                        |                     |                     |                   |
| 12         | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                             |                       |                        |                     |                     |                   |
| 13         | Total support. (Add lines 9, 10c, 11, and 12.)   |                             |                       |                        |                     |                     |                   |
|            | First five years. If the Form 990 is for   | the organization's          | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiz | zation,           |
|            | check this box and stop here   |                             |                       |                        |                     |                     |                   |
| Sec        | ction C. Computation of Publ   | ic Support Pe               | rcentage              |                        |                     |                     |                   |
| 15         | Public support percentage for 2017 (   | line 8, column (f) di       | ivided by line 13, o  | column (f))            |                     | 15                  | %                 |
| 16         | Public support percentage from 2016  | Schedule A, Part            | III, line 15          |                        |                     | 16                  | %                 |
|            | ction D. Computation of Investion  |                             |                       |                        |                     |                     |                   |
| 17         | Investment income percentage for 20  | <b>)17</b> (line 10c, colur | nn (f) divided by lir | ne 13, column (f))     |                     | 17                  | %                 |
|            | Investment income percentage from 2  |                             |                       |                        |                     | 18                  | %                 |
|            | 33 1/3% support tests - 2017. If the   |                             |                       |                        |                     |                     |                   |
|            | more than 33 1/3%, check this box a  | nd stop here. The           | organization qual     | ifies as a publicly :  | supported organiz   | ation               | <b>&gt;</b>       |
| b          | <b>33 1/3% support tests - 2016.</b> If the  |                             |                       |                        |                     |                     |                   |
|            | line 18 is not more than 33 1/3%, che  |                             |                       |                        |                     |                     |                   |
|            | Private foundation. If the organization  | n did not check a           | box on line 14, 19    | a, or 19b, check tł    |                     |                     |                   |
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## Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION

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| Par    | TIV Supporting Organizations (continued)   |           |        |      |
|--------|--|-----------|--------|------|
|        |  |           | Yes    | No   |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?  |           |        |      |
| а      | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                   |           |        |      |
|        | below, the governing body of a supported organization?   | 11a       |        | Х    |
| b      | A family member of a person described in (a) above?  | 11b       |        | Х    |
|        | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.          | 11c       |        | Х    |
|        | tion B. Type I Supporting Organizations  |           |        |      |
|        |  |           | Yes    | No   |
| 1      | Did the directors, trustees, or membership of one or more supported organizations have the power to                            |           | 100    |      |
| •      | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the             |           |        |      |
|        | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or           |           |        |      |
|        | •  |           |        |      |
|        | controlled the organization's activities. If the organization had more than one supported organization,                        |           |        |      |
|        | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                      |           | х      |      |
| -      | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                         | 1         | ~      |      |
| 2      | Did the organization operate for the benefit of any supported organization other than the supported                            |           |        |      |
|        | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                     |           |        |      |
|        | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                    |           |        |      |
|        | supervised, or controlled the supporting organization.   | 2         |        | Х    |
| Sec    | tion C. Type II Supporting Organizations   |           |        |      |
|        |  |           | Yes    | No   |
| 1      | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors               |           |        |      |
|        | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                  |           |        |      |
|        | or management of the supporting organization was vested in the same persons that controlled or managed                         |           |        |      |
|        | the supported organization(s).   | 1         |        |      |
| Sec    | tion D. All Type III Supporting Organizations  |           |        |      |
|        |  |           | Yes    | No   |
| 1      | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                 |           |        |      |
| •      | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax          |           |        |      |
|        | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the         |           |        |      |
|        | organization's governing documents in effect on the date of notification, to the extent not previously provided?               | 1         |        |      |
| 0      |  |           |        |      |
| 2      | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported               |           |        |      |
|        | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how      |           |        |      |
| -      | the organization maintained a close and continuous working relationship with the supported organization(s).                    | 2         |        |      |
| 3      | By reason of the relationship described in (2), did the organization's supported organizations have a                          |           |        |      |
|        | significant voice in the organization's investment policies and in directing the use of the organization's                     |           |        |      |
|        | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                   |           |        |      |
|        | supported organizations played in this regard.   | 3         |        |      |
| Sec    | tion E. Type III Functionally Integrated Supporting Organizations  |           |        |      |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) |           |        |      |
| а      | The organization satisfied the Activities Test. Complete line 2 below.   |           |        |      |
| b      | The organization is the parent of each of its supported organizations. Complete line 3 below.                                  |           |        |      |
| с      | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi          | tructions | s).    |      |
| 2      | Activities Test. Answer (a) and (b) below.   | l         | Yes    | No   |
| а      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of             |           |        |      |
|        | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                     |           |        |      |
|        | those supported organizations and explain how these activities directly furthered their exempt purposes,                       |           |        |      |
|        | how the organization was responsive to those supported organizations, and how the organization determined                      |           |        |      |
|        | that these activities constituted substantially all of its activities.   | 2a        |        |      |
| h      |  | <u></u>   |        |      |
| b      | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more            |           |        |      |
|        | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the            |           |        |      |
|        | reasons for the organization's position that its supported organization(s) would have engaged in these                         | ~         |        |      |
| -      | activities but for the organization's involvement.   | 2b        |        |      |
| 3      | Parent of Supported Organizations. Answer (a) and (b) below.   |           |        |      |
| а      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                    |           |        |      |
|        | trustees of each of the supported organizations? Provide details in Part VI.   | 3a        |        |      |
| b      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each            |           |        |      |
|        | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.       | 3b        |        |      |
| 732025 | 5 10-06-17 Schedule A (Form 9  | 90 or 99  | 90-EZ) | 2017 |
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Schedule A (Form 990 or 990 EZ) 2017 FOUNDATION

#### 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 (explain in Part VI.) 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) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion 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 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 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) 2017

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| Sche  | dule A (Form 990 or 990-EZ) 2017 FOUNDATION                          |                               |  | **-***6246 Page 7                         |
|-------|--|-------------------------------|--|---|
| Par   | t V Type III Non-Functionally Integrated 509                         | (a)(3) Supporting Orga        | anizations (continued)                 |   |
| Sect  | on D - Distributions   |                               | <u> </u>                               | Current Year                              |
| 1     | Amounts paid to supported organizations to accomplish exe            | mpt purposes                  |  |   |
| 2     | Amounts paid to perform activity that directly furthers exemp        | ot purposes of supported      |  |   |
|       | organizations, in excess of income from activity                     |                               |  |   |
| 3     | Administrative expenses paid to accomplish exempt purpose            | es 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 <b>Part VI</b> ). See instructions. |                               |  |   |
| 7     | Total annual distributions. Add lines 1 through 6.                   |                               |  |   |
| 8     | Distributions to attentive supported organizations to which the      | he organization is responsive | 9                                      |   |
|       | (provide details in Part VI). See instructions.                      |                               |  |   |
| 9     | Distributable amount for 2017 from Section C, line 6                 |                               |  |   |
| 10    | Line 8 amount divided by line 9 amount                               |                               |  |   |
| Secti | on E - Distribution Allocations (see instructions)                   | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2017 | (iii)<br>Distributable<br>Amount for 2017 |
| 1     | Distributable amount for 2017 from Section C, line 6                 |                               |  |   |
| 2     | Underdistributions, if any, for years prior to 2017 (reason-         |                               |  |   |
|       | able cause required- explain in Part VI). See instructions.          |                               |  |   |
| 3     | Excess distributions carryover, if any, to 2017                      |                               |  |   |
| а     |  |                               |  |   |
| b     | From 2013  |                               |  |   |
| с     | From 2014  |                               |  |   |
| d     | From 2015  |                               |  |   |
| e     | From 2016  |                               |  |   |
| f     | Total of lines 3a through e  |                               |  |   |
| -     | Applied to underdistributions of prior years                         |                               |  |   |
|       | Applied to 2017 distributable amount                                 |                               |  |   |
| i     | Carryover from 2012 not applied (see instructions)                   |                               |  |   |
| i     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                    |                               |  |   |
| 4     | Distributions for 2017 from Section D,                               |                               |  |   |
|       | line 7: \$   |                               |  |   |
| а     | Applied to underdistributions of prior years                         |                               |  |   |
|       | Applied to 2017 distributable amount                                 |                               |  |   |
|       | Remainder. Subtract lines 4a and 4b from 4.                          |                               |  |   |
| -     | Remaining underdistributions for years prior to 2017, if             |                               |  |   |
|       | any. Subtract lines 3g and 4a from line 2. For result greater        |                               |  |   |
|       | than zero, explain in <b>Part VI.</b> See instructions.              |                               |  |   |
| 6     | Remaining underdistributions for 2017. Subtract lines 3h             |                               |  |   |
| -     | and 4b from line 1. For result greater than zero, explain in         |                               |  |   |
|       | Part VI. See instructions.   |                               |  |   |
| 7     | Excess distributions carryover to 2018. Add lines 3j                 |                               |  |   |
|       | and 4c.  |                               |  |   |
| 8     | Breakdown of line 7:   |                               |  |   |
|       | Excess from 2013   |                               |  |   |
|       | Excess from 2014   |                               |  |   |
|       | Excess from 2015   |                               |  |   |
|       | Excess from 2016   |                               |  |   |
| -     | Excess from 2017   |                               |  |   |

