

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2012

Prepared for	COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC 6301 KIRKWOOD BLVD SW CEDAR RAPIDS, IA 52404
Prepared by	MCGLADREY LLP 221 THIRD AVENUE SE, STE 300 CEDAR RAPIDS, IA 52401-1512
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	<p>THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.</p> <p>AN ORGANIZATION MUST MAKE ITS FORM 990 RETURN AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. ATTACHED IS COPY OF FORM 990 THAT CONTAINS ALL PARTS OF THE RETURN, INCLUDING REQUIRED SCHEDULES AND ATTACHMENTS, EXCEPT THE SCHEDULE OF CONTRIBUTORS TO THE ORGANIZATION. PLEASE KEEP THIS COPY ACCESSIBLE FOR INSPECTION UPON REQUEST BY THE PUBLIC.</p> <p>A FEE OF \$.20 FOR EACH PAGE AND POSTAGE CAN BE CHARGED WHEN A COPY OF THE 990 IS REQUESTED.</p>

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC		D Employer identification number 59-2073513
	Doing Business As CCID		E Telephone number 319-398-1257
	Number and street (or P.O. box if mail is not delivered to street address) 6301 KIRKWOOD BLVD SW	Room/suite	
	City or town, state or country, and ZIP + 4 CEDAR RAPIDS, IA 52404		G Gross receipts \$ 7,480,113.
	F Name and address of principal officer: DR CAROL STAX BROWN SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

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

J Website: **HTTP://WWW.CCID.CC**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1976** **M** State of legal domicile: **IA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE OPPORTUNITIES FOR BUILDING GLOBAL RELATIONSHIPS THAT STRENGTHEN EDUCATIONAL PROGRAMS
	2 Check this box <input type="checkbox"/> 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) 3 28
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 28
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0
	6 Total number of volunteers (estimate if necessary) 6 20
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 10,501,070. 7,075,970.
	9 Program service revenue (Part VIII, line 2g) 384,926. 375,798.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,281. 28,345.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,900,277. 7,480,113.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,319,977. 6,445,569.
	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) 187,019. 267,575.
	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) 5,331,896. 665,159.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,838,892. 7,378,303.	
19 Revenue less expenses. Subtract line 18 from line 12 61,385. 101,810.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 2,651,596. 2,485,760.
	21 Total liabilities (Part X, line 26) 2,250,803. 1,983,157.
	22 Net assets or fund balances. Subtract line 21 from line 20 400,793. 502,603.

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: **DR CAROL STAX BROWN, PRESIDENT** Date: _____
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: **KAY HEGARTY** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00091057**
 Firm's name: **MCGLADREY LLP** Firm's EIN: **42-0714325**
 Firm's address: **221 THIRD AVENUE SE, STE 300** Phone no.: **319-298-5333**
CEDAR RAPIDS, IA 52401-1512

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF CCID IS TO PROVIDE OPPORTUNITIES FOR BUILDING GLOBAL RELATIONSHIPS THAT STRENGTHEN EDUCATIONAL PROGRAMS AND PROMOTE ECONOMIC DEVELOPMENT. THIS IS ACHIEVED THROUGH THE COMBINED EFFORTS OF THE MEMBER INSTITUTIONS AND THROUGH THE EXECUTIVE OFFICES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 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.

4a (Code:) (Expenses \$ 6,445,569. Including grants of \$ 6,445,569.) (Revenue \$) THE GOAL OF THE CCI PROGRAMS IS TO PROVIDE QUALITY EDUCATIONAL PROGRAMS, PROFESSIONAL DEVELOPMENT, EMPLOYMENT SKILLS AND A FIRST-HAND UNDERSTANDING OF AMERICAN SOCIETY TO UNDERSERVED, NON-ELITE INTERNATIONAL STUDENTS. EXPOSURE TO AMERICAN SOCIETY OCCURS THROUGHOUT THE STUDENTS' STAY IN THE U.S., AND GAINING INSIGHT INTO AMERICAN CULTURE IS CRITICAL TO THE STUDENT EXPERIENCE. THE CCI PROGRAMS ARE FUNDED BY THE U.S. DEPARTMENT OF STATE, BUREAU OF EDUCATIONAL AND CULTURAL AFFAIRS (ECA). THE CCI PROGRAMS HAVE BROUGHT NEARLY 1,000 STUDENTS FROM MORE THAN FIFTEEN COUNTRIES TO THE U.S. SINCE IT BEGAN IN 2007. RECENT SENDING NATIONS INCLUDE MOST OF THE CENTRAL AMERICAN NATIONS, BRAZIL, CAMEROON, EGYPT, GHANA, INDIA, INDONESIA, KENYA, PAKISTAN, SOUTH AFRICA AND TURKEY. PARTICIPANTS ARE REQUIRED TO RETURN

