EXTENSION GRANTED TO MAY 15, 2014

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

benefit trust or private foundation)

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

\overline{A}	For th	e 2012 calendar year, or tax year beginning JUL 1, 2012 and ending	JUN 30, 2013	
В	Check if applicab	C Name of organization	D Employer identifi	cation number
	applicab	COMMUNITY COLLEGES FOR INTERNATIONAL		
	Addre	DEVELOPMENT INC		
	Name chang	O. C. A. COTD	59-2	073513
	Initial return	A Company of the Comp	te E Telephone numbe	r
	Termi	_ 		398-1257
	Amen	ded City town as post office state and ZID and	G Gross receipts \$	5,287,254.
	Appli		H(a) is this a group re	
	pend	F Name and address of principal officer:DR CAROL STAX BROWN	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No
1	Tax⋅ex	empt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 55	27 If "No," attach a	list. (see instructions)
		te: > HTTP://CCIDINC.ORG	H(c) Group exemptio	n number 🕨
			ar of formation: 1976 N	A State of legal domicile: IA
	art I	Summary	-	
	1	Briefly describe the organization's mission or most significant activities: CCID PROV	IDES AN INTE	RNATIONAL
ဦ		NETWORK FOR COMMUNITY COLLEGES TO FURTHER THE		
Ë	2	Check this box if the organization discontinued its operations or disposed of mo		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		28
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
S,	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		0
Ě	6	Total number of volunteers (estimate if necessary)		44
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
<u>م</u>	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)	7,075,970.	4,789,281.
Ĕ	9	Program service revenue (Part VIII, line 2g)	375,798.	474,317.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,345.	23,656.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,480,113.	5,287,25 4.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,445,569.	4,480,547.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	267,575.	459,770.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Š	b	Total fundraising expenses (Part IX, column (D), line 25)		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	665,159.	567,559.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,378,303.	5,507,876.
		Revenue less expenses. Subtract line 18 from line 12	101,810.	-220,622.
Net Assets or Fund Balances		<u>į </u>	Beginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)	2,485,760.	908,69 <u>2.</u>
X E	21	Total liabilities (Part X, line 26)	1,983,157.	626,711.
컐	22	Net assets or fund balances. Subtract line 21 from line 20	502,603.	281,981.
	art II			
		ities of perjury, I declare that I have examined this return, including accompanying schedules and state		y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowledge.	
			D-1	
Sig	n	Signature of officer	Date	
He	re	DR CAROL STAX BROWN, PRESIDENT		
		Type or print name and title	I Data	DTIM
_	_	Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai		KAY HEGARTY	5-12-20 recognition	P00091057
	parer	Firm's name MCGLADREY (LLP)	Firm's ElN 🕨	42-0714325
Use	Only	Firm's address 221 THIRD AVENUE SE, STE 300	<i>y</i>	10 200 5222
		CEDAR RAPIDS, IA 52401-1512	Phone no. 3	19-298-5333 X Yes No
11/12	u tha ll	3S discuss this return with the preparer shown above? (see instructions)		X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
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?
	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 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 \$ 4,480,547. Including grants of \$ 4,480,547.) (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 \$ 246,329. including grants of \$) (Revenue \$ 268,110.)
	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.
4c	(Code:) (Expenses \$ 91,407. including grants of \$) (Revenue \$)
-10	ANNUAL CONFERENCE - AN ANNUAL EVENT ORGANIZED FOR ALL 2-YEAR COMMUNITY
	AND TECHNICAL COLLEGES IN THE US AND ABROAD TO NETWORK, EXCHANGE IDEAS
	AND BEST PRACTICES IN THE FIELD OF GLOBAL EDUCATION.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 74,751. including grants of \$) (Revenue \$ 61,920.)
<u>4e</u>	Total program service expenses ► 4 , 893 , 034 .

59-2073513 Page 3

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

14	11 14 Checkist of hequired Schedules (continued)	,	,	
		<u> </u>	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	21	Х	
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	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	-		
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-20		22
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
		07		Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27	1475,41	_^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			tor us VAL Spring a V SC NOWL
	instructions for applicable filing thresholds, conditions, and exceptions):	28a	EVIDIT	X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	Ť.		_
	Note. All Form 990 filers are required to complete Schedule O	38	х	
	NOTE: W. T. COME COST AND CONTROL OF CONTROLS CO		990 (2012

Form 990 (2012) DEVELOPMENT INC
Part V Statements Regarding Other IRS Filings and Tax Compliance

- 61	Check if Schedule O contains a response to any question in this Part V					
	Chook if Contours Contains a reopenies to any question in the rate v					
4.	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	۱	١	Septime.	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable Enter the number of Forms W·2G included in line 1a. Enter ·0· if not applicable	1a 1b	0	10018	227.854C	
b	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
С	(gambling) winnings to prize winners?		iolo garmig	1c	1.78012-004	PROPERTY.
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	l			1344 2014	8227
Za	filed for the calendar year ending with or within the year covered by this return	2a	0		(10 model)	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	25020982°	(10 to 36 146
IJ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		***************************************		SEVINGE ALT, TO	HANG
22	District the second sec			3a	sidebuurise.	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	outho	rity over a	0.0		
44	financial account in a foreign country (such as a bank account, securities account, or other financial			4a	х	
h	If "Yes," enter the name of the foreign country: ► GEORGIA	40004		ja og þe euriði. Henning		70343
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nte			2.00 t 3 1.00 t 3
F.a.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	.05090	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			- 00		-
Va	any contributions that were not tax deductible as charitable contributions?			6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribute			- Ou		
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				100 P.G.	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sel	rvices i	provided to the payor?	7a	. ;,	Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as reo	uired			
_	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7ď		AR.	1417	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ot?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		1	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.				tria.	
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				3523
1	Section 501(c)(12) organizations. Enter:		,			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					0.841.25 344.45
	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				极类
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			3.21		1344
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			zi jiri:	1 8 F F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		14.5	N	
	• • • • • • • • • • • • • • • • • • • •			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eО.,		14b		