Schedule A (Form 990 or 990-EZ) 2017

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| Schedule A (Form 990 or 990-EZ) 2017 FOUNDATION   | **-***6246 <sub>Pa</sub>   |
|---|--|
| Part VI Supplemental Information. Provide the explanations required by Part II, line 10;  | Part II, line 17a or 17b; Part III, line 12;   |
| Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; P | Section B, lines 1 and 2; Part IV, Section C,<br>art V. line 1; Part V. Section B. line 1e: Part V |
| Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this p  |  |
| (See instructions.)   |  |
| PART IV, SECTION A, LINE 3B   |  |
|   |  |
| A PUBLIC SUPPORT TEST WAS PREPARED FOR 2013-2017 TO   | O CONFIRM  |
| QUALIFICATION OF SUPPORT ORGANIZATION.  |  |
|   |  |
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|   |  |
| PART IV, SECTION A, LINE 3C   |  |
| BOARD MEMBERS OVERLAP ORGANIZATIONS SO THERE IS AS  | SURANCE THAT PROPER  |
| NONTROL ADDE IN DIAGE   |  |
| CONTROLS ARE IN PLACE.  |  |
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| Schedule B         |
|--------------------|
| (Form 990, 990-EZ, |
| or 990-PF)         |

#### Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

## 2017

Employer identification number

| - |                    |                    |                         |            |
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| Organization  | type  | check one | <del>.</del> ): |
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| or guinzation | JPC 1 |           | <i>.</i>        |

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)( 3 ) (enter number) organization  |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization   |
| Form 990-PF        | 501(c)(3) exempt private foundation  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization NATIONAL CAREER TECHNICAL EDUCATION FOUNDATION

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| Part I                   | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additionation | Il space is needed.  |   |
|--------------------------|---|--|---|
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions   | (d)<br>Type of contribution   |
| 1                        | SIEMENS FOUNDATION<br>170 WOOD AVENUE SOUTH<br>ISELIN , NJ 08830                        | \$ <u>305,000.</u>   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)  |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions   | (d)<br>Type of contribution   |
| 2                        | THE JOYCE FOUNDATION<br>321 N. CLARK STREET, SUITE 1500<br>CHICAGO, IL 60654            | \$200,000.   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)  |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions   | (d)<br>Type of contribution   |
|                          |   | \$   | Person Payroll Noncash (Complete Part II for noncash contributions.)  |
|                          |   |  |   |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions   | (d)<br>Type of contribution   |
|                          |   |  |   |
|                          |   | Total contributions  | Type of contribution         Person         Payroll         Noncash         (Complete Part II for   |
| <u>No.</u>               | Name, address, and ZIP + 4  | Total contributions \$ (c)   | Type of contribution         Person   |
| <u>No.</u>               | Name, address, and ZIP + 4  | Total contributions         \$         (c)         Total contributions   | Type of contribution         Person       Payroll         Payroll       Noncash         Noncash       (Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       Payroll         Payroll       Noncash         Noncash       (Complete Part II for   |
| No.<br>(a)<br>No.<br>(a) | (b)<br>Name, address, and ZIP + 4   | Total contributions         \$         (c)         Total contributions         \$         (c)         Total contributions         \$         (c)         Total contributions         \$         (c)         Total contributions         \$         (c)         Total contributions | Type of contribution         Person       Payroll         Payroll       Noncash         Noncash       (Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       Payroll         Noncash       (Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         (Complete Part II for noncash contributions.)         (d) |

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| Schedule B | (Form 990, | 990-EZ, | or 990-PF | ) (2017) |
|------------|------------|---------|-----------|----------|
|------------|------------|---------|-----------|----------|

Name of organization

NATIONAL CAREER TECHNICAL EDUCATION FOUNDATION

Employer identification number

\*\*-\*\*\*6246

#### Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723453 11-01-17 23 14121228 758104 81060.001 2017.05010 NATIONAL CAREER TECHNICAL E 81060\_01

Page 3

|                        | L CAREER TECHNICAL EI   | DUCATION                                       |  |                               |
|------------------------|---|--|--|-------------------------------|
| UNDAT                  |   | tributions to organizations describe           | d in section 501(c)(7) (8)                 | **-***6246                    |
| art III                | <i>Exclusively</i> religious, charitable, etc., con the year from any one contributor. Complete   | columns (a) through (e) and the follo          | owing line entry. For organization         | ons                           |
|                        | completing Part III, enter the total of exclusively religion<br>Use duplicate copies of Part III if addition  |  | or less for the year. (Enter this info. on | ıce.) ▶ \$                    |
| ) No.<br>rom           |   |  |  | corintion of how gift is held |
| Part I                 | (b) Purpose of gift   | (c) Use of gift                                | (a) Des                                    | cription of how gift is held  |
|                        |   |  |  |                               |
|                        |   |  |  |                               |
|                        |   |  |  |                               |
|                        |   | (e) Transfer of gi                             | ft   |                               |
|                        | Transferee's name, address, a   | and ZIP + 4                                    | Relationship of tr                         | ansferor to transferee        |
|                        | ,,, |  |  |                               |
|                        |   |  |  |                               |
|                        |   |  |  |                               |
| ) No.                  |   |  |  |                               |
| rom<br>Part I          | (b) Purpose of gift   | (c) Use of gift                                | (d) Des                                    | cription of how gift is held  |
|                        |   |  |  |                               |
| —   —                  |   |  |  |                               |
|                        |   |  |  |                               |
|                        |   | (e) Transfer of gi                             | ft   |                               |
|                        | <b>T</b>  |  | Deletienskie of te                         |                               |
|                        | Transferee's name, address, a   |  | Relationship of tr                         | ansferor to transferee        |
|                        |   |  |  |                               |
|                        |   |  |  |                               |
| ) No.                  |   |  |  |                               |
| ) No.<br>rom<br>Part I | (b) Purpose of gift   | (c) Use of gift                                | (d) Des                                    | cription of how gift is held  |
|                        |   |  |  |                               |
|                        |   |  |  |                               |
|                        |   |  |  |                               |
|                        |   | 1  | 4  |                               |
|                        |   | (e) Transfer of gi                             | 11   |                               |
|                        |   |  |  |                               |
|                        | Transferee's name, address, a   |  |  | ansferor to transferee        |
|                        | Transferee's name, address, a   |  |  | ansferor to transferee        |
|                        | Transferee's name, address, a   |  |  | ansferor to transferee        |
| ) No.                  | Transferee's name, address, a   |  |  | ansferor to transferee        |
| ) No.<br>rom<br>art I  | Transferee's name, address, a   |  | Relationship of tr                         | ansferor to transferee        |
| ) No.<br>rom<br>art I  |   | and ZIP + 4                                    | Relationship of tr                         |                               |
| ) No.<br>rom<br>rart I |   | and ZIP + 4                                    | Relationship of tr                         |                               |
| ) No.<br>rom<br>art I  |   | and ZIP + 4                                    | Relationship of tr                         |                               |
| ) No.<br>rom<br>Part I |   | and ZIP + 4                                    | Relationship of tr         (d) Des         |                               |
| ) No.<br>rom<br>art I  | (b) Purpose of gift   | and ZIP + 4 (c) Use of gift (e) Transfer of gi | Relationship of tr                         | scription of how gift is held |
| ) No.<br>rom<br>Part I |   | and ZIP + 4 (c) Use of gift (e) Transfer of gi | Relationship of tr                         |                               |
| ) No.<br>rom<br>Part I | (b) Purpose of gift   | and ZIP + 4 (c) Use of gift (e) Transfer of gi | Relationship of tr                         | scription of how gift is held |
| ) No.<br>rom<br>art I  | (b) Purpose of gift   | and ZIP + 4 (c) Use of gift (e) Transfer of gi | Relationship of tr                         | scription of how gift is held |
| ) No.<br>rom<br>Part I | (b) Purpose of gift   | and ZIP + 4 (c) Use of gift (e) Transfer of gi | Relationship of tr         (d) Des         | scription of how gift is held |

