

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES

Doing business as
APLU

Number and street (or P O box if mail is not delivered to street address) Room/suite
1307 NEW YORK AVENUE NO 400

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 200054722

D Employer identification number
53-0183246

E Telephone number
(202) 478-6040

F Name and address of principal officer
PETER MCPHERSON
1307 NEW YORK AVENUE NO 400
WASHINGTON, DC 200054722

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW APLU ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1887

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
A P L U ' S O V E R R I D I N G M I S S I O N I S T O S U P P O R T H I G H - Q U A L I T Y P U B L I C H I G H E R E D U C A T I O N

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	28
4 Number of independent voting members of the governing body (Part VI, line 1b)	28
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	77
6 Total number of volunteers (estimate if necessary)	145
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	86,495

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,868,111	7,163,377
9 Program service revenue (Part VIII, line 2g)	11,414,978	11,570,163
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	419,245	-246,276
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,011	137
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,722,345	18,487,401
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,413,304	3,170,458
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,847,679	8,553,047
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,105,588	6,963,857
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	17,366,571	18,687,362
19 Revenue less expenses Subtract line 18 from line 12	355,774	-199,961

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	18,069,250	17,413,219
21 Total liabilities (Part X, line 26)	6,055,499	5,193,723
22 Net assets or fund balances Subtract line 21 from line 20	12,013,751	12,219,496

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: ***** Date: 2019-10-18

EMILY VAN LOON CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN: P01332734

Firm's name ▶ TATE AND TRYON Firm's EIN ▶ 52-1855942

Firm's address ▶ 2021 L STREET NW SUITE 400 WASHINGTON, DC 20036 Phone no (202) 293-2200

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

A P L U IS DEDICATED TO ADVANCING RESEARCH, LEARNING AND ENGAGEMENT THE ASSOCIATION'S OVERRIDING MISSION IS TO SUPPORT HIGH-QUALITY PUBLIC HIGHER EDUCATION AND ITS MEMBER INSTITUTIONS AS THEY PERFORM THEIR TEACHING, RESEARCH, AND PUBLIC SERVICE ROLES A P L U PROVIDES A FORUM FOR THE DISCUSSION AND DEVELOPMENT OF POLICIES AFFECTING HIGHER EDUCATION AND THE PUBLIC INTEREST

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 3,374,146 including grants of \$ 218,198) (Revenue \$ 3,186,510)
 See Additional Data

4b (Code) (Expenses \$ 2,558,347 including grants of \$ 852,289) (Revenue \$ 237,281)
 See Additional Data

4c (Code) (Expenses \$ 2,194,477 including grants of \$ 1,113,354) (Revenue \$ 1,500)
 See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
 (Expenses \$ 6,633,472 including grants of \$ 986,617) (Revenue \$ 8,144,872)

4e Total program service expenses ▶ 14,760,442

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS requirements.

Part 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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>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</p>	2a	77			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b 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></p>			3b	Yes	
<p>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)?</p>			4a		No
<p>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)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>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?</p>			7a		No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a 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</p>			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included in line 1a, above, who are independent (28); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NY); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), 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 financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ASSOCIATION 1307 NEW YORK AVENUE NW STE 400 WASHINGTON, DC 20005 (202) 478-6040

Part VII

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	2,736,431	0	473,361

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 **▶ 12**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CORNERSTONE LLC 800 MAINE AVENUE SW 7TH FLOOR WASHINGTON, DC 20024	ADVOCACY SERVICES	806,472
KGLOBAL 13800 COPPERMINE ROAD SUITE 307 HERNDON, VA 20171	ADVOCACY SERVICES	333,996
INTERNATIONAL FOOD POLICY RESEARCH INSTI 1201 I STREET NW WASHINGTON, DC 20005	EXPERT STUDY OF GLOBAL HUNGER AND WAYS T	199,645
BROADPOINT LLC 7501 WISCONSIN AVE SUITE 720 W BETHESDA, MD 20814	DATABASE AND ACCOUNT SOFTWARE SUPPORT	180,012
RICHARD KLEMME 142 LARKIN STREET MADISON, WI 53705	EXTENSION CONSULTING	130,011

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 **▶ 5**

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for various contributions and 1h Total.

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a MEMBERSHIP DUES, 2b MEETINGS & SEMINARS, and 2f All other program service revenue.