Form 990 (2012)

DEVELOPMENT INC

59-2073513

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		**********				<u>LX</u>
Sec	tion 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	1a		28		19. m	30.80%
	If there are material differences in voting rights among members of the governing body, or if the governing						25 9000 H 57 9000 H
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				\$25.55		
b	Enter the number of voting members included in line 1a, above, who are independent	1b		28		S.G.	3722
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			1467 E.G.	227.544 277.6545 272.643
	officer, director, trustee, or key employee?				2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under th					Ĭ	
	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 S				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		X
6	Did the organization have members or stockholders?				6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
•	more members of the governing body?				7a	İ	Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			•••••			
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			•••••			
-	The governing body?	-	· · · · · · · · · · · · · · · · · · ·		8a	Х	agen again ag
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						<u> </u>
000	tion D. Fonotoo (mis occitor D requests information about policies not required by the internal re	CVCIII	e ooue.y			Yes	No
103	Did the organization have local chapters, branches, or affiliates?				10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such of			•••••	100		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		•
440	Has the organization provided a complete copy of this Form 990 to all members of its governing bod				11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ıy Deli	ne illing are ion	111 £	I I I	72	31 <u>5</u> 7
					12a	Х	,8 H38K7
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		nflioto?		12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				120	^	
С					40-	х	
40	in Schedule O how this was done				12c 13	X	
13	Did the organization have a written whistleblower policy?					X	
14	Did the organization have a written document retention and destruction policy?			•••••	14		25/45/5
15	Did the process for determining compensation of the following persons include a review and approve	•	naepenaent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					•	2.575
a	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	X	5.4 555
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		***		94. 1944.6		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger				1,711	7.67	37
	taxable entity during the year?				16a	119.52	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					14 75	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	on's			T-1.	
	exempt status with respect to such arrangements?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	「(Sec	tion 501(c)(3)s c	only) a	vailab	ile	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest polic	y, and	d finar	ncial	
	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 at	nd rec	ords of the org	anizat	tion: 🕨	-	
	JAMES CHOATE - 319-398-7612						
	6301 KIRKWOOD BLVD SW, CEDAR RAPIDS, IA 52404						

DEVELOPMENT INC

59-2073513

Form 990 (2012) 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.

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

- 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.

(A) Name and Title	(B) Average hours per	box	not c	Pos heck ss pe	more rson	than is bol	lh an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RICHARD CARPENTER	1.00									_
CHAIR, DIRECTOR		X		X				0.	0.	0.
(2) TOM RAMAGE	1.00							_	-	_
CHAIR ELECT, DIRECTOR		X		X		ļ	<u> </u>	0.	0.	0.
(3) JACK BERMINGHAM	1.00	Į						_	_	_
MEMBER-AT-LARGE, DIRECTOR		X	_	X	<u> </u>			0.	0.	0.
(4) BARBARA PRINDIVILLE	1.00							_		_
MEMBER-AT-LARGE, DIRECTOR		X	_	X	<u> </u>			0.	0.	0.
(5) MICK STARCEVICH	1.00								_	_
SECRETARY/TREASURER, DIRECT		X	<u> </u>	X				0.	0.	0.
(6) JOHN MADDOCK	1.00]							_	_
DIRECTOR		Х						0.	0.	0.
(7) GIRARD WEBER	1.00							_ :	_	_
DIRECTOR		X				ļ		0.	0.	0.
(8) MARY RITTLING	1.00	ļ							_	
DIRECTOR		X					ļ	0.	0.	0.
(9) CAROL EATON	1.00	1							_	_
DIRECTOR		Х				_		0.	0.	0.
(10) ORLANDO GEORGE JR	1.00	1							_	_
DIRECTOR		X				_	<u> </u>	0.	0.	0.
(11) DONALD DOUCETTE	1.00						İ		_	_
DIRECTOR		Х						0.	0.	0.
(12) SUSAN MAY	1.00								_	_
DIRECTOR		Х				<u> </u> ;	ļ	0.	0.	0.
(13) EILEEN ELY	1.00								_	
DIRECTOR		X					<u> </u>	0.	0.	0.
(14) KEN ATWATER	1.00							_	_	_
DIRECTOR		X					_	0.	0.	0.
(15) V CLYDE MUSE	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(16) KATHLEEN B HETHERINGTON	1.00	_						_	_	_
DIRECTOR		Х						0.	0.	0.
(17) CHRIS WITTAKER	1.00								_	_
DIRECTOR		X	Ш					0.	0.	0.