4b (Code:) (Expenses \$ 232,100. Including grants of \$) (Revenue \$ 217,779.) TROIKA STUDY ABROAD PROGRAM - CCID CONDUCTS STUDY ABROAD PROGRAMS ON A CONSORTIUM BASIS. THE PROGRAMS ARE DESIGNED TO FACILITATE ACCESS FOR U.S. COMMUNITY COLLEGE STUDENTS TO STUDY ABROAD. BY MANAGING AND COORDINATING THESE PROGRAMS FROM CCID OFFICE, THERE ARE SUBSTANTIAL COST-SAVINGS IN OPERATIONAL EXPENSES MAKING THESES PROGRAMS MORE AFFORDABLE. PROGRAMS PRIMARILY FOCUS ON TECHNICAL AND VOCATIONAL DISCIPLINES. IN FY12, CCID SENT 87 STUDENTS AND 26 FACULTY ON 7 PROGRAMS TO 6 COUNTRIES.

4c (Code:) (Expenses \$ 101,218. Including grants of \$) (Revenue \$ 140,799.) ANNUAL CONFERENCE - EVENT ORGANIZED FOR ALL 2-YEAR COMMUNITY AND TECHNICAL COLLEGES IN THE U.S. AND ABROAD TO NETWORK, EXCHANGE IDEAS AND BEST PRACTICES IN THE FIELD OF GLOBAL EDUCATION.

4d Other program services (Describe in Schedule O.) (Expenses \$ 174,763. Including grants of \$) (Revenue \$ 45,565.)

4e Total program service expenses 6,953,650.

**COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

**COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC**

Form 990 (2011)

59-2073513 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2011)

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC

Form 990 (2011)

59-2073513 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	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)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?	X	
	b If "Yes," enter the name of the foreign country: GEORGIA See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2011)

**COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC**

Form 990 (2011)

59-2073513 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	28		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 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?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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
- 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, physical address, and telephone number of the person who possesses the books and records of the organization: **JAMES CHOATE - 319-398-5411**
6301 KIRKWOOD BLVD SW, CEDAR RAPIDS, IA 52404

**COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC**

Form 990 (2011)

59-2073513 Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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 (describe hours for related organizations in Schedule O)	(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			
(1) RICHARD CARPENTER CHAIR, DIRECTOR	1.00	X		X			0.	0.	0.	
(2) STEVE JOHNSON CHAIR ELECT, DIRECTOR	1.00	X		X			0.	0.	0.	
(3) JACK BERMINGHAM PAST CHAIR, DIRECTOR	1.00	X		X			0.	0.	0.	
(4) BARBARA PRINDIVILLE MEMBER-AT-LARGE, DIRECTOR	1.00	X		X			0.	0.	0.	
(5) MICK STARCEVICH SECRETARY/TREASURER, DIRECT	1.00	X		X			0.	0.	0.	
(6) JERRY WEBER DIRECTOR	1.00	X					0.	0.	0.	
(7) MARY RITTLING DIRECTOR	1.00	X					0.	0.	0.	
(8) FRANK LOMBARDO DIRECTOR	1.00	X					0.	0.	0.	
(9) ORLANDO GEORGE JR DIRECTOR	1.00	X					0.	0.	0.	
(10) DONALD DOUCETTE DIRECTOR	1.00	X					0.	0.	0.	
(11) SUSAN MAY DIRECTOR	1.00	X					0.	0.	0.	
(12) EILEEN ELY DIRECTOR	1.00	X					0.	0.	0.	
(13) KEN ATWATER DIRECTOR	1.00	X					0.	0.	0.	
(14) V CLYDE MUSE DIRECTOR	1.00	X					0.	0.	0.	
(15) KATHLEEN B HETHERINGTON DIRECTOR	1.00	X					0.	0.	0.	
(16) JOHN DAVIES DIRECTOR	1.00	X					0.	0.	0.	
(17) KUNHIKO UKIFUNE DIRECTOR	1.00	X					0.	0.	0.	

**COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC**

Form 990 (2011)

59-2073513 Page 8

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(18) BRUNO LINDSKJOLD DIRECTOR	1.00	X						0.	0.	0.
(19) BETTSEY BARHORST DIRECTOR	1.00	X						0.	0.	0.
(20) VERNON CRAWLEY DIRECTOR	1.00	X						0.	0.	0.
(21) LORI WEYERS DIRECTOR	1.00	X						0.	0.	0.
(22) ARTHUR SCOTT DIRECTOR	1.00	X						0.	0.	0.
(23) TOM RAMAGE DIRECTOR	1.00	X						0.	0.	0.
(24) RAUL RODRIGUEZ DIRECTOR	1.00	X						0.	0.	0.
(25) ZELEMA HARRIS DIRECTOR	1.00	X						0.	0.	0.
(26) DEBORAH BLUE DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	123,550.	15,006.
d Total (add lines 1b and 1c)								0.	123,550.	15,006.

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 0

	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>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 0

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**COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC**

Form 990 (2011)

59-2073513

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
(27) CARL HAYNES DIRECTOR	1.00	X						0.	0.	0.
(28) JOHN MORTON DIRECTOR	1.00	X						0.	0.	0.
(29) CAROL STAX BROWN PRESIDENT	40.00			X				0.	113,123.	14,281.
(30) ED STOESSEL PT INTERIM PRESIDENT	20.00			X				0.	10,427.	725.
Total to Part VII, Section A, line 1c								123,550.	15,006.	

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC

Form 990 (2011)

59-2073513 Page 9

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b	273,633.			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	6802337.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		7075970.			
	Program Service Revenue	2 a INTERNATIONAL PROJECTS	Business Code	217,779.	217,779.	
b CONFERENCE FEES, INSTI		611710	158,019.	158,019.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			375,798.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
		b Less: direct expenses	b			
		c Net income or (loss) from gaming activities				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS	611710	28,345.	28,345.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		28,345.				
12 Total revenue. See instructions.		7480113.	404,143.	0.	0.	

COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC

Form 990 (2011)

59-2073513 Page 10

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21	3,972,914.	3,972,914.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	2,472,655.	2,472,655.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	203,192.		203,192.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	14,234.		14,234.	
9 Other employee benefits	36,121.		36,121.	
10 Payroll taxes	14,028.		14,028.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,268.		8,268.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	28,923.	1,000.	27,923.	
12 Advertising and promotion				
13 Office expenses	212,892.	134,756.	78,136.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	298,449.	265,777.	32,672.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	101,634.	101,634.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,914.	4,914.		
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 MISCELLANEOUS EXPENSE	10,079.		10,079.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,378,303.	6,953,650.	424,653.	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 if following SOP 98-2 (ASC 958-720)

COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC

Form 990 (2011)

59-2073513 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1		
	2	Savings and temporary cash investments	2		
	3	Pledges and grants receivable, net	3		
	4	Accounts receivable, net	2,559,486.	4	2,410,489.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	92,110.	9	75,271.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b	Less: accumulated depreciation	10b	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,651,596.	16	2,485,760.	
Liabilities	17	Accounts payable and accrued expenses	1,253,159.	17	691,388.
	18	Grants payable		18	
	19	Deferred revenue	70,385.	19	80,669.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	927,259.	25	1,211,100.
	26	Total liabilities. Add lines 17 through 25	2,250,803.	26	1,983,157.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	396,881.	27	498,890.
	28	Temporarily restricted net assets	3,912.	28	3,713.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	400,793.	33	502,603.	
34	Total liabilities and net assets/fund balances	2,651,596.	34	2,485,760.	

Form 990 (2011)

**COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC**

Form 990 (2011)

59-2073513 Page 12

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,480,113.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,378,303.
3	Revenue less expenses. Subtract line 2 from line 1	3	101,810.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	400,793.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	502,603.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
3b	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.	X	

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC** Employer identification number **59-2073513**

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____	11g(i)	
(ii) A family member of a person described in (i) above? _____	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,798,506.	8,598,534.	14,528,972.	10,501,070.	7,075,970.	43,503,052.
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	2,798,506.	8,598,534.	14,528,972.	10,501,070.	7,075,970.	43,503,052.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						43,503,052.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,798,506.	8,598,534.	14,528,972.	10,501,070.	7,075,970.	43,503,052.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	398,575.		22,745.	14,281.	28,345.	463,946.
11 Total support. Add lines 7 through 10						43,966,998.
12 Gross receipts from related activities, etc. (see instructions)					12	1,742,122.

