

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2024

Open to Public Inspection

**A** For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>NATIONAL COLLEGE ATTAINMENT NETWORK</b>		<b>D</b> Employer identification number <b>31-1793562</b>
	Doing business as		<b>E</b> Telephone number <b>(202) 347-4848</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>6,586,460.</b>
	<b>800 17TH STREET, NW</b>	<b>630</b>	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20006</b>		<b>H(b)</b> Are all subordinates included? Yes No	
<b>F</b> Name and address of principal officer: <b>KIMBERLY COOK</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: <b>WWW.NCAN.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			<b>L</b> Year of formation: <b>1995</b> <b>M</b> State of legal domicile: <b>OH</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE SUPPORT CONSTITUENTS TO INCREASE EQUITY &amp; EXCELLENCE IN POSTSEC. DEGREE ACCESS &amp; ATTAINMENT.</b>		
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>23</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>19</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>10,029,303.</b>	<b>4,603,412.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,738,969.</b>	<b>1,825,653.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>114,522.</b>	<b>154,384.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4,419.</b>	<b>3,011.</b>
		<b>11,887,213.</b>	<b>6,586,460.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,308,782.</b>	<b>579,586.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,974,067.</b>	<b>3,156,998.</b>
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>214,514.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,362,028.</b>	<b>5,702,683.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,644,877.</b>	<b>9,439,267.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>3,242,336.</b>	<b>-2,852,807.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>12,112,928.</b>	<b>7,305,249.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,408,916.</b>	<b>2,454,044.</b>
	<b>7,704,012.</b>	<b>4,851,205.</b>	

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>KIMBERLY COOK, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>ELIZABETH W. HELLER</b>	<i>Elizabeth Heller</i>	<b>4/28/2026</b>	<input type="checkbox"/>	<b>P00397829</b>
Firm's name <b>GELMAN, ROSENBERG &amp; FREEDMAN</b>			Firm's EIN <b>52-1392008</b>		
Firm's address <b>4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930</b>			Phone no. <b>301-951-9090</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO BUILD, STRENGTHEN, AND EMPOWER COMMUNITIES AND STAKEHOLDERS TO CLOSE EQUITY GAPS IN POSTSECONDARY ATTAINMENT FOR ALL STUDENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 8,039,616. including grants of \$ 579,586. ) (Revenue \$ 1,825,653. ) NCAN'S 3 STRATEGIES: WE CAN CREATE OPPORTUNITIES FOR ALL STUDENTS.

- NCAN HELPS STUDENTS ACCESS AND SUCCEED IN COLLEGE IN THREE WAYS: 1. BOLSTERING THE SKILLS OF COLLEGE ACCESS AND SUCCESS PRACTITIONERS THROUGH PROFESSIONAL DEVELOPMENT. 2. ADVOCATING FOR MORE EQUITABLE POLICIES TO HELP MORE STUDENTS SUCCESSFULLY PURSUE EDUCATION AFTER HIGH SCHOOL. 3. CHAMPIONING SYSTEMIC CHANGES IN BOTH K-12 AND HIGHER EDUCATION THAT BETTER SUPPORT STUDENTS THROUGH THE POSTSECONDARY PIPELINE.

(CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 8,039,616.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 main columns: Question, Yes, No. Rows include 2a (employees: 23), 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 8, 9, 10, 11, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b, 15, 16, 17.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (14), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
KIMBERLY COOK - (202) 347-4848
800 17TH STREET, NW, 630, WASHINGTON, DC 20006

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KIMBERLY COOK PRESIDENT/CEO	37.50			X			247,128.	0.	47,213.	
(2) JOY KING CHF. TALENT, STRAT. AND OPS. OFF.	37.50			X			192,501.	0.	34,702.	
(3) SARA MELNICK CHIEF FINANCE OFFICER	37.50			X			194,415.	0.	29,346.	
(4) ELIZABETH MORGAN CHIEF EXTERNAL RELATIONS OFFICER	37.50			X			194,481.	0.	27,832.	
(5) ZENIA HENDERSON CHIEF PROGRAM OFFICER	37.50			X			174,705.	0.	36,245.	
(6) COLETTE HADLEY SR. DIRECTOR, CONSULTING SERVICES	37.50				X		166,548.	0.	40,990.	
(7) CATHERINE BROWN SR. DIRECTOR, POLICY & ADVOCACY	37.50				X		164,120.	0.	24,658.	
(8) JOHN DEBAUN SR. DIR., DATA & STRAT. INITIATIVES	37.50				X		154,968.	0.	31,979.	
(9) ELIZABETH KELLER SR. DIRECTOR, SENIOR PROGRAMMING	37.50				X		125,337.	0.	32,724.	
(10) TONG LEE SR MNGR, RETENTION & DATABASE MGMT	37.50				X		114,278.	0.	18,291.	
(11) CATALINA CIFUENTES BOARD PRESIDENT (BEG. 09/24)	1.00	X		X			0.	0.	0.	
(12) STEVE COLON BOARD PRESIDENT (END 09/24)	1.00	X		X			0.	0.	0.	
(13) CAROLINE ALTMAN SMITH BOARD VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(14) BERNARD MCCUNE BOARD SECRETARY	1.00	X		X			0.	0.	0.	
(15) BRAULIO COLON BOARD TREASURER	1.00	X		X			0.	0.	0.	
(16) ADAM BERG BOARD TREASURER (END 09/24)	0.25	X		X			0.	0.	0.	
(17) JARIAN KEREKES BOARD MEMBER	0.25	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DOUG SHAPIRO BOARD MEMBER	0.25	X						0.	0.	0.
(19) RUTH WATKINS BOARD MEMBER	0.25	X						0.	0.	0.
(20) KEITH WITHAM BOARD MEMBER	0.25	X						0.	0.	0.
(21) NICK LEE BOARD MEMBER	0.25	X						0.	0.	0.
(22) JACOB FRAIRE BOARD MEMBER	0.25	X						0.	0.	0.
(23) ALISON DELUCCA BOARD MEMBER	0.25	X						0.	0.	0.
(24) NICK WATSON BOARD MEMBER	0.25	X						0.	0.	0.
(25) TRACI RUE WHITE BOARD MEMBER	0.25	X						0.	0.	0.
(26) CHANDRA SCOTT BOARD MEMBER	0.25	X						0.	0.	0.
<b>1b Subtotal</b>								1,728,481.	0.	323,980.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,728,481.	0.	323,980.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 11