DEVELOPMENT INC

Part VII Section A. Officers, Directors, Trus	tees, Key Em	yolq	ees	, and	d Hi	ghe	st C	Compensated Employee	es (continued)			<u> </u>
(A)	(B)			((>)			(D)	(E)		(F)	
Name and title	Average			Posi	ition			Reportable	Reportable		Estimat	ed
	hours per			hecki sspei				1	compensation		amount	
	week	-	ceran	d a di	irecto	r/trus	tee)	from	from related		other	
	(list any	ector						the	organizations		ompens	ation
	hours for	늉	a,			ig ig		organization	(W-2/1099-MISC)		from th	
	related organizations	trustee or director	truste		0.0	pens		(W-2/1099-MISC)			organiza	
	below	ual tr	onai		ploye	E s				1.	and rela	
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			1	organizat	IUIIS
(18) KUNIHIKO UKIFUNE	1.00	<u> </u>	=		×	E a				╁┈		
DIRECTOR	1.00	х						0.	0 .			0.
(19) JENS MEJER PEDERSEN	1.00									\top		
DIRECTOR		Х						0.	0			0.
(20) BETTSEY BARHORST	1.00									1		
DIRECTOR		Х						0.	0			0.
(21) SYLVIA JENKINS	1.00									Τ		
DIRECTOR		Х						0.	0 .			0.
(22) LORI WEYERS	1.00									Π		
DIRECTOR		Х						0.	0 .	<u>. _</u>		0.
(23) MARK ERICKSON	1.00											
DIRECTOR		X						0.	0			0.
(24) STEVEN JOHNSON	1.00											
DIRECTOR		X						0.	0 .	4_		0.
(25) MYRTLE E B DORSEY	1.00							_	_			_
DIRECTOR		Х		_	_			0.	0.	4_		0.
(26) DEBORAH BLUE	1.00								_			_
DIRECTOR		X				Ш		0.	0.	$\overline{}$		<u>0.</u>
1b Sub-total								0.	0.	 -	460	0.
c Total from continuation sheets to Part VI								116,902.	0.	_	16,9	
d Total (add lines 1b and 1c)						<u> </u>		116,902.	0.	1	<u> 16,9</u>	83.
2 Total number of individuals (including but no	ot ilmited to th	ose	liste	a ao	ove) Wr	io re	eceived more than \$100,	υυυ or reportable			1
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director or tru	stee	· ko	vem	יחותי	VEE	or h	ninhest compensated en	nnlovee on	35.	100	
line 1a? If "Yes," complete Schedule J for st			-							:	3	х
4 For any individual listed on line 1a, is the su												NA.
and related organizations greater than \$150	•		•					•	-			Х
5 Did any person listed on line 1a receive or a	ccrue comper	sati	on fi	om a	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes," comp	olete Schedule	Jfe	or su	ch p	ers	on .		***************************************			5	<u> </u>
Section B. Independent Contractors												
 Complete this table for your five highest cor 		-							•	satio	n from	
the organization. Report compensation for t	he calendar ye	are	ndir	ig w	ith c	or wi	thin	the organization's tax y	ear,			
(A) Name and business	address	NC	NE	:				(B) Description of se	ervices (Com	(C) pensatic	'n
		210	· 4. 4	·			T	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
							-					
							+					
							十					
2 Total number of independent contractors (in	_	ot lin	nited	l to t	hos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation -				በ				13.75	, erril		78 125 7

Form 990

59-2073513

Part VII Section A. Officers, Directors, Tr	ustees. Kev E	mpk	ove	es. a	ınd l	liat	nest	Compensated Employ	rees (continued)	<u> </u>
(A)	(B)	T	<u> </u>	<u>// (</u>	C)			(D)	(E)	(F)
Name and title	Average				o, sition	ı		Reportable	Reportable	Estimated
rano ana ma	hours	l (c			that		ılv)	compensation	compensation	amount of
	per	1	T	1	T	ι Γ	1,,,	from	from related	other
	week					ぉ	1	the	organizations	compensation
	(list any	ğ		1		훒		organization	(W-2/1099-MISC)	from the
	hours for	1 25				틀		(W-2/1099-MISC)	(17 27 1000 1/1100)	organization
	related	50	ž			sate		(** £7 1000 Wildo)		and related
	organizations	tsa	ä	l	8	Ē				organizations
	below	ig i	ig g	١.	율	1 5 5				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
OSA CARY WARRING	1.00	┝	<u>=</u>	-	×	=				
27) CARL HAYNES	1.00	х						0.	о.	n
IRECTOR	1 00	1	 		 	 	-	0.	U •	0
28) JOHN MORTON	1.00		1				į	_		^
PIRECTOR		Х	ļ	ļ		ļ	<u> </u>	0.	0.	0
29) CAROL STAX BROWN	60.00									
XECUTIVE DIRECTOR				X				116,902.	0.	16,983
		L								
			_		-		-			
								:		
	<u> </u>						\vdash			
	ļ									
						. :				
							\vdash			
	 			-	_					
							$\vdash \vdash$			
				-				.=		
stel to Double Operation A. P d								116 000		16 002
otal to Part VII, Section A, line 1c	*************						<u></u>	116,902.		16,983

COMMUNITY COLLEGES FOR INTERNATIONAL 59-2073513 Page 9 Form 990 (2012) DEVELOPMENT INC Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) **(D)** Revenue excluded Related or Unrelated Total revenue from tax under sections 512, 513, or 514 exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 269,709 b Membership dues c Fundraising events d Related organizations 1đ 1e 4,519,572 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 789,281 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a INTERNATIONAL PROJECTS 611710 302,360 302,360 b CONFERENCE FEES, INSTI 611710 169,657 169,657 PROFESSIONAL DEVELOPME 611710 2,300 2,300. All other program service revenue 474,317. g Total, Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 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 Other Revenue including \$ contributions reported on line 1c), See Part IV, line 18 b Less; direct expenses ______ b e Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19a 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 23,156 23,156. 500 **b WERNER KUBSCH AWARD** 611710 500

> 23,656. 287,254

474,

817

0.

23,156.