| SC   | HEDULE D               | Supplementa   | al Financial Statement                       | S              | OMB No. 1545-0047                          |
|--|------------------------|---|--|----------------|--|
|  | m 990)                 | Complete if the org   | anization answered "Ves" on Form 990         |                | 201/                                       |
| Department of the Treasury         Internal Revenue Service         Name of the organization         NATIONAL         CAREER         TECHNICAL         EDUCATION |                        |   | Attach to Form 990.                          |                | Open to Public                             |
|  |                        |   |  |                |  |
| Nam  | le of the organizat    | FOUNDATION  | CHNICKE EDUCATION                            | Er             | nployer identification number<br>**-**6246 |
| Ра   | rt I Organiz           | ations Maintaining Donor Advise   | ed Funds or Other Similar Funds              | s or Acco      | ounts.Complete if the                      |
|  | organizatio            | on answered "Yes" on Form 990, Part IV, lir   |  | (h) [-         | indo and other appaulate                   |
|  | Tatal succession and a |   | (a) Donor advised funds                      | (D) Fl         | inds and other accounts                    |
| 1  |                        | end of year   |  |                |  |
| 2<br>3   |                        | of contributions to (during year)<br>of grants from (during year)                             |  |                |  |
| 4  |                        | at end of year  |  |                |  |
| 5  |                        | on inform all donors and donor advisors in  |  | sed funds      |  |
|  | -                      | on's property, subject to the organization's  | -  |                | Yes No                                     |
| 6  |                        | on inform all grantees, donors, and donor a   |  |                |  |
|  | for charitable purp    | poses and not for the benefit of the donor o  | or donor advisor, or for any other purpose   | conferring     |  |
| _  | impermissible priv     |   |  |                |  |
| Pa   |                        | vation Easements. Complete if the org   |  | Part IV, line  | 7.   |
| 1  |                        | servation easements held by the organizat   |  |                |  |
|  |                        | n of land for public use (e.g., recreation or e<br>of natural habitat                         | education) Preservation of a hist            | , ,            |  |
|  |                        | n of open space   |  | litted histori | c structure                                |
| 2  |                        | a through 2d if the organization held a quali   | fied conservation contribution in the form   | of a conse     | vation easement on the last                |
| -  | day of the tax yea     |   |  |                | Held at the End of the Tax Year            |
| а  |                        | conservation easements  |  | 2a             |  |
| b  |                        | tricted by conservation easements   |  |                |  |
| с  |                        | rvation easements on a certified historic str   |  |                |  |
| d  |                        | rvation easements included in (c) acquired  |  |                |  |
|  |                        | nal Register  |  |                |  |
| 3  |                        | rvation easements modified, transferred, re   | leased, extinguished, or terminated by th    | e organizati   | on during the tax                          |
| 4  | year                   | where preparty subject to concernation as   |  |                |  |
| 4<br>5   |                        | where property subject to conservation ea<br>ation have a written policy regarding the pe     |  |                |  |
| 5  | •                      | forcement of the conservation easements i   |  |                | Yes No                                     |
| 6  |                        | er hours devoted to monitoring, inspecting,   |  |                |  |
|  |                        |   | , c  |                | 0,   |
| 7  | Amount of expense      | ses incurred in monitoring, inspecting, hand  | dling of violations, and enforcing conserva  | ation easem    | ents during the year                       |
|  | ►\$                    |   |  |                |  |
| 8  |                        | rvation easement reported on line 2(d) abov   |  |                |  |
|  |                        | n)(4)(B)(ii)?   |  |                |  |
| 9  |                        | ibe how the organization reports conservat  |  |                |  |
|  | conservation ease      | ble, the text of the footnote to the organiza   | tion's financial statements that describes   | the organiz    | ation's accounting for                     |
| Pa   |                        | ations Maintaining Collections o  | f Art. Historical Treasures. or C            | ther Sim       | ilar Assets.                               |
|  |                        | if the organization answered "Yes" on Form  |  |                |  |
| 1a   | If the organization    | n elected, as permitted under SFAS 116 (AS  | SC 958), not to report in its revenue state  | ment and b     | alance sheet works of art,                 |
|  | historical treasure    | es, or other similar assets held for public ex  | hibition, education, or research in furthera | ance of pub    | ic service, provide, in Part XIII,         |
|  | the text of the foo    | otnote to its financial statements that descr   | ibes these items.                            |                |  |
| b  | If the organization    | n elected, as permitted under SFAS 116 (AS  | SC 958), to report in its revenue statemen   | t and balan    | ce sheet works of art, historical          |
|  |                        | er similar assets held for public exhibition, e   | ducation, or research in furtherance of pu   | Iblic service  | , provide the following amounts            |
|  | relating to these if   |   |  |                | •  |
|  |                        | uded on Form 990, Part VIII, line 1   |  | •              | \$   |
| 0  | .,                     |   | anuran or other similar assets for financia  |                | \$   |
| 2  |                        | n received or held works of art, historical tre<br>punts required to be reported under SFAS 1 |  | a yan, prov    |  |
| а  | -                      | d on Form 990, Part VIII, line 1  |  | ►              | \$   |
|  |                        | n Form 990, Part X  |  |                | \$   |

| LHA    | For Paperwork Reduction Act Notice, see the Instructions for Form 990. |
|--------|--|
| 732051 | 10-09-17   |

Schedule D (Form 990) 2017

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| NATIONAL CAREER TECHNICAL EDUCATION | NATIONAL | CAREER | TECHNICAL | EDUCATION |
|-------------------------------------|----------|--------|-----------|-----------|
|-------------------------------------|----------|--------|-----------|-----------|

| Sche    | dule D (Form 990) 2017 FOUNDAT  | ION                    | BCIINTCAI          | DOCALL            |                | **_:            | ***6246         | Page 2     |
|---------|---|------------------------|--------------------|-------------------|----------------|-----------------|-----------------|------------|
| Par     |   | collections of A       | rt, Historica      | I Treasures,      | or Other       |                 |                 |            |
| 3       | Using the organization's acquisition, accessi   |                        |                    |                   |                |                 | •               | ,          |
|         | (check all that apply):   |                        |                    | C C               |                |                 |                 |            |
| а       | Public exhibition   | d                      | I 🗌 Loan o         | r exchange progr  | ams            |                 |                 |            |
| b       | Scholarly research  | е                      |                    | 0 1 0             |                |                 |                 |            |
| с       | Preservation for future generations   |                        | -                  |                   |                |                 |                 |            |
| 4       | Provide a description of the organization's co  | ollections and explai  | n how they furt    | her the organizat | ion's exemr    | ot purpose in l | Part XIII.      |            |
| 5       | During the year, did the organization solicit of  |                        |                    |                   |                |                 |                 |            |
| •       | to be sold to raise funds rather than to be made  |                        |                    |                   |                |                 | Yes             | No No      |
| Par     | t IV Escrow and Custodial Arran   |                        |                    |                   |                |                 |                 |            |
|         | reported an amount on Form 990, Pa  |                        |                    |                   |                |                 | ,               |            |
| 1a      | Is the organization an agent, trustee, custod   |                        | diary for contrib  | utions or other a | ssets not in   | cluded          |                 |            |
|         | on Form 990, Part X?  |                        |                    |                   |                |                 | Yes             |            |
| b       | If "Yes," explain the arrangement in Part XIII  |                        |                    |                   |                |                 |                 |            |
|         |   |                        | lowing table.      |                   |                |                 | Amount          |            |
| с       | Beginning balance   |                        |                    |                   |                | 1c              | Amount          |            |
|         | Additions during the year   |                        |                    |                   |                | 1d              |                 |            |
|         |   |                        |                    |                   |                | 10<br>1e        |                 |            |
| -       | Distributions during the year   |                        |                    |                   |                | le<br>1f        |                 |            |
| f<br>20 | Ending balance<br>Did the organization include an amount on F                             |                        |                    |                   |                |                 | Yes             | No         |
|         | -   |                        |                    |                   | -              |                 |                 |            |
| Par     | If "Yes," explain the arrangement in Part XIII.<br><b>t V</b> Endowment Funds. Complete i |                        |                    |                   |                | <u></u>         |                 |            |
| 1 41    |   | (a) Current year       |                    |                   |                | Three years ba  | ck (a) Four     | years back |
| 10      | Decipping of year belonce   | (a) Current year       | (b) Prior yea      |                   | IIS DACK (U)   | Three years be  |                 | years back |
|         | Beginning of year balance   |                        |                    |                   |                |                 |                 |            |
|         | Contributions   |                        |                    |                   |                |                 |                 |            |
| с       | Net investment earnings, gains, and losses  |                        |                    |                   |                |                 |                 |            |
| d       | Grants or scholarships  |                        |                    |                   |                |                 |                 |            |
| е       | Other expenditures for facilities   |                        |                    |                   |                |                 |                 |            |
|         | and programs  |                        |                    |                   |                |                 |                 |            |
| f       | Administrative expenses   |                        |                    |                   |                |                 |                 |            |
| g       | End of year balance   |                        |                    |                   |                |                 |                 |            |
| 2       | Provide the estimated percentage of the cur   | rent year end balanc   | e (line 1g, colu   | mn (a)) held as:  |                |                 |                 |            |
| а       | Board designated or quasi-endowment   |                        | _%                 |                   |                |                 |                 |            |
| b       | Permanent endowment   | %                      |                    |                   |                |                 |                 |            |
| С       | Temporarily restricted endowment  | %                      |                    |                   |                |                 |                 |            |
|         | The percentages on lines 2a, 2b, and 2c sho   | ould equal 100%.       |                    |                   |                |                 |                 |            |
| 3a      | Are there endowment funds not in the posse  | ession of the organiz  | ation that are h   | eld and administe | ered for the   | organization    | _               |            |
|         | by:   |                        |                    |                   |                |                 |                 | Yes No     |
|         | (i) unrelated organizations   |                        |                    |                   |                |                 | 3a(i)           |            |
|         | (ii) related organizations  |                        |                    |                   |                |                 | 3a(ii)          |            |
| b       | If "Yes" on line 3a(ii), are the related organization                                     | ations listed as requi | red on Schedu      | e R?              |                |                 | 3b              |            |
| 4       | Describe in Part XIII the intended uses of the  | e organization's endo  | wment funds.       |                   |                |                 |                 |            |
| Par     | t VI Land, Buildings, and Equipm  | nent.                  |                    |                   |                |                 |                 |            |
|         | Complete if the organization answere  | d "Yes" on Form 990    | ), Part IV, line 1 | 1a. See Form 99   | 0, Part X, lin | e 10.           |                 |            |
|         | Description of property   | (a) Cost or o          | ther (b)           | Cost or other     | (c) Accu       | umulated        | <b>(d)</b> Book | value      |
|         |   | basis (investr         | nent) b            | asis (other)      | depre          | ciation         |                 |            |
| 1a      | Land  |                        |                    |                   |                |                 |                 |            |
|         | Buildings   |                        |                    |                   |                |                 |                 |            |
|         | Leasehold improvements  |                        |                    |                   |                |                 |                 |            |
|         | Equipment   |                        |                    | 59,480.           | 5              | 4,329.          | 5               | ,151.      |
|         | Other   |                        |                    |                   |                |                 |                 |            |
|         | Add lines 1a through 1e. (Column (d) must e   |                        | X. column (B).     | line 10c.)        |                |                 | 5               | ,151.      |