Main revenue table with 5 main columns. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6d Rental income, 7a-7d Net gain or loss from sales of assets, 8a-8c Fundraising events, 9a-9c Gaming activities, 10a-10c Sales of inventory, 11a MISCELLANEOUS, and 12 Total revenue.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,148,458	3,148,458		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	22,000	22,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,799,013	1,423,367	375,646	
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.	5,289,727	4,186,543	1,103,184	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	570,786	447,963	122,823	
9 Other employee benefits.	458,972	362,086	96,886	
10 Payroll taxes.	434,549	358,893	75,656	
11 Fees for services (non-employees):				
a Management.				
b Legal.	62,656	25,745	36,911	
c Accounting.	69,839		69,839	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,540,514	2,384,439	156,075	
12 Advertising and promotion.	6,612	4,699	1,913	
13 Office expenses.	417,866	185,914	231,952	
14 Information technology.	334,589	132,240	202,349	
15 Royalties.				
16 Occupancy.	330,533		330,533	
17 Travel.	1,166,673	1,067,605	99,068	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,543,844	945,654	598,190	
20 Interest.	32,031		32,031	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	131,849		131,849	
23 Insurance.	60,305	20	60,285	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a GRANT ADMINISTRATION	117,353		117,353	
b SUBSCRIPTIONS & REFEREN	64,825	50,048	14,777	
c MEMBERSHIP DUES	56,971	40,965	16,006	
d TRAINING & DEVELOPMENT	26,011	10,214	15,797	
e All other expenses	1,386	-36,411	37,797	
25 Total functional expenses. Add lines 1 through 24e.	18,687,362	14,760,442	3,926,920	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	659,989	1	571,903
	2 Savings and temporary cash investments	7,499,048	2	6,482,803
	3 Pledges and grants receivable, net	432,964	3	
	4 Accounts receivable, net	130,477	4	1,246,407
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	249,774	9	114,854
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 5,260,898		
	b Less accumulated depreciation	10b 2,307,130	3,067,766	10c 2,953,768
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	5,686,293	12	5,711,229
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	342,939	15	332,255
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,069,250	16	17,413,219	
Liabilities	17 Accounts payable and accrued expenses	540,259	17	612,189
	18 Grants payable		18	
	19 Deferred revenue	3,636,891	19	2,966,159
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,561,705	23	1,315,532
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	316,644	25	299,843
	26 Total liabilities. Add lines 17 through 25	6,055,499	26	5,193,723
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,331,879	27	10,538,987
	28 Temporarily restricted net assets	181,872	28	180,509
	29 Permanently restricted net assets	1,500,000	29	1,500,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	12,013,751	33	12,219,496	
34 Total liabilities and net assets/fund balances	18,069,250	34	17,413,219	

Part 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	18,487,401
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,687,362
3	Revenue less expenses Subtract line 2 from line 1	3	-199,961
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,013,751
5	Net unrealized gains (losses) on investments	5	399,589
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	6,117
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	12,219,496

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 53-0183246

Name: ASSOCIATION OF PUBLIC AND LAND-GRANT
UNIVERSITIES

Form 990 (2018)

Form 990, Part III, Line 4a:

THE COMMISSION ON FOOD, ENVIRONMENT, AND RENEWABLE RESOURCES (CFERR) FOCUSES ON CROSS-CUTTING ISSUES RELATED TO AGRICULTURE, FORESTRY, HUMAN SCIENCES, NATURAL RESOURCES, ECOLOGICAL SCIENCES, OCEANS AND ATMOSPHERE, AND VETERINARY MEDICINE IN THE FUNCTIONAL AREAS OF RESEARCH, EXTENSION, AND ACADEMIC PROGRAMS THE COMMISSION SEEKS TO FORMULATE AND IMPLEMENT AN INTEGRATED FEDERAL RELATIONS PROGRAM AND FORMULATE CONGRESSIONAL BUDGET RECOMMENDATIONS IN HIGH-PRIORITY AREAS OF NATIONAL CONCERN

Form 990, Part III, Line 4b:

ACADEMIC AFFAIRS CONDUCTS STUDIES, ISSUES REPORTS, AND MAKES PRESENTATIONS INTENDED TO IMPROVE THE UNDERSTANDING OF THE ACADEMIC UNDERTAKINGS OF OUR MEMBERS IN RECENT TIMES IT HAS DEVOTED SPECIAL ATTENTION TO UNDERGRADUATE EDUCATION, INCLUDING ACCESS, COST, FINANCIAL AID, QUALITY, TIME TO DEGREE, AND ACCOUNTABILITY THE STRATEGIC ANALYSIS AND PROJECTS GROUP HAS CARRIED OUT A NUMBER OF PROJECTS RELATED TO PROVIDING GREATER ACCOUNTABILITY AND CAPTURING MORE ACCURATE DATA (E G , VOLUNTARY SYSTEM OF ACCOUNTABILITY, STUDENT ACHIEVEMENT MEASURE) OTHER PROJECTS HAVE WORKED TO IMPROVE AND EXPAND THE USE OF LEARNING TECHNOLOGIES TO ACHIEVE HIGHER QUALITY LEARNING WHILE CONTAINING COSTS (PERSONALIZED LEARNING CONSORTIUM)

Form 990, Part III, Line 4c:

OFFICE OF URBAN INITIATIVES - THE OFFICE OF URBAN INITIATIVES' MAJOR FOCUS IS PUBLIC RESEARCH UNIVERSITIES LOCATED IN URBAN CENTERS WHICH PLAY A CRUCIAL ROLE IN ANCHORING THE COMMUNITY, FOSTERING NEIGHBORHOOD AND ECONOMIC DEVELOPMENT OF THEIR CITIES, AND ADVANCING THE HEALTH, EDUCATION, AND WELL-BEING OF CITY RESIDENTS

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 1,959,138 including grants of \$ 704,031) (Revenue \$ 119,740)

RESEARCH, INNOVATION, AND STEM POLICY THE OFFICE OF RESEARCH, INNOVATION, AND STEM POLICY'S MAJOR FOCUS IS THE SCIENCE AND MATH TEACHER IMPERATIVE, A LONG-TERM EFFORT TO ADDRESS THE SHORTAGE OF WELL-QUALIFIED SCIENCE AND MATH TEACHERS

(Code) (Expenses \$ 4,674,334 including grants of \$ 282,586) (Revenue \$ 8,025,132)

ALL OTHER PROGRAMS INCLUDING INTERNATIONAL PROGRAMS, CONGRESSIONAL AFFAIRS, PUBLIC AFFAIRS, DATA & ANALYTICS, ACCESS & SUCCESS, ECONOMIC DEVELOPMENT, AND INFORMATION TECHNOLOGY