Form 990 (2012)

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

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). Check if Schedule O contains a response to any question in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 2,453,475. 2,453,475. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 2,027,072. 2,027,072. Grants and other assistance to governments, organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 116,902. trustees, and key employees _____ 116,902. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 248,393. 248,393. Other salaries and wages Pension plan accruals and contributions (include 29,284. section 401(k) and 403(b) employer contributions) 29,284. Other employee benefits 39,642. 39,642 25,549. 25,549. Payroll taxes 10 Fees for services (non-employees): Management Legal 10,308 10,308 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, 55,285. 5,452. 49,833. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 67,390 23,954 43,436. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 327,537 286,101 41,436. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 96,589 96,589 Conferences, conventions, and meetings 19 20 Interest Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 391 391 23 Insurance Other expenses, Itemize expenses not covered 24 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.) а ь 10,059. 10,059. All other expenses е 4,893,034. 5,507,876. 614,842. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2012)
Part X Balance Sheet

	Check if Schedule O contains a response to any question in this Part X	F	<u></u>	i
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,410,489.	4	558,034
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete		15.1447. 15.1747.	7 5 5 5 5 5 5 5
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary		1-20	
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	75,271.	9	5,510.
10a	Land, buildings, and equipment; cost or other		450000 460000	
	basis. Complete Part VI of Schedule D 10a 20,974.			
b	Less: accumulated depreciation 10b	0.	10c	20,974.
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	0.	15	324,174.
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,485,760.	16	908,692.
17	Accounts payable and accrued expenses	691,388.	17	480,813.
18	Grants payable		18	
19	Deferred revenue	80,669.	19	77,125.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	a gan generale yezaya ya akasa a merek	21	
22	Loans and other payables to current and former officers, directors, trustees,			
}	key employees, highest compensated employees, and disqualified persons.		# F8942	
•	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	1,211,100.		68,773.
26	Total liabilities, Add lines 17 through 25	1,983,157.	26	626,711.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.		1 (13.)	
27	Unrestricted net assets	498,890.	27	278,408.
28	Temporarily restricted net assets	3,713.	28	3,573.
29	Permanently restricted net assets		29	gg to the second of the second
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.		.84.3	
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	502,603. 2,485,760.	33	281,981. 908,692.
1	Total liabilities and net assets/fund balances		34	

Form	990 (2012) DEVELOPMEN'T INC	<u> 59-20</u>	<u>/3513</u>	Pa	ge 12
Pa	rt 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	<u>5,28</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,50		
3	Revenue less expenses. Subtract line 2 from line 1	3	-22		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>50</u>	<u>2,6</u>	03.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	28	<u>1,9</u>	<u>81.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		,,,		
			E - 55	Yes	No
1	Accounting method used to prepare the Form 990:		7.757		200
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				300000 - 1247
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		uskoli Kusta	
	separate basis, consolidated basis, or both:				A 165,49
	Separate basis Consolidated basis Both consolidated and separate basis		1000 A	8243	
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	2 2 2 2 2 2
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	12-32-37 12-22-35 11-22-35		
	consolidated basis, or both:		13.4		
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		8335		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> X</u>	Banks.
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				5.34.30
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			<u> </u>	
	Act and OMB Circular A-133?		За	X	<u> </u>
h	If "Vee " did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			1

Form 990 (2012)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

COMMUNITY COLLEGES FOR INTERNATIONAL

Open to Public Inspection

Employer identification number

			MENT INC						59	<u>-2073</u>	<u> 3513</u>	
Part I	Reason	for Public Char	r ity Status (All organi	zations mu	ist comple	te this par	t.) See ins	tructions.				
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)					
1 🔲	A church, co	onvention of churche	s, or association of chu	ches desc	ribed in se	ection 170	(b)(1)(A)(i).				
2	A school des	scribed in section 17	70(b)(1)(A)(ii), (Attach Sc	hedule E.)	}							
з 🔲	A hospital or	r a cooperative hosp	ital service organization	described	in section	170(b)(1)	(A)(iii).					
4	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ction 170)(b){1}(A)(ii	ii). Enter th	e hospita	l's nam	۱e,
	city, and sta	te:										
5	An organizat	tion operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental uni	it describe	ni b		
	section 170	0(b)(1)(A)(iv). (Compl	ete Part II.)									
6	A federal, sta	ate, or local governm	ent or governmental un	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizat	tion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	ublic desc	ribed i	n
	section 170	(b)(1)(A)(vi), (Comple	ete Part II.)									
8 🔲	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 📙	An organizat	ion that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contri	butions, n	nembershi	p fees, and	l gross re	ceipts	from
	activities rela	ated to its exempt fu	nctions - subject to certa	ain excepti	ions, and (2) no more	than 33 ⁻	1/3% of its	support fi	om gross	invest	ment
	income and	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınization at	ter June (30, 197	'5.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizat	ion organized and o	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).				
11	-	-	perated exclusively for the		•					•		or
			ations described in secti				2). See se e	ction 509(a)(3). Chec	k the box	c that	
			organization and compl									
	а Туре	·	•	• •	nctionally	-			e III - Non-		-	
e 📖			at the organization is not				•					n
_			han one or more publich		-				9(a)(1) or se	otion 509	}(a)(2).	
f			ten determination from		-							r
			nis box						-		· • • •	. L
g			organization accepted ar								[]	r
			lirectly controls, either a							44.45	Yes	No
			upported organization?								++	ļ
			n described in (i) above?									
h			person described in (i) o					• • • • • • • • • • • • • • • • • • • •		11g(iii)	4	<u> </u>
h	Provide tile i	onowing information	about the supported or	gamzadon	(s).							
				Vivi le the c	organization	(v) Did vo	, notify the	(vi) is	the .			
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your			Torganizatio	on in col. (ii) Amoun		tetary
បុរម្មត	inization		above or IRC section		document?			(i) organiz U.S	ea in the .?	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
												
]										
				1								
							£4.45					
Total		Place Schrift North Str.	 Description of the second control of the second contr	1	1 3 27 27 27 31	Park of Data Villa	B . 549	Ir vila vitá Jac				

Schedule A (Form 990 or 990-EZ) 2012 DEVELOPMENT INC Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