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 2011 (line 6, column (f) divided by line 11, column (f))	14	98.94	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	97.72	%
16a 33 1/3% support test - 2011. 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 <input checked="" type="checkbox"/> ▶			
b 33 1/3% support test - 2010. 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 <input type="checkbox"/> ▶			
17a 10% -facts-and-circumstances test - 2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> ▶			
b 10% -facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> ▶			
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 <input type="checkbox"/> ▶			

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests - 2011.** 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 - 2010.** 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 ▶

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC

Employer identification number

59-2073513

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC	Employer identification number 59-2073513
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPARTMENT OF STATE <hr/> 301 4TH ST ROOM 524 <hr/> WASHINGTON, DC 20547	\$ 6,655,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC

59-2073513

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization

Employer identification number

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC

59-2073513

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011 Open to Public Inspection

Name of the organization COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC

Employer identification number 59-2073513

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

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

Form for Part II Conservation Easements. Includes questions 1-9 and a table for 2a-2d. 1 Purpose(s) of conservation easements held by the organization. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... Table: 2a Total acreage restricted by conservation easements, 2b Number of conservation easements on a certified historic structure included in (a), 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register, 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to 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 XIV, 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

**COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC**

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 XIV.

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" to 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 XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in 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)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 0.

**COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC**

Schedule D (Form 990) 2011

59-2073513 Page 3

Part VII Investments - Other Securities. 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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) COMPENSATED ABSENCES	68,027.
(3) DUE TO KIRKWOOD COMMUNITY COLLEGE	1,143,073.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,211,100.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC

Schedule D (Form 990) 2011

59-2073513 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,480,113.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,378,303.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	101,810.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	101,810.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	7,519,113.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	39,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	39,000.
3	Subtract line 2e from line 1	3	7,480,113.
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 XIV.)	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	7,480,113.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,417,303.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	39,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	39,000.
3	Subtract line 2e from line 1	3	7,378,303.
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 XIV.)	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	7,378,303.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: CCID IS RECOGNIZED AS EXEMPT FROM FEDERAL INCOME TAX

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CCID MAY BE SUBJECT

FEDERAL AND STATE INCOME TAXES ON ANY NET INCOME FROM UNRELATED BUSINESS

ACTIVITIES. CCID FILES A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM

INCOME TAX) ANNUALLY AND UNRELATED BUSINESS TAXABLE INCOME (UBIT) IS

REPORTED ON FORM 990-T, AS APPROPRIATE. MANAGEMENT HAS EVALUATED THEIR

MATERIAL TAX POSITIONS, WHICH INCLUDE SUCH MATTERS AS THE TAX EXEMPT

STATUS AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UBIT. AS OF

Part XIV Supplemental Information *(continued)*

JUNE 30, 2012 AND 2011, THERE WERE NO UNCERTAIN TAX BENEFITS IDENTIFIED
AND RECORDED AS A LIABILITY. FORMS 990 AND 990-T FILED BY CCID ARE NO
LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR THE
FISCAL YEARS ENDED JUNE 30, 2008 AND PRIOR.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization
**COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC**

Employer identification number
59-2073513

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	STUDY ABROAD - HOUSING, TRANSPORTATION, LECTURE	36,273.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	STUDY ABROAD - HOUSING, TRANSPORTATION, LECTURE	15,632.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	STUDY ABROAD - HOUSING, TRANSPORTATION, LECTURE	29,400.
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0	0	PROGRAM SERVICES	STUDY ABROAD - HOUSING, TRANSPORTATION, LECTURE	10,800.
SOUTH AMERICA - ARGENTINA, BOLIVIA,	0	0	PROGRAM SERVICES	STUDY ABROAD - HOUSING, TRANSPORTATION, LECTURE	19,200.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	STUDY ABROAD - HOUSING, TRANSPORTATION, LECTURE	19,808.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PROFESSIONAL DEVELOPMENT PROGRAM - HOUSING, TOURS	4,860.
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	DEVELOPING CURRICULA, COURSES - TRAINING, TRANSPORTATION, HOUSING	80,102.
3 a Sub-total	0	0			216,075.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			216,075.