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL DRAKE CHAIR	1 00	X		X				0	0	0
ROBERT JONES CHAIR-ELECT	1 00	X		X				0	0	0
WADED CRUZADO CHAIR, COUNCIL OF PRESIDENTS	1 00	X		X				0	0	0
STEVEN LEATH SECRETARY, COUNCIL OF PRESIDENTS	1 00	X		X				0	0	0
ROBERT CARET PAST-CHAIR	1 00	X		X				0	0	0
HAROLD MARTIN AT-LARGE MEMBER	1 00	X						0	0	0
JOSEPH STEINMETZ AT-LARGE MEMBER	1 00	X						0	0	0
JUDY GENSHAFT AT-LARGE MEMBER	1 00	X						0	0	0
KIRK SCHULZ AT-LARGE MEMBER	1 00	X						0	0	0
RITA CHENG AT-LARGE MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAMUEL STANLEY AT-LARGE MEMBER	1 00	X						0	0	0
VISTASP KARBHARI AT-LARGE MEMBER	1 00	X						0	0	0
ORLANDO MCMEANS DIRECTOR	1 00	X						0	0	0
MARK ROSENBERG DIRECTOR	1 00	X						0	0	0
NOELLE COCKETT DIRECTOR	1 00	X						0	0	0
TIM SANDS DIRECTOR	1 00	X						0	0	0
HARRIS PASTIDES DIRECTOR	1 00	X						0	0	0
MARK BECKER DIRECTOR	1 00	X						0	0	0
KENT SMITH JR DIRECTOR	1 00	X						0	0	0
WADED CRUZADO DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MONICA RAO DIRECTOR	1 00	X						0	0	0
JOSEPH GLOVER DIRECTOR	1 00	X						0	0	0
CHAD WOOTTON DIRECTOR	1 00	X						0	0	0
ERIC BARRON DIRECTOR	1 00	X						0	0	0
JOHN LATINI DIRECTOR	1 00	X						0	0	0
SANDRA BROWN DIRECTOR	1 00	X						0	0	0
TERI LUCIE THOMPSON DIRECTOR	1 00	X						0	0	0
JAVAUNE ADAMS-GASTON DIRECTOR	1 00	X						0	0	0
TERESA SULLIVAN PAST-CHAIR (TO 11/18)	1 00	X		X				0	0	0
SUSAN HERBST AT-LARGE MEMBER (TO 11/18)	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SATISH TRIPATHI AT-LARGE MEMBER (TO 11/18)	1 00	X						0	0	0
APRIL MASON DIRECTOR (TO 11/18)	1 00	X						0	0	0
DAVID HARRIS DIRECTOR (TO 11/18)	1 00	X						0	0	0
ANDREW FURCO DIRECTOR (TO 11/18)	1 00	X						0	0	0
SOPHIA MAGILL DIRECTOR (TO 11/18)	1 00	X						0	0	0
JACK MARTIN DIRECTOR (TO 11/18)	1 00	X						0	0	0
SETHURAMAN PANCHANATHAN DIRECTOR (TO 11/18)	1 00	X						0	0	0
RONALD GREEN DIRECTOR (TO 11/18)	1 00	X						0	0	0
ANGEL CABRERA DIRECTOR (TO 11/18)	1 00	X						0	0	0
EDWARD RAY DIRECTOR (TO 11/18)	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
M RORY WILSON DIRECTOR (TO 11/18)	1 00	X						0	0	0
MARK HUSSEY DIRECTOR (TO 11/18)	1 00	X						0	0	0
M PETER MCPHERSON PRESIDENT	37 50			X				541,015	0	141,844
HOWARD GOBSTEIN EXECUTIVE VP	37 50			X				206,964	0	40,556
EMILY VAN LOON CFO, TREASURER	37 50			X				186,109	0	24,407
JEAN MIDDLETON VP, CHIEF OF STAFF	37 50			X				149,382	0	25,814
SHARI GARMISE VP, USU/URBAN INIT	37 50				X			194,684	0	36,783
MONTAGUE DEMMENT VP, INTL PROGRAMS	37 50				X			175,891	0	46,313
IAN MAW VP, FOOD AGRI NATRES	37 50					X		451,201	0	30,060
ALAN MABE VP, ACAD AFFAIRS	37 50					X		274,164	0	27,010

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JENNIFER POULAKIDAS VP, CONGRESS AFFAIRS	37 50					X		208,414	0	28,684
JEFFREY LIEBERSON VP, PUBLIC AFFAIRS	37 50					X		181,581	0	47,144
EUGENE L ANDERSON VP, OAS	37 50					X		167,026	0	24,746

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES

Employer identification number

53-0183246

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - 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 supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	3,592,203	3,292,191	5,488,265	5,868,111	7,163,377	25,404,147
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,592,203	3,292,191	5,488,265	5,868,111	7,163,377	25,404,147
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)						12,701,726
6	Public support. Subtract line 5 from line 4						12,702,421

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	3,592,203	3,292,191	5,488,265	5,868,111	7,163,377	25,404,147
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	59,795	45,943	60,776	69,221	88,077	323,812
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.)	47,492	752	3,124	20,011	137	71,516
11	Total support. Add lines 7 through 10						25,799,475
12	Gross receipts from related activities, etc (see instructions)					12	58,656,328

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	49.240%
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	53.330%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
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.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
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).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 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 .		
	9c		
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 line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	INCOME FROM ACTIVITIES THAT ARE NOT REGULARLY CARRIED ON