59-2073513 Page 2

(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) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 8,598,534 14,528,972 10,501,070 7,075,970 4 789 281 45 493 827. 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 4.789.281 8,598,534 14,528,972 10,501,070 7,075,970 45,493,827, 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 45.493.827 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 7 Amounts from line 4 8,598,534 14,528,972 10,501,070 4,789,281 45,493,827, 7,075,970 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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.) 559,059, 399,207 404.143 497,973 2 206 740. 11 Total support, Add lines 7 through 10 47,700,567. Gross receipts from related activities, etc. (see instructions) 2,117,713. 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 2012 (line 6, column (f) divided by line 11, column (f) 95.37 % 15 Public support percentage from 2011 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. 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 b 10% -facts-and-circumstances test - 2011. 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

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

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

(Complete only if you checked the box on line 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	Ī			ł		
	membership fees received. (Do not						
	include any "unusual grants.")]					
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ī	are not an unrelated trade or bus-			1			
	iness under section 513			1			
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
-	The value of services or facilities						
ð	furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and	•			1		
	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						
	Public support (Subtract line 7c from line 6.)			等字符符 医乳泡		HEROTE THE	
	ction B. Total Support		-			. 	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	, ,	, ,				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income					1	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiza	ation,
	check this box and stop here	-	***************************************	,		***********	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (i			column (fi)		15	%
	Public support percentage from 2011		-				%
	ction D. Computation of Inves					7 10 7	
	Investment income percentage for 20			20.13 column (f)		17	%
							%
	Investment income percentage from 2						
19a	33 1/3% support tests - 2012. If the						
	more than 33 1/3%, check this box at	-					
b	33 1/3% support tests - 2011. If the	_					
	line 18 is not more than 33 1/3%, che						
20	Private foundation, If the organization	n dia not check a	nox on line 14, 19	a, or 19b, check t	nis nox and see it	ISTRUCTIONS	

COMMUNITY COLLEGES FOR INTERNATIONAL Schedule A (Form 990 or 990 EZ) 2012 DEVELOPMENT INC 59-2073513 Page 4 Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS 2009 AMOUNT: \$ 22,745. 2010 AMOUNT: \$ 14,281. 2011 AMOUNT: \$ 28,345. 23,656. 2012 AMOUNT: \$ INTL PROJECTS 2008 AMOUNT: \$ 191,140. 2009 AMOUNT: \$ 390,164. 2010 AMOUNT: \$ 250,846. 2011 AMOUNT: \$ 217,779. 2012 AMOUNT: \$ 302,360. CONFERENCE FEES, INSTITUTE INC 2008 AMOUNT: \$ 105,318. 2009 AMOUNT: \$ 103,025. 2010 AMOUNT: \$ 101,714. 2011 AMOUNT: \$ 158,019. 2012 AMOUNT: \$ 169,657. PROFESSIONAL DEVELOPMENT 2009 AMOUNT: \$ 21,875. 32,366. 2010 AMOUNT: S 2012 AMOUNT: \$ 2,300.

PRESIDENTS VISITS

2008 AMOUNT: \$ 49,900.

art I\	🔙 Supplem	ental	Z) 2012 DEVELOPMI Information. Comple	te this part to provi	de the explanation	s required by Part I	59-20735 I, line 10; Part II, line 17	a or 17b;
	and Part III,	line 12	. Also complete this part t	lor any additional in	formation. (See ins	tructions).		
	AMOTINIM.	,,	01 050					
109	AMOUNT:	Ş	21,250.				-	
	,-	*** *					··········	
					······································			
		·						
							•	
								.,.,.
			· · · -					
					· · · · · · ·			
	···········							
							•	
			• • •					
		-						
					MI			

Schedule B (Form 990, 990-EZ, or 990-PE)

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

2012

Name of the organization

Organization type (check one):

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC

Employer identification number

59-2073513

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

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) (2012)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

DEVELOPMENT INC

Name of organization
COMMUNITY COLLEGES FOR INTERNATIONAL

Employer identification number

59-2073513

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>4,519,572</u> .	Person X Payroll
(a) No.		(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.		(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part If if there is a noncash contribution.)
(a) No.		(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II if there is a noncash contribution.)
(a) No.		(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
223452 12		Schedule B (Form	990, 990-EZ, or 990-PF) (2012)

Name of organization
COMMUNITY COLLEGES FOR INTERNATIONAL
DEVELOPMENT INC

Employer identification number

59-2073513

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	Secretary American Addition
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization

Employer identification number

COMMUNITY COLLEGES FOR INTERNATIONAL

COMMONT	TY C	ついいないない	FUR	T 14.1	TERNATIONAL	
DEVELOP	MENT	INC				5
Date III	Evaluat	volu religious	abaritable	A A+A	individual contributions to acation £01(a)(7) (9) or (10) arganization	o the

59-2073513 hat total more than \$1,000 for the

m —	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No.		(2) 11-2 of sift)	
<u>rti</u>	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, al	(e) Transfer of gift	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	

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.

2012
Open to Public Inspection

Name of the organization

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC

Employer identification number 59-2073513

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
13,14731	organization answered "Yes" to Form 990, Part IV, line		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	A		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funds
-	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		<u> </u>
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histori	cally important land area
	Protection of natural habitat	Preservation of a certified	l historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		1 1
¢	Number of conservation easements on a certified historic str		. 2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the org	ganization during the tax
	year		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		Yes No
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, and		
7	Does each conservation easement reported on line 2(d) above		
8			
9	In Part XIII, describe how the organization reports conservati	on assements in its revenue and expense sta	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion o manolal otatomorno trial deboniboo trio	organization o goodining to
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		·
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical treatments		
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