Schedule D (Form 990) 2017

732052 10-09-17

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| NATIONAL CAREER TECHNICAL EDUCATION | C | l | V |
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| Schedule D (Form 990) 2017 FOUNDATION                                      |                              |                    |                    | **-**6246              | Page <b>3</b> |
|--|------------------------------|--------------------|--------------------|------------------------|---------------|
| Part VII Investments - Other Securities.                                   |                              |                    |                    |                        | 0             |
| Complete if the organization answered "Yes"                                | " on Form 990, Part IV, line | 11b. See Form 990, | Part X, line 12.   |                        |               |
| (a) Description of security or category (including name of security)       | (b) Book value               |                    |                    | r end-of-year market v | alue          |
| (1) Financial derivatives  |                              |                    |                    |                        |               |
| (2) Closely-held equity interests  |                              |                    |                    |                        |               |
| (3) Other  |                              |                    |                    |                        |               |
| (A)  |                              |                    |                    |                        |               |
| (B)  |                              |                    |                    |                        |               |
| (C)  |                              |                    |                    |                        |               |
| (D)  |                              |                    |                    |                        |               |
|  |                              |                    |                    |                        |               |
| (E)  |                              |                    |                    |                        |               |
| (F)  |                              |                    |                    |                        |               |
| (G)  |                              |                    |                    |                        |               |
|  |                              |                    |                    |                        |               |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►         |                              |                    |                    |                        |               |
| Part VIII Investments - Program Related.                                   |                              |                    |                    |                        |               |
| Complete if the organization answered "Yes"                                |                              |                    |                    |                        |               |
| (a) Description of investment  | (b) Book value               | (c) Method of v    | aluation: Cost oi  | r end-of-year market v | alue          |
| (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"                                | on Form 990. Part IV. line   | 11d. See Form 990. | Part X. line 15.   |                        |               |
|  | Description                  |                    |                    | (b) Book va            | lue           |
| (1)  |                              |                    |                    |                        |               |
| (2)  |                              |                    |                    |                        |               |
| (3)  |                              |                    |                    |                        |               |
|  |                              |                    |                    |                        |               |
| <u>(4)</u>   |                              |                    |                    |                        |               |
| (5)  |                              |                    |                    |                        |               |
| (6)  |                              |                    |                    |                        |               |
| (7)  |                              |                    |                    |                        |               |
| (8)  |                              |                    |                    |                        |               |
| (9)  |                              |                    |                    |                        |               |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lin               | ne 15.)                      |                    |                    | . 🕨                    |               |
| Part X Other Liabilities.  |                              |                    |                    |                        |               |
| Complete if the organization answered "Yes"                                |                              |                    | 1 990, Part X, lin | e 25.                  |               |
| <b>1.</b> (a) Description of liability                                     |                              | (b) Book value     |                    |                        |               |
| (1) Federal income taxes   |                              |                    |                    |                        |               |
| (2) DUE TO NASDCTEC  |                              | 85,398.            |                    |                        |               |
| (3)  |                              |                    |                    |                        |               |
| (4)  |                              |                    |                    |                        |               |
| (5)  |                              |                    |                    |                        |               |
| (6)  |                              |                    |                    |                        |               |
| (7)  |                              |                    |                    |                        |               |
| (8)  |                              |                    |                    |                        |               |
| (9)  |                              |                    |                    |                        |               |
| Total. (Column (b) must equal Form 990, Part X, col. (B) lir               | ne 25)                       | 85,398.            |                    |                        |               |
| 2. Liability for uncertain tax positions. In Part XIII, provid             |                              |                    | inancial stateme   | ents that reports the  |               |
| organization's liability for uncertain tax positions. In Part XIII, provid |                              |                    |                    |                        | viii 🔽        |
| Organization s hability for undertain tax positions under                  | 740). UNECK                  |                    | = IOULIOLE HAS D   | een provideu in Fart.  |               |

732053 10-09-17

Schedule D (Form 990) 2017

| NATIONAL | CAREER | TECHNICAL | EDUCATION |
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|          |        |           |           |

| Sche | dule D (Form 990) 2017 FOUNDA'L'LON  |                      | **-***6246  | Page <b>4</b> |
|------|--|----------------------|-------------|---------------|
| Pa   | t XI Reconciliation of Revenue per Audited Financial Stateme                     | ents With Revenue pe |             |               |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |                      |             |               |
| 1    | Total revenue, gains, and other support per audited financial statements         |                      | 1           |               |
| 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    | Add lines 2a through 2d  |                      | 2e          |               |
| 3    | Subtract line 2e from line 1   |                      | 3           |               |
| 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    | Add lines 4a and 4b  |                      | 4c          |               |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                      |             |               |
| Ра   | t XII Reconciliation of Expenses per Audited Financial Statem                    | ents With Expenses p | per Return. |               |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |                      |             |               |
| 1    | Total expenses and losses per audited financial statements                       |                      | 1           |               |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |                      |             |               |
| а    | Donated services and use of facilities   | 2a                   |             |               |
| b    | Prior year adjustments   | 2b                   |             |               |
| С    | Other losses   | 2c                   |             |               |
| d    | Other (Describe in Part XIII.)   | 2d                   |             |               |
| е    | Add lines 2a through 2d  |                      | 2e          |               |
| 3    | Subtract line 2e from line 1   |                      | 3           |               |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |                      |             |               |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | <b>4</b> a           |             |               |
| b    | Other (Describe in Part XIII.)   | 4b                   |             |               |
| С    | Add lines 4a and 4b  |                      | <b>4c</b>   |               |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |                      | 5           |               |
| Pa   | rt XIII Supplemental Information.  |                      |             |               |

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

PART X, LINE 2:

FOR THE YEARS ENDED JUNE 30,2018 AND 2017, THE ORGANIZATIONS HAVE

DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAVE

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

732054 10-09-17

Schedule D (Form 990) 2017

14121228 758104 81060.001

| SC     | HEDULE J   Compensation Information   | 01              | MB No. <sup>-</sup> | 1545-00 | 47     |
|--------|---|-----------------|---------------------|---------|--------|
| (Fo    | rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest   | (               | 20                  | 17      | ,      |
|        | Compensated Employees<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.   |                 | 20                  |         |        |
| Dena   | tment of the Treasury Attach to Form 990.   | 0               | pen to              |         |        |
| Intern | Al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.   |                 | Inspe               |         |        |
| Nam    | -   | mployer ident   |                     |         | mber   |
|        | FOUNDATION  | **_***          | 624                 | 6       |        |
| Pa     | rt I Questions Regarding Compensation   |                 |                     |         |        |
|        |   | ~~              |                     | Yes     | No     |
| 1a     | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99  | <del>9</del> 0, |                     |         |        |
|        | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  | 1               |                     |         |        |
|        | First-class or charter travel     Housing allowance or residence for personal     Travel for examplesione   |                 |                     |         |        |
|        | Travel for companions     Payments for business use of personal reside     Tax indemnification and gross-up payments     Health or social club dues or initiation fees      | lence           |                     |         |        |
|        | Indefinition and gross-up payments     Indefinition social club dues of initiation rees     Discretionary spending account     Personal services (such as, maid, chauffeur, | chof            |                     |         |        |
|        |   | chel)           |                     |         |        |
| h      | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or   |                 |                     |         |        |
| 5      | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  |                 | 1b                  |         |        |
| 2      | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,  |                 |                     |         |        |
| _      | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?   |                 | 2                   |         |        |
|        |   |                 |                     |         |        |
| 3      | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization   | on's            |                     |         |        |
|        | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization   |                 |                     |         |        |
|        | establish compensation of the CEO/Executive Director, but explain in Part III.  |                 |                     |         |        |
|        | Compensation committee X Written employment contract  |                 |                     |         |        |
|        | Independent compensation consultant I Compensation survey or study  |                 |                     |         |        |
|        | Form 990 of other organizations X Approval by the board or compensation com   | nmittee         |                     |         |        |
|        |   |                 |                     |         |        |
| 4      | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing  |                 |                     |         |        |
|        | organization or a related organization:   |                 |                     |         |        |
| а      | Receive a severance payment or change-of-control payment?   |                 | 4a                  |         | X      |
| b      | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   |                 | 4b                  |         | X      |
| С      | Participate in, or receive 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |                 |                     |         |        |
| ~      | contingent on the revenues of:  |                 | 5a                  |         | x      |
| a<br>h | The organization?   |                 | 5a<br>5b            |         | X      |
| 5      | Any related organization?<br>If "Yes" on line 5a or 5b, describe in Part III.   |                 | 0.0                 |         |        |
| 6      | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation   |                 |                     |         |        |
| •      | contingent on the net earnings of:  |                 |                     |         |        |
| а      | The organization?   |                 | 6a                  | Х       |        |
| b      | Any related organization?   |                 | 6b                  |         | X      |
|        | If "Yes" on line 6a or 6b, describe in Part III.  |                 |                     |         |        |
| 7      | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments  |                 |                     |         |        |
|        | not described on lines 5 and 6? If "Yes," describe in Part III  |                 | 7                   |         | Х      |
| 8      | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the   |                 |                     |         |        |
|        | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III   |                 | 8                   |         | X      |
| 9      | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in  |                 |                     |         |        |
|        | Regulations section 53.4958-6(c)?   |                 | 9                   |         |        |
| LHA    | For Paperwork Reduction Act Notice, see the Instructions for Form 990.  | Schedule        | J (Forr             | n 990)  | ) 2017 |

732111 10-17-17

# NATIONAL CAREER TECHNICAL EDUCATION FOUNDATION

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

| (A) Name and Title |             | (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<br>in column (B)         |
|--------------------|-------------|--------------------------|---|---|-----------------------------------|-------------------------|----------------------|---|
|                    |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      | benefits                | (B)(i)-(D)           | reported as deferred<br>on prior Form 990 |
| (1) KIMBERLY GREEN | (i)         | 0.                       | 0.  | 0.  | 0.                                | 0.                      |                      | 0.  |
| EXECUTIVE DIRECTOR | (ii)        | 180,556.                 | 23,604.                                   | 0.  | 16,342.                           | 11,437.                 | 231,939.             | 0.  |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   | · · ·                                     |                                   |                         |                      |   |
|                    | (i)<br>(ii) |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (i)<br>(ii) |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      | <br>                                      |

Page 2

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#### Page 3

## 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.

## PART I, LINE 6:

## BONUSES DO TAKE INTO CONSIDERATION THE SUCCESS OF THE ORGANIZATION AGAINST

## ITS BUDGETARY GOALS.

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

Open to Public Inspection Employer identification number \* \* - \* \* \* 6 2 4 6

OMB No. 1545-0047

FOUNDATION

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

HIGH-QUALITY CAREER TECHNICAL EDUCATION IS ADVANCED THROUGHOUT THE

NATIONAL CAREER TECHNICAL EDUCATION

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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 OF STUDY IN EACH OF THE 16 CAREER CLUSTERS.

EXPENSES \$ 31,350. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE VIRTUAL INSTITUTE IS A WEB-BASED SURVEY COURSE DESIGNED TO ACTIVELY

ENGAGE PARTICIPANTS IN UNDERSTANDING WHAT HIGH-QUALITY CAREER TECHNICAL

EDUCATION IS AND HOW TO BECOME ITS EFFECTIVE ADVOCATE.

EXPENSES \$ 11,545. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

 732211 09-07-17
 COMPARE

14121228 758104 81060.001

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 LONGEVITY WITH THE ORGANIZATION AND STANDING IN THE CAREER

TECHNICAL EDUCATION COMMUNITY.

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

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

OF INTEREST POLICY AND FINANCIAL STATEMENTS UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

| PROGRAM SERVICE EXPENSES                               | 191,211. |
|--|----------|
| MANAGEMENT AND GENERAL EXPENSES                        | 0.       |
| FUNDRAISING EXPENSES                                   | 2,525.   |
| TOTAL EXPENSES   | 193,736. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 193,736. |

FORM 990, PART XII, 2C

THERE HAS BEEN NO CHANGE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS.

732212 09-07-17

| Department of the Treasury<br>Internal Revenue Service   | Related Organizations<br>blete if the organization answered "<br>► Atta<br>► Go to www.irs.gov/Form990 for<br>ER TECHNICAL EDUCAT  | Yes" on Form 990, Part IV,<br>ch to Form 990.<br>or instructions and the late | line 33, 34, 35b, 3           | 6, or 37.   | En        |  | AB No. 154<br><b>201</b><br>pen to P<br>Inspection<br>cation models<br>246 | <b>7</b><br>ublic<br>ion                  |
|--|--|---|-------------------------------|---|-----------|--|--|---|
| Part I       Identification of Disregarded Entities. Completing         (a)       (a)         Name, address, and EIN (if applicable)       of disregarded entity | (a)       (b)       (c)       (d)       (e)         Name, address, and EIN (if applicable)       Primary activity       Legal domicile (state or       Total income       End-of-year assets       I |   |                               |   |           |  |  |   |
|  |  |   |                               |   |           |  |  |   |
| Part II Identification of Related Tax-Exempt Organizations during the tax year.  | ations. Complete if the organization a   | answered "Yes" on Form 990  | 0, Part IV, line 34, t        | pecause it had one  | e or more | e related tax-exe                      | empt   |   |
| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity  | <b>(c)</b><br>Legal domicile (state or<br>foreign country)                    | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) |           | <b>(f)</b><br>ct controlling<br>entity | cont   | g)<br>512(b)(13)<br>rolled<br>tity?<br>No |
| NASDCTEC - 52-1646898<br>8484 GEORGIA AVE<br>SILVER SPRING, MD 20910   | ADVANCE AND SUPPORT CAREER<br>TECHNICAL EDUCATION  | MARYLAND  | 501(C)(4)                     |   | N/A       |  |  | x   |
|  | -  |   |                               |   |           |  |  |   |