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

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2018
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES	Employer identification number 53-0183246
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	662,516													
c	Total lobbying expenditures (add lines 1a and 1b)	662,516													
d	Other exempt purpose expenditures	18,024,846													
e	Total exempt purpose expenditures (add lines 1c and 1d)	18,687,362													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	887,233	991,451	1,000,000	1,000,000	3,878,684
b Lobbying ceiling amount (150% of line 2a, column(e))					5,818,026
c Total lobbying expenditures	652,557	597,116	702,500	662,516	2,614,689
d Grassroots nontaxable amount	221,808	247,863	250,000	250,000	969,671
e Grassroots ceiling amount (150% of line 2d, column (e))					1,454,507
f Grassroots lobbying expenditures					

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 of the lobbying activity

	(a)		(b)
	Yes	No	Amount
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			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide 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 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES

Employer identification number
53-0183246

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,681,872	1,612,140	1,617,770	1,650,063	1,635,986
b Contributions					
c Net investment earnings, gains, and losses	22,135	118,024	60,338	28,705	77,677
d Grants or scholarships					
e Other expenditures for facilities and programs	23,498	48,292	65,968	60,998	63,600
f Administrative expenses					
g End of year balance	1,680,509	1,681,872	1,612,140	1,617,770	1,650,063

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 89 260 %
 - c** Temporarily restricted endowment ▶ 10 740 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,331,256		1,331,256
b Buildings		3,115,485	1,592,630	1,522,855
c Leasehold improvements		60,699	47,939	12,760
d Equipment		753,458	666,561	86,897
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,953,768

Part VII Investments—Other Securities. 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	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) POOLED INVESTMENTS	5,711,229	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	5,711,229	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) 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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED COMPENSATION	299,843
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	299,843

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part 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	18,893,107
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	399,589	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	6,117	
e	Add lines 2a through 2d		2e	405,706
3	Subtract line 2e from line 1		3	18,487,401
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	18,487,401

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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	18,687,362
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	18,687,362
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	18,687,362

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 53-0183246

Name: ASSOCIATION OF PUBLIC AND LAND-GRANT
UNIVERSITIES

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ASSOCIATION'S ENDOWMENT CONSISTS PRIMARILY OF FUNDS GRANTED BY THE W K KELLOGG ASSOCIATION FOR RECOGNIZING AND REWARDING PUBLIC UNIVERSITY FACULTY AND EXTERNAL PARTNERS FOR OUTSTANDING PARTNERSHIPS THAT EMBRACE PUBLIC UNIVERSITY ENGAGEMENT WITH THEIR CONSTITUENTS THE ENDOWMENT IS DONOR-RESTRICTED TO BE HELD IN PERPETUITY TO GENERATE RETURNS TO PROVIDE FOR TWO ANNUAL SETS OF AWARDS A SMALL AMOUNT OF ENDOWMENT FUNDS ARE HELD IN TEMPORARILY RESTRICTED FUNDS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	GAIN ON INVESTMENT IN ASSOCIATION OF MUTUAL HEALTH INSURANCE COMPANY 6,117

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization ASSOCIATION OF PUBLIC AND LAND-GRANT UNIVERSITIES

Employer identification number 53-0183246

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 45
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE RECIPIENT INSTITUTIONS ARE SELECTED THROUGH A COMPETITIVE GRANT PROCESS APLU MONITORS SUB-AWARDS ON AN ONGOING BASIS BUT AT A MINIMUM ANNUALLY ALL INSTITUTIONAL CONTRACTS INCLUDE A REPORTING SCHEDULE (WHEN A NARRATIVE AND BUDGET UPDATE ARE REQUIRED) ADDITIONALLY, ANY TIME AN INSTITUTION NEEDS TO MOVE FUNDS ACROSS LINE ITEMS, THEY ARE REQUIRED TO REQUEST APPROVAL FROM APLU, SPECIFICALLY IF THIS MOVE EXCEEDS 10 PERCENT