	edule D (Form 990) 2012 DEVELOPM							<u>59-20</u>			
Pai	rt III Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts(conti	nued)	
3	Using the organization's acquisition, accession	n, and other record	is, checi	k any of the	following tha	at are a sig	nificant	use of its	collectio	n item	าธ
	(check all that apply):										
а	Public exhibition	c		Loan or exc	hange progr	ams					
b	Scholarly research	€		Other							
C	Preservation for future generations										
4	Provide a description of the organization's col	lections and explai	n how th	ney further t	he organizati	ion's exen	ipt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, hi	storical trea	sures, or oth	er similar	assets	_	_		-
	to be sold to raise funds rather than to be mai								Yes	<u> </u>	<u>No</u>
Pa	rt IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" to F	orm 990	, Part IV, I	line 9, or	•	
	reported an amount on Form 990, Part										
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for	contribution	is or other as	sets not i	ncluded		_	,	
	on Form 990, Part X?							L_	Yes	L	_l No
b	If "Yes," explain the arrangement in Part XIII as	nd complete the fo	llowing t	table:							
									Amoun	t	
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on For	rm 990, Part X, line	21?					L	Yes		No
	If "Yes," explain the arrangement in Part XIII. C		•								
Pai	rt V Endowment Funds. Complete if t	the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10)				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities			!					İ		
	and programs										
f	Administrative expenses	•									
g	End of year balance										<u>-</u>
2	Provide the estimated percentage of the curre	nt year end baland	e (line 1	g, column (a	i)) held as:						
а	Board designated or quasi-endowment 🕨		_%								
b	Permanent endowment >	%									
C	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.									
За	Are there endowment funds not in the possess	sion of the organiz	ation tha	at are held a	nd administe	ered for the	e organiz	zation			
	by:									Yes	No
	(i) unrelated organizations					•••••			3a(i)		
	(ii) related organizations										<u> </u>
b	If "Yes" to 3a(ii), are the related organizations I	listed as required o	n Sched	dule R?					_ d6	<u> </u>	<u> </u>
4	Describe in Part XIII the intended uses of the c										
Par	t VI Land, Buildings, and Equipme	ent. See Form 990	, Part X	line 10.							
	Description of property	(a) Cost or o		(b) Cost		, , ,	cumulate	4	(d) Boo	k valu	18
		basis (investr	nent)	basis	(other)		reciation				
1a	Land	_						F) 14			
	Buildings	1									
	Leasehold improvements										
	Equipment	F									
	Other	1		2	0,974.				2	0,9	74.

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

20,974.

Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end-of-year market value
	(b) Book tailed	(0)	
(1) Financial derivatives (2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(0)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		1497403400424347444394	
Part VIII Investments - Program Related. Se		9 13.	aluation: Cost or end of year market value
(a) Description of investment type	(b) Book value	(c) Method of v	aluation: Cost or end-or-year market value
(1)			
(2)			
(3)			
(4)			to the second se
(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.	I male token esivak kirakutke ispek k	
	Description	<u> </u>	(b) Book value
(1) DUE FROM KIRKWOOD COMMUNIT			324,174
(2)			
(3)			
(4)			
(5)			
(6)	" 11		
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
Part X Other Liabilities. See Form 990, Part X, li	ne 25.		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) COMPENSATED ABSENCES		68,773.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)		(0 550	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	251	68,773.	■ 2008年1月2日中央の大阪の大阪の大阪の大阪の大阪の大阪の大阪の大阪の大阪の大阪の大阪の大阪の大阪の

Schedule D (Form 990) 2012 DEVELOPMENT INC		59-2	2073513	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements V	Vith Revenue per R	eturn		
1 Total revenue, gains, and other support per audited financial statements		1	5,326,	254.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		10.143 V. 4044 V. 4044		
a Net unrealized gains on investments2a				
b Donated services and use of facilities	39,000.	250000 250000		
c Recoveries of prior year grants		277015		
d Other (Describe in Part XIII.) 2d	•			
e Add lines 2a through 2d		2e		000.
3 Subtract line 2e from line 1		3	5,287,	254.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1			
a Investment expenses not included on Form 990, Part VIII, line 7b		12/23		
b Other (Describe in Part XIII.) 4b	<u> </u>	*		
c Add lines 4a and 4b		4c		<u> </u>
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,287,	254.
Part XII Reconciliation of Expenses per Audited Financial Statements		Hetu		
Total expenses and losses per audited financial statements		1	5,546,	876.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		Vizigi.		
a Donated services and use of facilities	 			
b Prior year adjustments		(2002) (2002)		
c Other losses2c				
d Other (Describe in Part XIII.)		(557)651		
e Add lines 2a through 2d		2e		000.
3 Subtract line 2e from line 1	•••••	3	5,507,	876.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
a Investment expenses not included on Form 990, Part VIII, line 7b	1			
b Other (Describe in Part XIII.) 4b		55.00E		•
c Add lines 4a and 4b		4c	r 505	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information		5	5,507,	876.
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 1	b and 2	b; Part V, line	4; Part
X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid	e any additional informat	ion.		
PART X, LINE 2: CCID IS RECOGNIZED AS EXEMPT FRO	M FEDERAL IN	COME	TAX	
UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE	CODE. CCID M	AY E	E SUBJE	CT
FEDERAL AND STATE INCOME TAXES ON ANY NET INCOME	FROM UNRELA	TED	BUSINES	ss
ACTIVITIES. CCID FILES A FORM 990 (RETURN OF ORGA	NIZATION EXE	MPT	FROM	
INCOME TAX) ANNUALLY AND UNRELATED BUSINESS TAXA	ABLE INCOME (UBIT	r) IS	
REPORTED ON FORM 990-T, AS APPROPRIATE. MANAGEME	ENT HAS EVALU	ATEI	THEIR	
MATERIAL TAX POSITIONS, WHICH INCLUDE SUCH MATTE				
MATTERIAL INA FOSTITONS, WILLI INCLUDE SUCE MATTE	AT ANT CA CAC	A DA	inne 1	
STATUS AND VARIOUS POSITIONS RELATIVE TO POTENTI	AL SOURCES O	F UE	BIT. AS	OF

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 DEVELOPMENT INC Part XIII Supplemental Information (continued)	59-2073513 Page 5
Part XIII Supplemental Information (continued)	***
JUNE 30, 2013 AND 2012, THERE WERE NO UNCERTAIN TAX BENEF	ITS IDENTIFIED
AND RECORDED AS A LIABILITY. FORMS 990 AND 990-T FILED BY	CCID ARE NO
LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SER	VICE FOR THE
FISCAL YEARS ENDED JUNE 30, 2009 AND PRIOR.	