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

Schedule R (Form 990) 2017

## NATIONAL CAREER TECHNICAL EDUCATION

Schedule R (Form 990) 2017 FOUNDATION

Part 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<br>domicile<br>(state or<br>foreign | Direct controlling | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | Share of total | Share of<br>end-of-year<br>assets | Disprop<br>alloca | ortionate<br>ttions? | Code V-UBI<br>amount in box<br>20 of Schedule | General<br>managir<br>partner | or Percentage<br>ownership |
|  |                  | country)                                  |                    | sections 512-514)  |                |                                   | Yes               | No                   | K-1 (Form 1065)                               | Yes N                         | es No                      |
|  |                  |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  |                  |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  |                  |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  |                  |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  |                  |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  |                  |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  | 1                |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  |                  |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  |                  |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  | 1                |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  | 1                |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  |                  |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  |                  |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  | 1                |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  | 1                |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  | 4                |   |                    |  |                |                                   |                   |                      |   |                               |                            |
|  |                  |   |                    |  |                |                                   |                   |                      |   |                               |                            |

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.

| <b>(a)</b><br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign | <b>(d)</b><br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | <b>(h)</b><br>Percentage<br>ownership | Sec<br>512(l<br>contr<br>ent | (i)<br>ction<br>(b)(13)<br>trolled<br>tity? |
|---|--------------------------------|---|--|--|--|---|---------------------------------------|------------------------------|---|
|   |                                | country)                                      |  |  |  | 400010  |                                       | Yes                          | No  |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              | $\square$                                   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              | $\square$                                   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              | $\square$                                   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              | $\vdash$                                    |
|   |                                |   |  |  |  |   |                                       |                              |   |
|   |                                |   |  |  |  |   |                                       |                              |   |

# NATIONAL CAREER TECHNICAL EDUCATION

Schedule R (Form 990) 2017 FOUNDATION

| e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |    | Yes | 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   | 1a |     | X  |
| Gift, grant, or capital contribution to related organization(s)   |    |     | X  |
| Gift, grant, or capital contribution from related organization(s)   | 1c |     | X  |
| Loans or loan guarantees to or for related organization(s)  |    |     | X  |
| Loans or loan guarantees by related organization(s)   |    |     | X  |
| Dividends from related organization(s)  |    |     | X  |
| Sale of assets to related organization(s)   | 1g |     | Х  |
| Purchase of assets from related organization(s)   | 1h |     | Σ  |
| Exchange of assets with related organization(s)   | 1i |     | Σ  |
| Lease of facilities, equipment, or other assets to related organization(s)  | 1j |     | X  |
| Lease of facilities, equipment, or other assets from related organization(s)  | 1k |     | X  |
| Performance of services or membership or fundraising solicitations for related organization(s)  |    |     | X  |
| Performance of services or membership or fundraising solicitations by related organization(s)   | 1m |     | Σ  |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |    | X   |    |
| Sharing of paid employees with related organization(s)  |    | X   |    |
| Reimbursement paid to related organization(s) for expenses  | 1p | X   |    |
| Reimbursement paid by related organization(s) for expenses  |    |     | 2  |
| Other transfer of cash or property to related organization(s)   | 1r |     | 2  |
| Other transfer of cash or property from related organization(s)   |    |     | 2  |

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) NASDCTEC                        | 0                                | 391,954.               | TIME ALLOCATION                              |
| (2) NASDCTEC                        | Р                                | 407,137.               | REIMBURSEMENT                                |
| (3)                                 |                                  |                        |  |
| (4)                                 |                                  |                        |  |
| (5)                                 |                                  |                        |  |
| <u>(6)</u>                          | 36                               |                        | 0-hh-lD/F000\0017                            |

# NATIONAL CAREER TECHNICAL EDUCATION

Schedule R (Form 990) 2017 FOUNDATION

#### 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)  |   | <b>۱</b>        | (f)      | (g)         | (۲                            |       | (i)              | (j)     | (k) |  |  |  |  |  |  |  |  |
|------------------------|--------------------|-------------------|--|---|-----------------|----------|-------------|-------------------------------|-------|------------------|---------|-----|--|--|--|--|--|--|--|--|
| Name, address, and EIN | Primary activity   | Legal domicile    | Predominant income   | (e)<br>Are a<br>partners<br>501(c)<br>orgs. | <b>,</b><br>all | Share of |             |                               | nor-  | Code V-UBI       | General |     |  |  |  |  |  |  |  |  |
| of entity              | T finally activity | (state or foreign | (related, unrelated,   | 501(c)                                      | s sec.<br>)(3)  | total    | end-of-year | Disprotion<br>tion<br>allocat | ate   | amount in box 20 | managin |     |  |  |  |  |  |  |  |  |
| er en dy               |                    | country)          | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | orgs.                                       | .?              | income   | assets      |                               | ions? |                  | partner |     |  |  |  |  |  |  |  |  |
|                        |                    |                   | 3001013 012 014)   | Yes   | No              |          |             | Yes                           | No    |                  | Yes No  |     |  |  |  |  |  |  |  |  |
|                        |                    |                   |  |   |                 |          |             |                               |       |                  |         |     |  |  |  |  |  |  |  |  |
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|                        |                    | · · · · ·         |  |   |                 |          |             |                               |       |                  |         |     |  |  |  |  |  |  |  |  |
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Schedule R (Form 990) 2017

| NATIONAL  | CAREER | TECHNICAL | EDUCATION |
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| FOUNDATIC | ON     |           |           |

| **-***624 | 16 Page 5 |
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|               | (Form 990) 2017       | FOUNDATION  | **-***6246 <sub>Pa</sub> |
|---------------|-----------------------|---|--------------------------|
| Part VII      | Supplemental I        | nformation.   |                          |
|               | Provide additional in | formation for responses to questions on Schedule R. See instruction | S.                       |
|               |                       |   |                          |
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| 32165 09-11-1 | 17                    | 38  | Schedule R (Form 990)    |

#### 2017 DEPRECIATION AND AMORTIZATION REPORT

### FORM 990 PAGE 10

## 990

|              | JU PAGE 10                                   |                  |        |      |         |             |                             | 990              |                        |                            |                           |  |                               |                           |                                       |
|--------------|--|------------------|--------|------|---------|-------------|-----------------------------|------------------|------------------------|----------------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
| Asset<br>No. | Description                                  | Date<br>Acquired | Method | Life | C o n v | Line<br>No. | Unadjusted<br>Cost Or Basis | Bus<br>%<br>Excl | Section 179<br>Expense | *<br>Reduction In<br>Basis | Basis For<br>Depreciation | Beginning<br>Accumulated<br>Depreciation | Current<br>Sec 179<br>Expense | Current Year<br>Deduction | Ending<br>Accumulated<br>Depreciation |
|              | MACHINERY & EQUIPMENT                        |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
| 1            | FURNITURE                                    | VARIOUS          | SL     | 7.00 | -       | 16          | 9,054.                      |                  |                        |                            | 9,054.                    | 7,297.                                   |                               | 125.                      | 7,422.                                |
| 2            | EQUIPMENT AND SOFTWARE                       | VARIOUS          | SL     | 3.00 | 1       | 16          | 50,426.                     |                  |                        |                            | 50,426.                   | 45,207.                                  |                               | 1,700.                    | 46,907.                               |
|              | * 990 PAGE 10 TOTAL<br>MACHINERY & EQUIPMENT |                  |        |      |         |             | 59,480.                     |                  |                        |                            | 59,480.                   | 52,504.                                  |                               | 1,825.                    | 54,329.                               |
|              | * GRAND TOTAL 990 PAGE 10<br>DEPR            |                  |        |      |         |             | 59,480.                     |                  |                        |                            | 59,480.                   | 52,504.                                  |                               | 1,825.                    | 54,329.                               |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |  |                  |        |      |         | _           |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |  |                  |        |      |         | _           |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |
|              |  |                  |        |      |         |             |                             |                  |                        |                            |                           |  |                               |                           |                                       |