Additional Data

Software ID:
Software Version:
EIN: 53-0183246
Name: ASSOCIATION OF PUBLIC AND LAND-GRANT
UNIVERSITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AASCU 1307 NEW YORK AVENUE NW WASHINGTON, DC 20005	52-0747578	501C3	15,000				PROGRAM SUPPORT
ARIZONA STATE UNIVERSITY 1475 N SCOTTSDALE ROAD SCOTTSDALE, AZ 852573538	86-0196696	115	133,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUBURN UNIVERSITY 1161 WEST SAMFORD AVENUE AUBURN, AL 36849		115	20,660				PROGRAM SUPPORT
BALL STATE UNIVERSITY TEACHERS COLLEGE 309 MUNCIE, IN 47306	35-6000221	115	22,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY EAST BAY 25800 CARLOS BEE BLVD HAYWARD, CA 94542	94-6128893	115	57,114				PROGRAM SUPPORT
CALIFORNIA STATE UNIVERSITY FRESNO 4910 N CHESTNUT AVE FRESNO, CA 937261852	94-6003272	115	50,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIVERSITY FULLERTON 800 N STATE COLLEGE BLVD FULLERTON, CA 92831	33-0632102	115	44,866				PROGRAM SUPPORT
CARLETON COLLEGE 1 NORTH COLLEGE STREET NORTHFIELD, MN 55057		501(C)3	18,979				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND STATE UNIVERSITY 2121 EUCLID AVE CLEVELAND, OH 44115	34-0966056	115	53,100				PROGRAM SUPPORT
COLORADO STATE UNIVERSITY 900 OVAL DR FORT COLLINS, CO 80523	84-6000545	115	103,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL UNIVERSITY 616 THURSTON AVE ITHACA, NY 14853		501(C)3	6,000				PROGRAM SUPPORT
FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH ST MIAMI, FL 33199	65-0177616	115	190,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA STATE UNIVERSITY 600 W COLLEGE AVE TALLAHASSEE, FL 32306	59-1961248	115	10,000				PROGRAM SUPPORT
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR FAIRFAX, VA 22030	54-0836354	115	50,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA STATE UNIVERSITY PO BOX 3965 ATLANTA, GA 30302	58-6002050	115	263,000				PROGRAM SUPPORT
INDIANA UNIVERSITY 509 E 3RD ST BLOOMINGTON, IN 47401	35-6001633	115	30,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE 2033 K STREET NW WASHINGTON, DC 20006	52-1041632	501(C)3	199,645				PROGRAM SUPPORT
KENNESAW STATE UNIVERSITY 585 COBB AVE KENNESAW, GA 30144	58-0965786	115	30,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENT STATE UNIVERSITY 800 E SUMMIT ST KENT, OH 44240	31-6402079	115	14,937				PROGRAM SUPPORT
LOYOLA UNIVERSITY 1032 W SHERIDAN RD CHICAGO, IL 60660	36-1408475	115	47,909				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORGAN STATE UNIVERSITY 1700 E COLD SPRING LN BALTIMORE, MD 21251	52-6002033	115	31,100				PROGRAM SUPPORT
NORTHERN ARIZONA UNIVERSITY S SAN FRANCISCO ST FLAGSTAFF, AZ 86011	74-2579628	115	103,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNVIERSITY 1399 CAMPUS DR COLUMBUS, OH 43210	31-6025986	115	38,047				PROGRAM SUPPORT
OKLAHOMA STATE UNIVERSITY 219 STUDENT UNION STILLWATER, OK 74078	73-1383996	115	7,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON STATE UNIVERSITY 236 KERR ADMINISTRATION BUILDING CORVALLIS, OR 97331	93-6022772	115	103,000				PROGRAM SUPPORT
PORTLAND STATE UNIVERSITY 1825 SW BROADWAY PORTLAND, OR 97201	93-6001786	115	268,534				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH DAKOTA STATE UNIVERSITY CES DIRECTOR NFA 249 BOX 2207 BROOKINGS, SD 57007	46-6000364	115	142,608				PROGRAM SUPPORT
TEXAS TECH UNIVERSITY 2500 BROADWAY LUBBOCK, TX 79409	75-6002622	115	7,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATI 2600 CLIFTON AVE CINCINNATI, OH 45221	31-6000989	115	50,000				PROGRAM SUPPORT
UNIVERSITY OF COLORADO BOULDER 3100 MARINE ST RM 479 572 UCB BOULDER, CO 80303	84-6000555	115	33,668				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO DENVER 1201 LARIMER ST DENVER, CO 80204	84-6000555	115	10,000				PROGRAM SUPPORT
UNIVERSITY OF FLORIDA 201 CRISER HALL GAINSVILLE, FL 32611	59-6002052	115	17,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ILLINOIS 506 S WRIGHT ST URBANA, IL 61801	37-6000511	115	10,000				PROGRAM SUPPORT
UNIVERSITY OF LOUISVILLE 2301 S 3RD ST LOUISVILLE, KY 40292	61-1029626	115	103,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND CP 7901 REGENTS DRIVE COLLEGE PARK, MD 20742	52-6002033	115	30,935				PROGRAM SUPPORT
UNIVERSITY OF MASSACHUSETTS 120 TILLSON FARM ROAD AMHERST, MA 01003	54-2084125	115	174,199				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MEMPHIS 3720 ALUMNI AVE MEMPHIS, TN 38152	62-0648618	115	60,000				PROGRAM SUPPORT
UNIVERSITY OF MISSISSIPPI PO BOX 1848 UNIVERSITY, MS 38677	64-6001159	115	103,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA CHARLOTTE 9201 UNIVERSITY CITY BLVD CHARLOTTE, NC 28223	56-0791228	115	30,000				PROGRAM SUPPORT
UNIVERSITY OF OKLAHOMA 660 PARRINGTON OVAL NORMAN, OK 73019	73-1377584	115	75,813				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH ALABAMA 307 N UNIVERSITY BLVD MOBILE, AL 36688	63-0477348	115	54,500				PROGRAM SUPPORT
UNIVERSITY OF TEXAS SAN ANTONIO 1 UTSA CIRCLE SAN ANTONIO, TX 78249	74-1717115	115	96,650				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY 907 FLOYD AVE RICHMOND, VA 23284	54-6001758	115	34,283				PROGRAM SUPPORT
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY 1425 S MAIN STREET BLACKSBURG, VA 24061	54-6001805	115	7,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYNE STATE UNIVERSITY 42 W WARREN AVE DETROIT, MI 48202	38-6828429	115	55,000				PROGRAM SUPPORT

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
APS ITA AWARD	1	500			
COOPERATIVE EXTENSION AWARD	6	14,000			
ESS DIVERSITY/INCLUSION AWARD	1	1,000			
HBCU SUMMIT HONORARIUM	1	500			
LIFETIME ACHIEVEMENT AWARD	1	1,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MTEP SUMMER MEETING HONORARIUM	4	2,000			
OUTSTANDING ENGAGEMENT AWARD	1	1,000			
STUDENT EXPERIENCE PROJECT HONORARIUM	1	1,000			
UNDERGRAD RESEARCH MENTOR AWARD	1	1,000			

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2018

Open to Public Inspection

Name of the organization
ASSOCIATION OF PUBLIC AND LAND-GRANT
UNIVERSITIES

Employer identification number
53-0183246

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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.