SCHEDULE F (Form 990)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITY COLLEGES FOR INTERNATIONAL

Employer identification number

<u>DEVELOPMENT INC</u>				1 59-207351	<u> </u>
		ctivities Ou	tside the United States. Compl	ete if the organization answered "Y	'es"
to Form 990, Par					
_	_		ds to substantiate the amount of its gr the selection criteria used to award the		Yes No
2 For grantmakers. Described States.	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance outs	ide the
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the 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
RUSSIA & THE NEWLY				STUDY ABROAD - GEORGIAN CONSULTANTS, TRAVEL, SUPPLIES, AND	
INDEPENDENT STATES) o	0	PROGRAM SERVICES	PROFESSIONAL SERVICES	29,790.
				STUDY ABROAD - LODGING,	
SOUTH AMERICA	٥	0	PROGRAM SERVICES	TRANSPORTATION AND FOOD	9,670,
EAST ASIA AND THE		v	A NOORIAL ODINITIONS	STUDY ABROAD - LODGING	
PACIFIC	0	0	PROGRAM SERVICES	AND FOOD	23,072,
INCITIC			I NOOMAN DERNITORE		
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	STUDY ABROAD - LODGING	19,230.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	STUDY ABROAD - LODGING	23,742.
SOUTH AMERICA	0	0	PROGRAM SERVICES	STUDY ABROAD - LODGING	32,400.
3 a Sub-total	0	_0			137,904.
b Total from continuation sheets to Part I	0	0			0,
c Totals (add lines 3a					
and 3b)	0	_ 0			137,904.

Page 2

59-2073513

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
 2 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro 3 Enter total number of other organizations or entities 	recipient organization the grantee or counse other organizations of	ns listed above that are all has provided a section or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	foreign country,	recognized as tax-e:	xempt by		

Schedule F (Form 990) 2012

COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC

Schedule F (Form 990) 2012

59-2073513

Part III. Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

ق ق					
(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012 DEVELOPMENT INC 59-2073513 Page 4

rait	roreign 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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2012

COMMUNITY COLLEGES FOR INTERNATIONAL 59-2073513 Page 5 DEVELOPMENT INC Schedule F (Form 990) 2012 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 (Form 990) Department of the Treasury Internal Revenue Service

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

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

Open to Public OMB No. 1545-0047 2012

Employer identification number 59-2073513 Inspection ▶ Attach to Form 990. FOR INTERNATIONAL COMMUNITY COLLEGES General Information on Grants and Assistance DEVELOPMENT INC Name of the organization Part 1

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	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	; Þ
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	toring the use of grant	funds in the United	d States.		***************************************	
ह ि	Governments and	d Organizations in the	United States. C	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additi	onal space is neec	Jed.			
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	SECTION 115	138,237,	,0			STUDENT SCHOLARSHIPS
COLUMBUS STATE COMMUNITY COLLEGE 550 E SPRING STREET COLUMBUS_OH 43215	310729591	SECTION 115	-298,	0			STUDENT SCHOLARSHIPS
DAVIDSON COUNTY COMMUNITY COLLEGE 20 EAST 1ST STREET LEXINGTON, NC 27293-1287	56-0792247	SECTION 115	104,520,	0			STUDENT SCHOLARSHIPS
EASTERN IOWA COMMUNITY COLLEGE DISTRICT - 306 WEST RIVER DRIVE - DAVENPORT, IA 52801	42-0924364	SECTION 115	143 615	0			STUDENT SCHOLARSHIPS
S STE	91-0759103	SECTION 115	119 774.	0			STUDENT SCHOLARSHIPS
LEY 1 SLUEN	39-1087276	SECTION 115	629 247	Ö			STUDENT SCHOLARSHIPS
2 Enter total number of section 501(c)(3) and government organizations	ind government or	ions	isted in the line 1 table				▼ 18.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					

232.10.1 12-18-12

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

Schedule I (Form 990) (2012)

Schedule I (Form 990)

59-2073513 DEVELOPMENT INC

Page 1

(h) Purpose of grant or assistance STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS STUDENT SCHOLARSHIPS (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation (e) Amount of non-cash assistance o Ċ (d) Amount of cash grant 357,610, 139 360 143 370 428 203 164 505 165 338 145,006 2 634 1,242 (c) IRC section if applicable SECTION 115 SECTION 115 SECTION 115 SECTION 115 SECTION 115 SECTION 115 SECTION 115 SECTION 115 SECTION 115 39-1086718 34-1059164 23-6417444 91-0752489 63-0501425 37-1271517 99-6000354 57-0420667 39-1087141 (b) EIN COLLEGE - 2740 WEST MASON STREET UNIVERSITY OF HAWAII, KAPI'OLANI 2400 S 240TH ST, SAKAMAKI D-200 GADSDEN STATE COMMUNITY COLLEGE MADISON AREA TECHNICAL COLLEGE NORTHEAST WISCONSIN TECHNICAL SAKAMAKI D-200 - HONOLULU, HI NORTHAMPTON COMMUNITY COLLEGE GREENVILLE TECHNICAL COLLEGE (a) Name and address of organization or government HEARTLAND COMMUNITY COLLEGE MAIN CAMPUS 1500 W RAAB RD HIGHLINE COMMUNITY COLLEGE COLLEGE - 2530 DOLE STREET 1001 GEORGE WALLACE DRIVE DES MOINES, WA 98198-9800 GREEN BAY WI 54307-9042 OWENS COMMUNITY COLLEGE GADSDEN, AL 35902-0227 506 S PLEASANTBURG DR TOLEDO OH 43699-1947 3835 GREEN POND ROAD GREENVILLE, SC 29607 BETHLEHEM, PA 18020 MADISON WI 53704 NORMAL, IL 61761 3550 ANDERSON ST PO BOX 10000