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

Schedule F (Form 990) 2011

COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC

Schedule F (Form 990) 2011

59-2073513 Page 4

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713) Yes No

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: CCID REQUIRES DETAILED BILLING FROM ALL VENDORS TO WHOM IT MAKES PAYMENTS OUTSIDE OF THE UNITED STATES. THE BILLS HAVE TO REFLECT AGREED UPON AMOUNTS AND SERVICES. FOR EXAMPLE IN STUDY ABROAD PROGRAMS, WE SIGN CONTRACTS WITH ALL VENDORS WHERE THE EXPECTED AMOUNTS TO BE PAID PER PERSON ARE IDENTIFIED AS WELL AS THE SERVICES TO BE PROVIDED ARE LISTED IN THOSE CONTRACTS. WE REQUIRE EVALUATIONS TO BE COMPLETED BY ALL PROGRAM PARTICIPANTS UPON THE COMPLETION OF THE PROGRAM AND QUESTIONS DO INCLUDE THE SATISFACTION WITH THE QUALITY OF TRANSPORTATION, HOUSING, MEALS, ETC REQUIRED BY THE AGREEMENT.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization **COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC** Employer identification number **59-2073513**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL LAKES COLLEGE 501 WEST COLLEGE DRIVE BRAINERD, MN 56401	41-1687554	501(C)(3)	128,982.	0.			STUDENT SCHOLARSHIPS
COLLEGE OF LAKE COUNTIES 19351 W WASHINGTON STREET GRAYSLAKE, IL 60030	36-2648760	501(C)(3)	4,856.	0.			STUDENT SCHOLARSHIPS
COLUMBUS STATE COMMUNITY COLLEGE 550 E SPRING STREET COLUMBUS, OH 43215	31-0729591	501(C)(3)	101,954.	0.			STUDENT SCHOLARSHIPS
DAVIDSON COUNTY COMMUNITY COLLEGE 20 EAST 1ST STREET LEXINGTON, NC 27293-1287	56-0792247	501(C)(3)	106,647.	0.			STUDENT SCHOLARSHIPS
DAYTONA STATE COLLEGE 1200 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32120-2811	59-1211226	501(C)(3)	231,966.	0.			STUDENT SCHOLARSHIPS
EASTERN IOWA COMMUNITY COLLEGE DISTRICT - 306 WEST RIVER DRIVE - DAVENPORT, IA 52801	42-0924364	501(C)(3)	216,292.	0.			STUDENT SCHOLARSHIPS

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

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

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC

Schedule I (Form 990)

59-2073513

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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
EVERETT COMMUNITY COLLEGE 2000 TOWER STREET EVERETT, WA 98201	91-0759103	501(C)(3)	155,877.	0.			STUDENT SCHOLARSHIPS
FOX VALLEY TECHNICAL COLLEGE 1825 N BLUEMOUND DRIVE APPLETON, WI 54914	39-1087276	501(C)(3)	229,800.	0.			STUDENT SCHOLARSHIPS
GADSDEN STATE COMMUNITY COLLEGE 1001 GEORGE WALLACE DRIVE GADSDEN, AL 35902-0227	63-0501425	501(C)(3)	195,757.	0.			STUDENT SCHOLARSHIPS
GREENVILLE TECHNICAL COLLEGE 506 S PLEASANTBURG DR GREENVILLE, SC 29607	57-0420667	501(C)(3)	211,249.	0.			STUDENT SCHOLARSHIPS
HEARTLAND COMMUNITY COLLEGE MAIN CAMPUS 1500 W RAAB RD NORMAL, IL 61761	37-1271517	501(C)(3)	127,526.	0.			STUDENT SCHOLARSHIPS
HIGHLINE COMMUNITY COLLEGE 2400 SOUTH 240TH ST M/S 1-1 DES MOINES, WA 98198-9800	91-0752489	501(C)(3)	466,451.	0.			STUDENT SCHOLARSHIPS
HILLSBOROUGH COMMUNITY COLLEGE 39 COLUMBIA DRIVE TAMPA, FL 33606	59-1219841	501(C)(3)	16,099.	0.			STUDENT SCHOLARSHIPS
UNIVERSITY OF HAWAII, KAPI'OLANI COLLEGE - 2530 DOLE STREET SAKAMAKI D-200 - HONOLULU, HI 96822	99-6000354	501(C)(3)	187,190.	0.			STUDENT SCHOLARSHIPS
UNIVERSITY OF HAWAII, LEEWARD COMMUNITY COLLEGE - 2530 DOLE STREET SAKAMAKI D-200 - HONOLULU, HI 96822	99-6000354	501(C)(3)	14,080.	0.			STUDENT SCHOLARSHIPS

Schedule I (Form 990)

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC

Schedule I (Form 990)