Return Reference	Explanation
PART I, LINE 1A	PER THE EMPLOYMENT AGREEMENT OF PETER MCPHERSON, A HOUSING ALLOWANCE OF \$5,000 A MONTH IS PROVIDED TO HELP COVER HOUSING COSTS EXPENDED TO LIVE IN THE WASHINGTON, DC METROPOLITAN AREA. SOCIAL CLUB DUES REQUIRE AN INVOICE.

Return Reference	Explanation
PART I, LINE 1B	REIMBURSEMENT AND PROVISION OF THE EXPENSES LISTED IN SCHEDULE J, PART 1, LINE 1A IS DETERMINED BY THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE AS A PART OF THEIR DELIBERATIONS ON AN OVERALL PACKAGE FOR THE ASSOCIATION'S PRESIDENT AS SUCH, NO FORMAL POLICY EXISTS THAT MANDATES WHICH, IF ANY, OF THESE EXPENSES ARE REQUIRED TO BE INCLUDED THE COMMITTEE DOES CONSIDER THE COMPENSATION PACKAGES PROVIDED TO THE OTHER ASSOCIATIONS THAT COMPRISE THE "SIX," A GROUPING OF THE SIX MOST SIGNIFICANT ASSOCIATIONS FOR HIGHER EDUCATION OF WHICH APLU IS ONE

Return Reference	Explanation
PART I, LINE 7	BONUSES ARE PROVIDED TO CERTAIN EMPLOYEES, AND ARE MERIT BASED TO RECOGNIZE STELLAR PERFORMANCE THE BONUSES ARE DETERMINED USING THE FEEDBACK OF THE SUPERVISOR FOR MANAGEMENT POSITIONS, THE BONUS IS DETERMINED BY THE PRESIDENT USING PERFORMANCE REVIEWS, PORTFOLIO, AND SCOPE OF ACCOUNTABILITY AS METRICS



Additional Data

Software ID:

Software Version:

EIN: 53-0183246

Name: ASSOCIATION OF PUBLIC AND LAND-GRANT
UNIVERSITIES

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
M PETER MCPHERSON PRESIDENT	(i)	453,800	0	87,215	120,500	27,716	689,231	0
	(ii)	0	0	0	0	0	0	0
HOWARD GOBSTEIN EXECUTIVE VP	(i)	200,748	6,000	216	20,852	24,794	252,610	0
	(ii)	0	0	0	0	0	0	0
EMILY VAN LOON CFO, TREASURER	(i)	178,826	7,000	283	5,000	22,290	213,399	0
	(ii)	0	0	0	0	0	0	0
JEAN MIDDLETON VP, CHIEF OF STAFF	(i)	146,060	2,000	1,322	15,086	15,250	179,718	0
	(ii)	0	0	0	0	0	0	0
SHARI GARMISE VP, USU/URBAN INIT	(i)	190,172	3,000	1,512	19,623	21,084	235,391	0
	(ii)	0	0	0	0	0	0	0
MONTAGUE DEMMENT VP, INTL PROGRAMS	(i)	174,908	0	983	18,130	34,644	228,665	0
	(ii)	0	0	0	0	0	0	0
IAN MAW VP, FOOD AGRI NATRES	(i)	427,093	24,000	108	27,500	8,426	487,127	0
	(ii)	0	0	0	0	0	0	0
ALAN MABE VP, ACAD AFFAIRS	(i)	258,986	6,000	9,178	26,010	4,326	304,500	0
	(ii)	0	0	0	0	0	0	0
JENNIFER POULAKIDAS VP, CONGRESS AFFAIRS	(i)	203,010	4,000	1,404	20,676	13,013	242,103	0
	(ii)	0	0	0	0	0	0	0
JEFFREY LIEBERSON VP, PUBLIC AFFAIRS	(i)	176,069	4,000	1,512	19,000	33,222	233,803	0
	(ii)	0	0	0	0	0	0	0
EUGENE L ANDERSON VP, OAS	(i)	162,538	3,000	1,488	17,100	12,364	196,490	0
	(ii)	0	0	0	0	0	0	0