Schedule I (Form 990)

INTERNATIONAL	
FOR	
COMMUNITY COLLEGES	DEVELOPMENT INC

59-2073513 Page 1		vtion of (h) Purpose of grant sistance or assistance	STUDENT SCHOLARSHIPS	STUDENT SCHOLARSHIPS	STUDENT SCHOLARSHIPS				Schedule I (Form 990)
	m 990), Part II.)	(f) Method of valuation of valuation (book, FMV, appraisal, other)							
Schedule (Form 990) DEVELOPMENT INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	ed States (Schedule I (For	(f) Mel non-cash valu assistance (book appraise	0	Ö	0				
	izations in the Unite	(d) Amount of cash grant	213,940.	3 349,	9,431,				
	vernments and Organ	(c) IRC section if applicable	SECTION 115	SECTION 115	SECTION 115				
	Assistance to Go	(b) EIN	37-0892090	42-0926822	59-1211226				
	Part II Continuation of Grants and Other	(a) Name and address of organization or government	PARKLAND COLLEGE 2400 WEST BRADLEY AVENUE CHANDAIGN, IL 61821	WESTERN IOWA TECHNICAL COMMUNITY COLLEGE - 800 MAIN STREET - SIOUX CITY, IA 51102	DAYTONA STATE COLLEGE 1200 W INTL SPEEDWAY BLVD DAYTONA BEACH, FL 32120-2811				

Page 2

Schedule I (Form 990) (2012)

Part III

59-2073513 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, TRAVEL COSTS, FRINGES, PARTICIPANTS ALLOWANCES, TAXES, PROFESSIONAL	134	2,027,072,	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2. Part III, column (b), and any other additional information.	de the information	required in Part I, I	ine 2. Part III, columi	n (b), and any other additional inf	ormation.
SCHEDULE I, PART I, LINE 2: THE GO	GOAL OF THE	CCI	PROGRAMS IS TO	PROVIDE	
QUALITY EDUCATIONAL PROGRAMS, PROF	PROFESSIONAL	DEVELOPME	ONAL DEVELOPMENT, EMPLOYMENT	MENT SKILLS	and the second s
AND A FIRST-HAND UNDERSTANDING OF	AMERICAN	SOCIETY T	SOCIETY TO UNDERSERVED	VED,	
NON-ELITE INTERNATIONAL STUDENTS.	EXPOSURE	TO AMERIC	SURE TO AMERICAN SOCIETY OCCURS	occurs	
THROUGHOUT THE STUDENTS' STAY IN T	THE U.S.,	AND GAINING	NG INSIGHT	INTO	
AMERICAN CULTURE IS CRITICAL TO THE		r experien	STUDENT EXPERIENCE. THE CCI	I PROGRAMS	
ARE FUNDED BY THE U.S. DEPARTMENT	OF STATE,	, BUREAU OF	F EDUCATIONAL AND	NAL AND	
CULTURAL AFFAIRS (ECA). THE CCI PR	OGRAMS H	AVE BROUGH	T NEARLY 1	THE CCI PROGRAMS HAVE BROUGHT NEARLY 1,400 STUDENTS	
FROM MORE THAN FIFTEEN COUNTRIES TO THE U.S.	O THE U.	1	T BEGAN IN	SINCE IT BEGAN IN 2007. RECENT	
232102 12-18-12					Schedule I (Form 990) (2012)

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

Schedule I (Form 990) DEVELOPMENT INC 59-2073513 Part IV Supplemental Information
Faitav Supplemental information
AND IMPLEMENTING A PUBLIC RELATIONS STRATEGY TO RAISE AWARENESS ABOUT CC
PROGRAMS.
1 NOOTHING 1
PART III, COLUMN (A):
(A) TYPE OF GRANT OR ASSISTANCE: MAJORITY OF CASH GRANT AMOUNT IS FOR
VARIOUS EXPENSES OF STUDENTS IN THE PROGRAM TO COVER PRIMARILY HOUSING,
TRAVEL COSTS, FRINGES, PARTICIPANTS ALLOWANCES, TAXES, PROFESSIONAL
SERVICES AND EVALUATIONS.
·

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

232211 01-04-13

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

2012
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:
INITIATIVES AND TO ENHANCE THE DEVELOPMENT OF A GLOBALLY COMPETENT
WORKFORCE FOR THE COMMUNITIES THEY SERVE.
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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)
· · · · · · · · · · · · · · · · · · ·

FORM 990, PART VI, SECTION A, LINE 6: MEMBER INSTITUTIONS DO NOT

PARTICIPATE IN THE GOVERNANCE. THE PRESIDENTS OF THE MEMBER INSTITUTIONS

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 INCLUDING COI POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST.

FORM 990, PART VI, SECTION B, LINES 13 & 14

WHISTLEBLOWER AND DOCUMENT RETENTION POLICIES

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization COMMUNITY COLLEGES FOR INTERNATIONAL DEVELOPMENT INC	Employer identification number 59-2073513
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	
THE NUMBER OF VOLUNTEERS INCLUDES THOSE WHO ASSISTED WITH	OUR TWO
ANNUAL EVENTS/CONFERENCES.	