59-2073513

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
JOHNSTON COMMUNITY COLLEGE 245 COLLEGE ROAD SMITHFIELD, NC 27577	56-0937578	501(C)(3)	-240.	0.			STUDENT SCHOLARSHIPS
LONE STAR COLLEGE SYSTEM 9191 BAKER CYPRESS ROAD CYPRESS, TX 77433	74-1734884	501(C)(3)	18,791.	0.			STUDENT SCHOLARSHIPS
LORAIN COUNTY COMMUNITY COLLEGE 1005 NORTH ABBE ROAD ELYRIA, OH 44035	34-0930187	501(C)(3)	12,763.	0.			STUDENT SCHOLARSHIPS
MADISON AREA TECHNICAL COLLEGE 3550 ANDERSON ST MADISON, WI 53704	39-1086718	501(C)(3)	174,641.	0.			STUDENT SCHOLARSHIPS
NORTHAMPTON COMMUNITY COLLEGE 3835 GREEN POND ROAD BETHLEHEM, PA 18020	23-6417444	501(C)(3)	394,981.	0.			STUDENT SCHOLARSHIPS
NORTHCENTRAL TECHNICAL COLLEGE 1000 W CAMPUS DRIVE WAUSAU, WI 54401	39-1077093	501(C)(3)	183,664.	0.			STUDENT SCHOLARSHIPS
NORTHEAST WISCONSIN TECHNICAL COLLEGE - 2740 WEST MASON STREET - GREEN BAY, WI 54307-9042	39-1087141	501(C)(3)	150,587.	0.			STUDENT SCHOLARSHIPS
OWENS COMMUNITY COLLEGE PO BOX 10000 TOLEDO, OH 43699-1947	34-1059164	501(C)(3)	134,750.	0.			STUDENT SCHOLARSHIPS
PARKLAND COLLEGE 2400 WEST BRADLEY AVENUE CHAMPAIGN, IL 61821	37-0892090	501(C)(3)	319,028.	0.			STUDENT SCHOLARSHIPS

Schedule I (Form 990)

**COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(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
ROANE STATE COMMUNITY COLLEGE 276 PATTON LANE HARRIMAN, TN 37748	62-0819102	501(C)(3)	11,865.	0.			STUDENT SCHOLARSHIPS
SALT LAKE COMMUNITY COLLEGE 1575 SOUTH STATE STREET SALT LAKE CITY, UT 84123	87-6000448	501(C)(3)	28,830.	0.			STUDENT SCHOLARSHIPS
ST LOUIS COMMUNITY COLLEGE 300 SOUTH BROADWAY ST LOUIS, MO 63102	43-0786590	501(C)(3)	23,198.	0.			STUDENT SCHOLARSHIPS
WAUKESHA COUNTY TECH 800 MAIN STREET PEWAUKEE, WI 53072	39-6005054	501(C)(3)	80.	0.			STUDENT SCHOLARSHIPS
WESTERN IOWA TECHNICAL COMMUNITY COLLEGE - 800 MAIN STREET - SIOUX CITY, IA 51102	42-0926822	501(C)(3)	125,250.	0.			STUDENT SCHOLARSHIPS

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MAJORITY OF CASH GRANT AMOUNT IS FOR VARIOUS EXPENSES OF STUDENTS IN THE PROGRAM TO COVER PRIMARILY HOUSING AND TRAVEL COSTS	220	2,472,655.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE GOAL OF THE CCI PROGRAMS IS TO PROVIDE QUALITY EDUCATIONAL PROGRAMS, PROFESSIONAL DEVELOPMENT, EMPLOYMENT SKILLS AND A FIRST-HAND UNDERSTANDING OF AMERICAN SOCIETY TO UNDERSERVED, NON-ELITE INTERNATIONAL STUDENTS. EXPOSURE TO AMERICAN SOCIETY OCCURS THROUGHOUT THE STUDENTS' STAY IN THE U.S., AND GAINING INSIGHT INTO AMERICAN CULTURE IS CRITICAL TO THE STUDENT EXPERIENCE. THE CCI PROGRAMS ARE FUNDED BY THE U.S. DEPARTMENT OF STATE, BUREAU OF EDUCATIONAL AND CULTURAL AFFAIRS (ECA). THE CCI PROGRAMS HAVE BROUGHT NEARLY 1,000 STUDENTS FROM MORE THAN FIFTEEN COUNTRIES TO THE U.S. SINCE IT BEGAN IN 2007. RECENT

Part IV Supplemental Information

SENDING NATIONS INCLUDE MOST OF THE CENTRAL AMERICAN NATIONS, BRAZIL, CAMEROON, EGYPT, GHANA, INDIA, INDONESIA, KENYA, PAKISTAN, SOUTH AFRICA AND TURKEY. PARTICIPANTS ARE REQUIRED TO RETURN HOME IMMEDIATELY FOLLOWING COMPLETION OF THE U.S. PROGRAM.