728111 04-01-17

(D) - Asset disposed

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

| Form <b>4562</b>  |                             | eciation and A<br>ng Information on<br>Attach to your tax | Listed Pr         |                 |                     |               | OMB No. 1545-0172              |
|---|-----------------------------|---|-------------------|-----------------|---------------------|---------------|--------------------------------|
| Department of the Treasury<br>Internal Revenue Service (99)                                 | Go to www.irs.gov           | /Form4562 for instruct                                    | tions and th      |                 |                     |               | Attachment<br>Sequence No. 179 |
| Name(s) shown on return   |                             |   | Business or activ | vity to whic    | ch this form relate | S             | Identifying number             |
| NATIONAL CAREER   | TECHNICAL EDU               |   |                   | о <b>р</b> а    | · C 판 10            |               | **-***6246                     |
| FOUNDATION Part I Election To Expense Ce  | rtain Dronarty Undar Castia |   | ORM 99            |                 |                     | ) / h ofour . |                                |
|   | rtain Property Under Sectio |   |                   |                 |                     |               | 510,000                        |
| 1 Maximum amount (see instru<br>2 Total cost of costion 170 pro                             | /                           | oo instructions)  |                   |                 |                     | ···           | 510,000.                       |
| <ul> <li>2 Total cost of section 179 pro</li> <li>2 Threshold cost of section 17</li> </ul> |                             |   |                   |                 |                     | ···           | 2,030,000.                     |
| <ul><li>3 Threshold cost of section 17</li><li>4 Reduction in limitation. Subt</li></ul>    |                             |   |                   |                 |                     |               | 2,050,000.                     |
| <ul><li>5 Dollar limitation for tax year. Subtract</li></ul>                                |                             |   |                   |                 |                     |               |                                |
|   | scription of property       |   | (business use or  |                 | (c) Elected o       |               |                                |
| <u> </u>  | ,                           |   |                   |                 | ( )                 |               |                                |
|   |                             |   |                   |                 |                     |               |                                |
|   |                             |   |                   |                 |                     |               |                                |
|   |                             |   |                   |                 |                     |               |                                |
| 7 Listed property. Enter the an   | nount from line 29          | I   |                   | 7               |                     |               |                                |
| 8 Total elected cost of section   |                             |   |                   |                 |                     | 8             |                                |
| 9 Tentative deduction. Enter th   |                             |   |                   |                 |                     |               |                                |
| 10 Carryover of disallowed ded  |                             |   |                   |                 |                     |               |                                |
| 11 Business income limitation. I  |                             |   |                   |                 |                     |               |                                |
| 12 Section 179 expense deduct   |                             |   |                   |                 |                     |               |                                |
| 13 Carryover of disallowed ded  |                             |   |                   | 13              |                     |               |                                |
| Note: Don't use Part II or Part III   | below for listed property   | . Instead, use Part V.                                    |                   |                 |                     |               |                                |
| Part II Special Depreciati  | on Allowance and Other      | r Depreciation (Don't in                                  | clude listed      | propert         | /.)                 |               |                                |
| 14 Special depreciation allowan   | ce for qualified property ( | other than listed proper                                  | ty) placed in     | service         | during              |               |                                |
| the tax year  |                             |   |                   |                 |                     | 14            |                                |
| 15 Property subject to section  | 68(f)(1) election           |   |                   |                 |                     | 15            |                                |
| 16 Other depreciation (including  | ACRS)                       |   |                   |                 |                     | 16            | 1,825.                         |
| Part III MACRS Depreciat  | ion (Don't include listed p | property.) (See instruction                               | ons.)             |                 |                     |               |                                |
|   |                             | Section A   |                   |                 |                     |               |                                |
| 17 MACRS deductions for asse  |                             |   |                   |                 |                     | <b>17</b>     |                                |
| 18 If you are electing to group any assets  |                             |   |                   |                 |                     |               |                                |
| Section   | B - Assets Placed in Ser    |   | -                 |                 | eral Deprecia       | tion Syste    | em                             |
| (a) Classification of property  |                             | (business/investment u<br>only - see instructions         | se (u) Re         | ecovery<br>riod | (e) Convention      | (f) Method    | (g) Depreciation deduction     |
|   |                             |   | .,                |                 |                     |               |                                |
| 19a 3-year property   |                             |   |                   |                 |                     |               |                                |
| <b>b</b> 5-year property  |                             |   |                   |                 |                     |               |                                |
| c 7-year property   |                             |   |                   |                 |                     |               |                                |
| d 10-year property<br>e 15-year property  |                             |   |                   |                 |                     |               |                                |
| <ul><li>e 15-year property</li><li>f 20-year property</li></ul>                             |                             |   |                   |                 |                     |               |                                |
| g 25-year property  |                             |   | 25                | yrs.            |                     | S/L           |                                |
| g 20 your property  | /                           |   |                   | 5 yrs.          | MM                  | S/L           |                                |
| h Residential rental proper   | ty /                        |   |                   | 5 yrs.          | MM                  | S/L           |                                |
|   | /                           |   |                   | yrs.            | MM                  | S/L           |                                |
| i Nonresidential real prope   | erty /                      |   |                   | y10.            | MM                  | S/L           |                                |
| Section C   | - Assets Placed in Servi    | ce During 2017 Tax Ye                                     | ar Using the      | Altern          |                     |               | tem                            |
| 20a Class life  |                             |   |                   |                 |                     | S/L           |                                |
| b 12-year   |                             |   | 12                | yrs.            |                     | S/L           |                                |
| c 40-year   | /                           |   |                   | yrs.            | MM                  | S/L           |                                |
| Part IV Summary (See inst   | ructions.)                  |   | •                 |                 |                     | I             |                                |
| 21 Listed property. Enter amou  | -                           |   |                   |                 |                     | 21            |                                |
| 22 Total. Add amounts from line   |                             |   |                   |                 |                     |               |                                |
| Enter here and on the appro   | · · · ·                     |   |                   |                 |                     | 22            | 1,825.                         |
| 23 For assets shown above and   | •                           | -   |                   |                 |                     |               |                                |
| portion of the basis attributa  |                             | -   |                   | 23              |                     |               |                                |
| 716251 01-25-18 LHA For Paperv  |                             |   |                   |                 |                     |               | Form <b>4562</b> (2017         |
|   |                             | 3   | -                 | _               |                     |               |                                |
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## NATIONAL CAREER TECHNICAL EDUCATION FOUNDATION