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

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

ASSOCIATION OF PUBLIC AND LAND-GRANT
UNIVERSITIES

Employer identification number

53-0183246

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THERE SHALL BE AN EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF THE ASSOCIATION THE EXECUTIVE COMMITTEE WILL MEET FROM TIME TO TIME TO PROVIDE ADVICE TO THE PRESIDENT OF THE ASSOCIATION BETWEEN BOARD MEETINGS OF THE ASSOCIATION, ACT ON BEHALF OF THE BOARD AS REQUIRED BETWEEN FULL BOARD MEETINGS, PROVIDE OVERSIGHT AS APPROPRIATE TO THE PRESIDENT, AND PROVIDE LEADERSHIP TO THE PERIODIC REVIEWS OF THE PRESIDENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION A, LINE 6</p>	<p>THE ASSOCIATION SHALL HAVE ONE CLASS OF MEMBERS, UNLESS OTHERWISE DETERMINED BY THE BOARD OF DIRECTORS MEMBERS SHALL NOT HAVE THE RIGHT TO VOTE, EXCEPT AS PART OF THEIR MEMBERSHIP ON ASSOCIATION BOARDS, COMMISSIONS, COMMITTEES AND COUNCILS DESCRIBED BELOW ALL MEMBERS OF THE ASSOCIATION SHALL CONSIST OF INSTITUTIONS OF HIGHER EDUCATION, EACH OF WHICH QUALIF IES UNDER SECTION 115(A) OF THE INTERNAL REVENUE CODE OF 1986, OR IS EXEMPT FROM FEDERAL I NCOME TAXATION UNDER SECTION 501(A) OF SUCH CODES AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF SUCH CODE, AND IS AN ORGANIZATION DESCRIBED IN SECTION 509(A)(1), (2), OR (3) OF SUCH CODES (OR THE CORRESPONDING PROVISIONS OF ANY FUTURE UNITED STATES INTERNAL REVEN UE LAW), AND WHICH MEET THE FOLLOWING ADDITIONAL CRITERIA INSTITUTIONAL MEMBERS UNITED S TATES AND ITS TERRITORIES 1 AUTOMATIC MEMBERSHIP ACCREDITED UNIVERSITIES THAT MEET AT LEA ST ONE OF THE FOLLOWING THREE CRITERIA ARE QUALIFIED FOR A P L U MEMBERSHIP WITHOUT FORMA L ACTION BY THE BOARD OF DIRECTORS (A) INSTITUTION IS A LAND GRANT INSTITUTION (1862, 1890 , 1994) (B) A PUBLIC INSTITUTION CLASSIFIED BY THE MOST RECENT EDITION OF THE CARNEGIE CLA SSIFICATION OF INSTRUCTIONAL PROGRAMS IN ONE OF THE TWO BASIC CLASSIFICATIONS FOR DOCTORAL UNIVERSITIES THAT REPRESENT THE TWO HIGHEST LEVELS OF RESEARCH ACTIVITY (C) INSTITUTION I S A CURRENT A P L U MEMBER IN GOOD STANDING 2 DISCRETIONARY MEMBERSHIP ACCREDITED PUBLI C INSTITUTIONS THAT DO NOT QUALIFY FOR AUTOMATIC MEMBERSHIP AS OUTLINED ABOVE MAY QUALIFY FOR MEMBERSHIP UNDER THE DISCRETIONARY MEMBERSHIP CRITERIA INSTITUTIONS THAT SATISFY THE THRESHOLDS FOR THE FOUR DISCRETIONARY CRITERIA IN THIS SECTION MAY BE CONSIDERED FOR MEMBE RSHIP AND MUST BE APPROVED BY THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS MAINTAINS THE RIGHT TO ADMIT A UNIVERSITY THAT DOES NOT MEET THE THRESHOLDS FOR THE DISCRETIONARY CRITE RIA IN ORDER TO SUSTAIN AND ADVANCE MEMBERSHIP OF PUBLIC RESEARCH AND LAND-GRANT UNIVERSIT IES (A) RESEARCH ACTIVITY TO SATISFY THE RESEARCH ACTIVITY CRITERION, INSTITUTIONS MUST EXCEED EITHER THE THRESHOLD FOR TOTAL RESEARCH EXPENDITURES OR THE THRESHOLD FOR RESEARCH INTENSITY I TOTAL RESEARCH EXPENDITURES GREATER THAN \$35 MILLION IN TOTAL R&D EXPENDITUR ES RESEARCH INTENSITY II RESEARCH INTENSITY GREATER THAN \$25 THOUSAND IN TOTAL R&D EXPEND ITURES PER FACULTY FTE (B) BREADTH OF DOCTORAL PROGRAMS AND RESEARCH FOCUS TO SATISFY THE CRITERIA, AN INSTITUTION MUST BE INCLUDED WITHIN THE SELECTED CARNEGIE BASIC CLASSIFICATI ONS AND GRADUATE INSTRUCTIONAL PROGRAM CLASSIFICATIONS SPECIFIED BELOW THE SELECTED CLASS IFCATIONS REPRESENT AN INSTITUTION WITH SIGNIFICANT RESEARCH FOCUS AND A RANGE OF DOCTORA L PROGRAMS I BASIC CARNEGIE CLASSIFICATIONS --RESEARCH/DOCTORAL INSTITUTIONS --SPECIAL FOCUS INSTITUTIONS WITHIN THE FOLLOWING SUB-CATEGORIES --MEDICAL SCHOOLS & CENTERS --OTHER HEALTH PROFESSIONS SCHOOLS --ENGINEERING SCHOOLS --OTHER TECHNOLOGY-RELATED SCHOOLS --BUS INESS & MANAGEMENT SCHOOLS II</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	GRADUATE INSTRUCTIONAL PROGRAM CLASSIFICATIONS --RESEARCH DOCTORAL COMPREHENSIVE PROGRAM S, WITH MEDICAL/VETERINARY SCHOOL --RESEARCH DOCTORAL COMPREHENSIVE PROGRAMS, NO MEDICAL/ VETERINARY SCHOOL --RESEARCH DOCTORAL HUMANITIES/SOCIAL SCIENCES-DOMINANT --RESEARCH DOCT ORAL STEM-DOMINANT --RESEARCH DOCTORAL PROFESSIONAL-DOMINANT (C) STUDENT ENROLLMENT (IPE DS UNDUPLICATED STUDENT HEADCOUNT, 3 YEAR AVERAGE, ALL LEVELS) TO SATISFY THE STUDENT ENRO LLEMENT CRITERION, INSTITUTIONS MUST HAVE AN AVERAGE ANNUAL, UNDUPLICATED STUDENT HEADCOUNT OF 10,000 STUDENTS (D) COMMUNITY ENGAGEMENT TO MEET THE COMMUNITY ENGAGEMENT CRITERION, INSTITUTIONS MUST DEMONSTRATE A SUBSTANTIAL AND SUSTAINED ENGAGEMENT AS OUTLINED BY THE 20 00 KELLOGG COMMISSION REPORT RETURNING TO OUR ROOTS INSTITUTION MEMBERSHIP CANADA AND ME XICO APPLICATIONS BY UNIVERSITIES WITHIN CANADA AND MEXICO WILL BE REVIEWED ON AN INDIVIDU AL BASIS BY THE BOARD OF DIRECTORS CONSIDERING COMPARABILITY WITH THE CRITERIA FOR U S IN STITUTIONS OUTLINED IN SECTION B WITHIN THEIR NATIONAL CONTEXTS SYSTEM MEMBERSHIP UNITED STATES AND ITS TERRITORIES STATE UNIVERSITY SYSTEMS WITHIN THE U S OR ITS TERRITORIES WI TH ONE OR MORE OF THEIR INSTITUTION MEMBERS IN GOOD STANDING AS A MEMBER OF APLU AUTOMATIC ALLY ARE ELIGIBLE FOR MEMBERSHIP IN APLU AS SYSTEM MEMBERS APLU SYSTEM MEMBERSHIP ALLOWS SYSTEM STAFF TO PARTICIPATE IN APPROPRIATE APLU ACTIVITIES SYSTEM MEMBERSHIP DOES NOT CON VEY APLU MEMBERSHIP TO EACH INSTITUTION MEMBER WITHIN THE SYSTEM INSTITUTIONS THAT ARE PA RT OF A SYSTEM MUST MEET THE INDIVIDUAL INSTITUTION CRITERIA FOR APLU MEMBERSHIP ORGANIZA TION AFFILIATE MEMBERSHIP CANADA, MEXICO, AND THE UNITED STATES AND ITS TERRITORIES TAX E XEMPT ORGANIZATION WITH SUBSTANTIAL RESPONSIBILITY IN LEARNING, DISCOVERY, AND ENGAGEMENT MAY BE CONSIDERED FOR MEMBERSHIP IN APLU AS ORGANIZATIONS WITH PARTICIPATION IN SELECTED A PLU COUNCILS AND COMMISSIONS THESE APPLICATIONS WILL BE REVIEWED INDIVIDUALLY BY THE BOAR D OF DIRECTORS WITH THE MEMBERSHIP AND PARTICIPATION DECISIONS BASED ON THE BOARD'S JUDGME NT OF THE EXTENT TO WHICH THE ORGANIZATION HAS SUBSTANTIAL, CONSTRUCTIVE IMPACT NATIONALLY AND INTERNATIONALLY ON LEARNING, DISCOVERY, AND ENGAGEMENT AT APLU MEMBER UNIVERSITIES AN D SYSTEMS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	BOTH THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE DISTRIBUTED ELECTRONICALLY TO THE APLU AUDIT COMMITTEE MEMBERSHIP FOR REVIEW AND APPROVAL DURING THE DISTRIBUTION PROCESS, THE BOARD OF DIRECTORS ARE COPIED ON THE CORRESPONDENCE AS REQUIRED, CONFERENCE CALLS ARE MADE WITH THE AUDIT COMMITTEE TO DISCUSS ANY QUESTIONS ON THE FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CHIEF FINANCIAL OFFICER IS THE PRIMARY OFFICER RESPONSIBLE FOR MONITORING FOR POTENTIAL CONFLICT OF INTEREST TRANSACTIONS MONITORING INCLUDES RELIANCE ON APLU EMPLOYEES FOR REPORTING MATTERS OF CONCERN ALL APLU STAFF, REGARDLESS OF POSITION, ARE COVERED UNDER THE POLICY IN THE CASE OF THE PRESIDENT, IF SATISFACTORY CONCLUSION CANNOT BE REACHED BY THE CFO, THEN THE CFO IS EMPOWERED TO REFER THE MATTER TO THE CHAIR OF THE BOARD OF DIRECTORS IN ALL OTHER CASES, THE PRESIDENT IS THE ULTIMATE AUTHORITY FOR DETERMINING DISCIPLINARY AND CORRECTIVE ACTIONS FOR CONFLICT OF INTERESTS NOT RESOLVED BY THE CFO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE APLU BOARD OF DIRECTORS SETS THE CEO COMPENSATION DURING ITS NOVEMBER MEETING PRIOR TO THE MEETING, COMPARABILITY DATA IS PROVIDED TO THEM BY THE APLU CHIEF FINANCIAL OFFICER THE COMPARABILITY DATA IS AT THE DETAIL LEVEL AND ENCOMPASSES THE COMPENSATION PROVIDED TO THE CEOS OF THE SIX LEADING ASSOCIATIONS FOR HIGHER EDUCATION ALSO MADE AVAILABLE ARE THE RESULTS FROM VARIOUS SURVEYS ON CEO SALARIES SUCH AS WASHINGTON AREA EXECUTIVE SECRETARIAT AND THE HUMAN RESOURCE ASSOCIATION OF THE NATIONAL CAPITAL AREA'S ANNUAL "COMPENSATION SURVEY REPORT "

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	TEMPORARY HELP PROGRAM SERVICE EXPENSES 36,139 MANAGEMENT AND GENERAL EXPENSES 7,119 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 43,258 CONSULTANTS PROGRAM SERVICE EXPENSES 2,348,300 MANAGEMENT AND GENERAL EXPENSES 148,956 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,497,256

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	GAIN ON INVESTMENT IN ASSOCIATION OF MUTUAL HEALTH INSURANCE COMPANY 6,117

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS REMAINED UNCHANGED FROM THE PREVIOUS YEAR