THE CCI PROGRAM EMPHASIZES THE SELECTION OF YOUNG MEN AND WOMEN WHO WILL HAVE A POSITIVE IMPACT ON THEIR COUNTRY'S FUTURE DEVELOPMENT. THE PROGRAM TARGETS PARTICIPANTS IN THEIR EARLY OR MID-TWENTIES WHO REPRESENT THE DIVERSITY OF THEIR HOME COUNTRY, MANY OF WHOM WILL HAVE SOME PREVIOUS WORK EXPERIENCE. PREFERENCE IS GIVEN TO THOSE WITHOUT SIGNIFICANT U.S. OR OTHER OVERSEAS STUDY EXPERIENCE. PARTICIPANTS WILL BE RECRUITED AND NOMINATED FOR THE PROGRAM BY THE FULBRIGHT COMMISSIONS OR U.S. EMBASSIES IN THE SENDING COUNTRIES. THE DEPARTMENT OF STATE, BUREAU OF EDUCATIONAL AND CULTURAL AFFAIRS MAINTAINS AN ACTIVE AND ENGAGED RELATIONSHIP WITH CCID IN MANAGEMENT OF THE PROGRAM. MOST PARTICIPANTS IN ALL PROGRAMS ARRIVE IN JUNE FOR A PRE-ACADEMIC ENGLISH PROGRAM OF 6-8 WEEKS. THE REMAINING PARTICIPANTS ARRIVE IN EARLY AUGUST. STUDENTS ARE PLACED IN GROUPS OF APPROXIMATELY 15 OR FEWER PARTICIPANTS PER COLLEGE.

EACH COLLEGE DESIGNATES A GRANT-FUNDED CCI PROJECT COORDINATOR (PC) WHO, WITH GUIDANCE FROM CCID STAFF, IMPLEMENTS THE PROGRAMS ON THE CAMPUSES. HOST COLLEGES ARE EXPECTED TO HAVE SOME EXPERIENCE IN CONDUCTING INTERNATIONAL EDUCATION PROGRAMS, INCLUDING HOSTING INTERNATIONAL STUDENTS AND VISITORS. THE COLLEGE DESIGNATES A SENIOR ADMINISTRATOR TO SERVE AS THE COLLEGE LIAISON FOR THE PROJECT, ALTHOUGH THIS POSITION IS NOT TYPICALLY PAID FROM GRANT FUNDS. THE COLLEGE LIAISON SUPERVISES IMPLEMENTATION OF THE PROJECT BY THE PC AND PROVIDES PROJECT INFORMATION TO COLLEGE ADMINISTRATORS, FACULTY, STAFF, STUDENTS, AND IS RESPONSIBLE FOR DEVELOPING

Part IV Supplemental Information

AND IMPLEMENTING A PUBLIC RELATIONS STRATEGY TO RAISE AWARENESS ABOUT CCI
PROGRAMS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011
Open to Public
Inspection

Name of the organization

COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC

Employer identification number
59-2073513

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

AND PROMOTE ECONOMIC DEVELOPMENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HOME IMMEDIATELY FOLLOWING COMPLETION OF THE U.S. PROGRAM.

THE CCI PROGRAM EMPHASIZES THE SELECTION OF YOUNG MEN AND WOMEN WHO
WILL HAVE A POSITIVE IMPACT ON THEIR COUNTRY'S FUTURE DEVELOPMENT. THE
PROGRAM TARGETS PARTICIPANTS IN THEIR EARLY OR MID-TWENTIES WHO
REPRESENT THE DIVERSITY OF THEIR HOME COUNTRY, MANY OF WHOM WILL HAVE
SOME PREVIOUS WORK EXPERIENCE. PREFERENCE IS GIVEN TO THOSE WITHOUT
SIGNIFICANT U.S. OR OTHER OVERSEAS STUDY EXPERIENCE. PARTICIPANTS WILL
BE RECRUITED AND NOMINATED FOR THE PROGRAM BY THE FULBRIGHT COMMISSIONS
OR U.S. EMBASSIES IN THE SENDING COUNTRIES. THE DEPARTMENT OF STATE,
BUREAU OF EDUCATIONAL AND CULTURAL AFFAIRS MAINTAINS AN ACTIVE AND
ENGAGED RELATIONSHIP WITH CCID IN MANAGEMENT OF THE PROGRAM. MOST
PARTICIPANTS IN ALL PROGRAMS ARRIVE IN JUNE A PRE-ACADEMIC ENGLISH
PROGRAM OF 6-8 WEEKS. THE REMAINING PARTICIPANTS ARRIVE IN EARLY
AUGUST. STUDENTS ARE PLACED IN GROUPS OF APPROXIMATELY 15 OR FEWER
PARTICIPANTS PER COLLEGE.