| Foi  | rm 4562 (2017)                            | FOU                 | NDATION           |                       |                      |              |                      |           |                 |            |                           | **_             | ***6               | 246                        | Page 2                                  |
|------|---|---------------------|-------------------|-----------------------|----------------------|--------------|----------------------|-----------|-----------------|------------|---------------------------|-----------------|--------------------|----------------------------|---|
| P    | art V Listed Propert                      |                     |                   | ertain o              | ther vehic           | les, d       | certain air          | craft, ce | ertain com      | puters, a  | ind prop                  |                 |                    |                            |   |
|      | recreation, or a <b>Note:</b> For any     | ,                   |                   | sina th               | e standar            | d mil        | eage rate            | or ded    | ucting leas     | e expen    | se. com                   | plete <b>on</b> | l <b>v</b> 24a. 2  | 24b. colu                  | mns                                     |
|      | (a) through (c)                           | of Section A,       | , all of Section  | B, and                | Section (            | C if a       | pplicable            |           |                 |            |                           | -               |                    |                            |   |
|      |   | -                   | on and Other      |                       | -                    | utior        | n: See the           | e instruc | tions for li    | mits for p | basseng                   | jer autor       | nobiles.)          |                            |   |
| 24a  | a Do you have evidence to s               |                     |                   | nt use c              | claimed?             |              | Yes                  |           | 24b If "Y       | r í        |                           | nce writ        | ten?               | ∐ Yes ∟                    | <u>No</u>                               |
|      | (a)                                       | (b)<br>Date         | (c)<br>Business/  |                       | (d)                  |              | (e<br>Basis for de   |           | (f)             | -          | g)                        |                 | h)                 |                            | (i)<br>cted                             |
|      | Type of property<br>(list vehicles first) | placed in           | investment        |                       | Cost or other basis  |              | (business/in         | vestment  | Recovery period |            | hod/<br>ention            |                 | eciation<br>uction | sectio                     | n 179                                   |
|      | · · ·                                     | service             | use percentaç     | Je                    |                      |              | use o                |           |                 |            |                           |                 |                    | CC                         | ost                                     |
| 25   | Special depreciation allo                 |                     |                   | • •                   |                      |              |                      | •         | -               |            |                           |                 |                    |                            |   |
|      | used more than 50% in                     |                     |                   |                       |                      |              | <u></u>              | <u></u>   | <u></u>         | <u></u>    | 25                        |                 |                    |                            |   |
| 26   | Property used more tha                    | n 50% in a q        | 1                 |                       | 9:                   |              |                      |           |                 | . <u> </u> |                           | . <u> </u>      |                    | ·                          |   |
|      |   | : :                 |                   | 6                     |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
|      |   | : :                 | 9                 | _                     |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
|      |   |                     | ,                 | 6                     |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
| 27   | Property used 50% or le                   | ess in a quali<br>T |                   | -                     |                      |              |                      |           | 1               |            |                           | r               |                    |                            |   |
|      |   | : :                 |                   | 6                     |                      | _            |                      |           |                 | S/L ·      |                           |                 |                    |                            |   |
|      |   | : :                 | 9                 | _                     |                      |              |                      |           |                 | S/L -      |                           |                 |                    |                            |   |
|      | <u> </u>                                  |                     |                   | 6                     |                      |              | <u></u>              |           |                 | S/L -      |                           |                 |                    |                            |   |
|      | Add amounts in column                     |                     |                   |                       |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
| 29   | Add amounts in column                     | (i), line 26. E     |                   |                       |                      |              |                      |           |                 |            | <u></u>                   |                 | . 29               |                            |   |
| 0-   | un alata this sastism for us              |                     |                   |                       | B - Infor            |              | -                    |           |                 |            |                           |                 |                    |                            | _                                       |
|      | mplete this section for ve                |                     | ,                 |                       | •                    |              |                      |           |                 |            | •                         |                 | •                  |                            | 5                                       |
| το γ | your employees, first ans                 | wer the ques        | stions in Section | on C to               | see if you           | u mee        | et an exc            | eption to | o completi      | ng this s  | ection                    | or those        | venicies           | 5.                         |   |
|      |   |                     |                   |                       | (a)                  |              | (h)                  |           | (0)             |            | 4)                        |                 | <u>_</u>           | (f                         | 1                                       |
| 20   | Total business/investment                 | miles driven d      | uring the         |                       | <b>(a)</b><br>ehicle |              | (b)<br>Vehicle       |           | (c)<br>/ehicle  | Veh        | <b>d)</b><br>icle         | -               | <b>e)</b><br>nicle | Veh                        | -                                       |
| 50   | year ( <b>don't</b> include commu         |                     | -                 |                       |                      |              | Vernete              |           |                 | VOI        |                           | V 01            |                    | VOII                       | 1010                                    |
| 21   | Total commuting miles of                  |                     |                   |                       |                      |              |                      |           |                 |            |                           | <u> </u>        |                    |                            |   |
|      | Total other personal (no                  |                     |                   |                       |                      |              |                      | _         |                 |            |                           |                 |                    |                            |   |
| 52   |   | -                   | -                 |                       |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
| 33   | driven<br>Total miles driven during       |                     |                   |                       |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
| 00   | Add lines 30 through 32                   |                     |                   |                       |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
| 34   | Was the vehicle availab                   |                     |                   | Yes                   | No                   | Ye           | s No                 | Yes       | s No            | Yes        | No                        | Yes             | No                 | Yes                        | No                                      |
| 04   | during off-duty hours?                    |                     |                   | 103                   |                      | 10           |                      |           |                 | 103        | 110                       | 103             |                    | 103                        |   |
| 35   | Was the vehicle used p                    |                     |                   |                       |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
|      | than 5% owner or relate                   |                     |                   |                       |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
| 36   | Is another vehicle availa                 |                     |                   |                       |                      |              |                      | -         |                 |            |                           |                 |                    |                            |   |
| 00   | use?                                      |                     |                   |                       |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
|      |   |                     | - Questions f     | or Em                 | nlovers W            | /ho P        | l<br>Provide V       | ehicles   | for Use h       | v Their F  | mnlove                    | <u> </u>        |                    |                            |   |
| Ans  | swer these questions to a                 |                     |                   |                       |                      |              |                      |           |                 |            |                           |                 | ren't mo           | re than f                  | 5%                                      |
|      | ners or related persons.                  |                     | you moot an o     | noopiie               |                      | piotin       | ig coolioi           |           |                 |            | nproyoo                   | e mie u         |                    |                            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|      | Do you maintain a writte                  | en policv stat      | ement that pr     | ohibits               | all persor           | nal us       | se of vehi           | cles. inc | ludina cor      | nmutina    | bv vou                    | r               |                    | 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 that                  |                     |                   |                       |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
|      | the use of the vehicles,                  |                     |                   |                       |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
| 41   | Do you meet the require                   |                     |                   |                       |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
|      | Note: If your answer to                   |                     |                   |                       |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
| P    | art VI Amortization                       |                     | _,                | -,                    |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
| _    | (a)                                       |                     |                   | (b)                   |                      | (0           | <b>c)</b><br>tizable |           | (d)             |            | (e)                       |                 |                    | (f)<br>mortization         |   |
|      | Description of                            | fcosts              |                   | amortizatio<br>begins | n                    | Amort<br>amo | tizable<br>ount      |           | Code<br>section |            | Amortiza<br>period or per |                 | Ar<br>fc           | nortization<br>r this year |   |
| 42   | Amortization of costs th                  | at begins du        |                   |                       | ear:                 |              |                      |           |                 | I          | - 2110 a of hel           |                 |                    |                            |   |
|      |   | <u> </u>            |                   | : :                   |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
|      |   |                     |                   |                       |                      |              |                      |           |                 |            |                           |                 |                    |                            |   |
| 43   | Amortization of costs th                  | at began bet        | fore your 2017    | ' tax ve              | ar                   |              |                      |           |                 | I          |                           | 43              |                    |                            |   |
|      | Total. Add amounts in c                   |                     |                   |                       |                      |              |                      |           |                 |            |                           | 44              |                    |                            |   |
|      | 252 01-25-18                              |                     |                   |                       |                      |              |                      |           |                 |            |                           | · · · · ·       | F                  | orm <b>456</b> 2           | <b>2</b> (2017)                         |

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(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|   |   |  |  |                            | er sindemutyn               | ig number         |  |  |  |
|---|---|--|--|----------------------------|-----------------------------|-------------------|--|--|--|
| Type or<br>print  | Name of exempt organization or other filer, see instru<br>NATIONAL CAREER TECHNICAL   | Employe                                    | mployer identification number (EIN) or   |                            |                             |                   |  |  |  |
|   | FOUNDATION  |  |  |                            | **-***6246                  |                   |  |  |  |
| File by the<br>due date for<br>filing your<br>return. See                                       | r       Number, street, and room or suite no. If a P.O. box, see instructions.       Soc         8484       GEORGIA       AVENUE, NO. 620   |  |  |                            | ocial security number (SSN) |                   |  |  |  |
| instructions  |   |  |  |                            |                             |                   |  |  |  |
| Enter the   | Return Code for the return that this application is for (fil  | le a separa                                | te application for each return)  |                            |                             | 0 1               |  |  |  |
| Applicat  | ion   | 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 472  | 20 (individual)   | 03   | Form 4720 (other than individual)  | 09                         |                             |                   |  |  |  |
| Form 990  | )-PF  | 04   | Form 5227  | 10                         |                             |                   |  |  |  |
| Form 990  | 0-T (sec. 401(a) or 408(a) trust)   | 05   | Form 6069  | 11                         |                             |                   |  |  |  |
| Form 990  | 0-T (trust other than above)  | Form 8870<br>8484 GEORGIA AVEN             |  |                            | 12                          |                   |  |  |  |
| <ul> <li>If the</li> <li>If this box</li> <li>1 I reformed for</li> </ul>                       | none No. ► 301-588-9630<br>organization does not have an office or place of busines<br>is for a Group Return, enter the organization's four digit<br>. If it is for part of the group, check this box ►<br>quest an automatic 6-month extension of time until<br>the organization named above. The extension is for the<br>calendar year or | Group Exe<br>and atta<br>MA<br>organizatio | emption Number (GEN) I<br>uch a list with the names and EINs o<br>Y 15, 2019 , to file<br>on's return for: | f this is fo<br>f all memb | r the whole g               | nsion is for.     |  |  |  |
|   | X tax year beginning JUL 1, 2017  | , an                                       |  |                            | ·                           |                   |  |  |  |
| 2 If t  | he tax year entered in line 1 is for less than 12 months, o   | check reas                                 | on: L Initial return   | Final retur                | 'n                          |                   |  |  |  |
| 3a lft  | nis application is for Forms 990-BL, 990-PF, 990-T, 4720  | , or 6069,                                 | enter the tentative tax, less any  |                            |                             |                   |  |  |  |
| no  | nrefundable credits. See instructions.  |  |  | 3a                         | \$                          | 0.                |  |  |  |
| b lft   | nis application is for Forms 990-PF, 990-T, 4720, or 6069   | ), enter an                                | y refundable credits and   |                            |                             |                   |  |  |  |
| est   | imated tax payments made. Include any prior year over   | 3b   | \$   | 0.                         |                             |                   |  |  |  |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, |   |  |  |                            |                             | •                 |  |  |  |
| by using EFTPS (Electronic Federal Tax Payment System). See instructions.                       |   |  |  |                            | \$                          | 0.                |  |  |  |
| Caution:<br>instructio  | If you are going to make an electronic funds withdrawa  | l (direct de                               | bit) with this Form 8868, see Form 8   | 3453-EO a                  | nd Form 887                 | 9-EO for payment  |  |  |  |
| LHA F   | or Privacy Act and Paperwork Reduction Act Notice,  | see instr                                  | uctions.   |                            | Form 8                      | 868 (Rev. 1-2017) |  |  |  |

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OMB No. 1545-1709

Enter filer's identifying number