EACH COLLEGE DESIGNATES A GRANT-FUNDED CCI PROJECT COORDINATOR (PC)
WHO, WITH GUIDANCE FROM CCID STAFF, IMPLEMENTS THE PROGRAMS ON THE
CAMPUSES. HOST COLLEGES ARE EXPECTED TO HAVE SOME EXPERIENCE IN
CONDUCTING INTERNATIONAL EDUCATION PROGRAMS, INCLUDING HOSTING

INTERNATIONAL STUDENTS AND VISITORS. THE COLLEGE DESIGNATES A SENIOR

Name of the organization	COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC	Employer identification number	59-2073513
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ADMINISTRATOR TO SERVE AS THE COLLEGE LIAISON FOR THE PROJECT, ALTHOUGH THIS POSITION IS NOT TYPICALLY PAID FROM GRANT FUNDS. THE COLLEGE LIAISON SUPERVISES IMPLEMENTATION OF THE PROJECT BY THE PC AND PROVIDES PROJECT INFORMATION TO COLLEGE ADMINISTRATORS, FACULTY, STAFF, STUDENTS, AND IS RESPONSIBLE FOR DEVELOPING AND IMPLEMENTING A PUBLIC RELATIONS STRATEGY TO RAISE AWARENESS ABOUT CCI PROGRAMS.

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

GEORGIA EPI GRANT

EXPENSES \$ 134,521. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROFESSIONAL DEVELOPMENT

EXPENSES \$ 2,950. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SUMMER INSTITUTE (JULY 2011) - REVENUE REFLECTS DEFERRED INCOME FROM JUNE 2011

EXPENSES \$ 11,060. INCLUDING GRANTS OF \$ 0. REVENUE \$ 17,220.

SERVICE LEARNING PROGRAM IN PERU

EXPENSES \$ 25,533. INCLUDING GRANTS OF \$ 0. REVENUE \$ 27,845.

WERNER KUBSCH AWARD

EXPENSES \$ 699. INCLUDING GRANTS OF \$ 0. REVENUE \$ 500.

FORM 990, PART VI, SECTION A, LINE 6: MEMBER INSTITUTIONS DO NOT PARTICIPATE IN THE GOVERNANCE.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTEE REVIEWED

Name of the organization COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC

Employer identification number
59-2073513

THE RETURN AND AUTHORIZED THE CCID PRESIDENT TO SHARE THE FORM 990 WITH THE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: CCID FOLLOWS THE CONFLICT OF INTEREST POLICY OF KIRKWOOD COMMUNITY COLLEGE. THE CONFLICT OF INTEREST POLICY FORM IS ANNUALLY SHARED WITH BOARD MEMBERS AND THEIR SIGNATURE INDICATING COMPLIANCE IS REQUIRED.

FORM 990, PART VI, SECTION B, LINE 15: CCID IS HOUSED ON THE CAMPUS OF KIRKWOOD COMMUNITY COLLEGE AND IS SUBJECT TO THE COLLEGE HR AND PERSONNEL POLICIES. CCID EMPLOYEES ARE REVIEWED ANNUALLY ACCORDING TO COLLEGE POLICY AND COMPENSATION IS ADJUSTED ACCORDING TO COLLEGE GUIDELINES. CCID PRESIDENT IS EVALUATED BY THE HOST COLLEGE PRESIDENT, AND IS ALSO SUBJECT TO A 360 DEGREE EVALUATION BY BOARD MEMBERS, CCID STAFF AND INTERNATIONAL DIRECTORS AT THE BOARD MEMBER COLLEGES.

FORM 990, PART VI, SECTION C, LINE 19: CCID'S BY-LAWS ARE DISTRIBUTED TO BOARD MEMBERS AND THEIR INTERNATIONAL DIRECTORS. THEY ARE NOT POSTED ON THE CCID WEBSITE. COPIES OF ANY DOCUMENTS ARE AVAILABLE ON REQUEST.

FORM 990, PART VI, SECTION B, LINES 13 & 14
WHISTLEBLOWER AND DOCUMENT RETENTION POLICIES

CCID FOLLOWS THE WHISTLEBLOWER AND DOCUMENT RETENTION AND DESTRUCTION POLICIES OF KIRKWOOD COMMUNITY COLLEGE. COPIES OF THESE POLICIES CAN BE FOUND ON THE KIRKWOOD WEBSITE.

FORM 990, PART I, LINE 6

EXPLANATION OF ESTIMATED NUMBER OF VOLUNTEERS

Name of the organization **COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC**

Employer identification number
59-2073513

THE NUMBER OF VOLUNTEERS INCLUDES THOSE WHO ASSISTED WITH OUR TWO ANNUAL EVENTS/CONFERENCES.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 2012

2011

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

**COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC**

Employer identification number

59-2073513

Name and title of officer

**DR CAROL STAX BROWN
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>7480113</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MCGLADREY LLP to enter my PIN 73513
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

42396685333
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