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GMMB INC., 3050 K STREET NW, SUITE 100, WASHINGTON, DC 20007	CONSULTING SERVICES	4,252,266.
MAINSTAY 1 WASHINGTON MALL #1349, BOSTON, MA 02108	CONSULTING SERVICES	624,750.
YOUR PART-TIME CONTROLLER, LLC, 1600 MARKET ST., #3425, PHILADELPHIA, PA 19103	ACCOUNTING SERVICES	253,865.
THE CROCKETT COLLECTIVE, 1343 LOCUST ROAD NORTHWEST, WASHINGTON, DC 20012	CONSULTING SERVICES	151,543.
WHITEBOARD ADVISORS LLC, 1000 POTOMAC ST. NW, SUITE 150, WASHINGTON, DC 20012	CONSULTING SERVICES	125,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	4,603,412.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			4,603,412.			
Program Service Revenue	<b>2 a</b> <b>CONF. REGISTRATIONS</b>	<b>Business Code</b>					
		900099	1,181,193.	1,181,193.			
	<b>b</b> <b>MEMBERSHIP DUES</b>	900099	475,783.	475,783.			
	<b>c</b> <b>CONTRACTS</b>	900099	161,690.	161,690.			
	<b>d</b> <b>E-LEARNING FEES</b>	900099	6,987.	6,987.			
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			1,825,653.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		154,384.			154,384.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> <b>OTHER REVENUE</b>	<b>Business Code</b>					
		900099	3,011.			3,011.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d			3,011.				
<b>12 Total revenue.</b> See instructions			6,586,460.	1,825,653.	0.	157,395.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	579,586.	579,586.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,233,738.	731,775.	410,872.	91,091.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,434,078.	1,248,340.	122,767.	62,971.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	178,115.	152,717.	18,640.	6,758.
<b>9</b> Other employee benefits .....	113,297.	90,887.	17,774.	4,636.
<b>10</b> Payroll taxes .....	197,770.	147,640.	39,409.	10,721.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	3,718.	3,364.	354.	
<b>c</b> Accounting .....	297,158.		297,158.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,750,651.	3,658,156.	92,495.	
<b>12</b> Advertising and promotion .....	9,701.	8,779.	922.	
<b>13</b> Office expenses .....	59,221.	43,783.	11,145.	4,293.
<b>14</b> Information technology .....	183,457.	135,178.	34,642.	13,637.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	227,701.	167,778.	42,997.	16,926.
<b>17</b> Travel .....	235,433.	197,731.	37,677.	25.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	814,962.	800,003.	14,949.	10.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	26,819.		26,819.	
<b>23</b> Insurance .....	29,890.	22,024.	5,644.	2,222.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a C.C. PROCESSING FEES</b>	41,196.	34,463.	6,733.	
<b>b DUES</b>	11,922.	8,785.	2,251.	886.
<b>c PAYROLL FEES</b>	6,311.	5,280.	1,031.	
<b>d SUBS. &amp; PUBS.</b>	4,543.	3,347.	858.	338.
<b>e</b> All other expenses .....				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	9,439,267.	8,039,616.	1,185,137.	214,514.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	256,427.	<b>1</b>	268,898.
	<b>2</b> Savings and temporary cash investments .....	4,445,781.	<b>2</b>	1,143,110.
	<b>3</b> Pledges and grants receivable, net .....	2,490,373.	<b>3</b>	1,079,856.
	<b>4</b> Accounts receivable, net .....	141,955.	<b>4</b>	109,844.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	978,804.	<b>9</b>	279,664.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 263,220.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 126,446.	79,799.	<b>10c</b> 136,774.
	<b>11</b> Investments - publicly traded securities .....	2,613,286.	<b>11</b>	3,366,910.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,106,503.	<b>15</b>	920,193.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	12,112,928.	<b>16</b>	7,305,249.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	419,730.	<b>17</b>	285,500.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	312,383.	<b>19</b>	509,070.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	3,676,803.	<b>25</b>	1,659,474.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	4,408,916.	<b>26</b>	2,454,044.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,171,044.	<b>27</b>	3,354,396.
	<b>28</b> Net assets with donor restrictions .....	4,532,968.	<b>28</b>	1,496,809.
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	7,704,012.	<b>32</b>	4,851,205.
<b>33</b> Total liabilities and net assets/fund balances .....	12,112,928.	<b>33</b>	7,305,249.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,586,460.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,439,267.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,852,807.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,704,012.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,851,205.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5711361.	2838823.	4426298.	10029303.	4603412.	27609197.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5711361.	2838823.	4426298.	10029303.	4603412.	27609197.
<b>5</b> 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) .....						13096162.
<b>6 Public support.</b> Subtract line 5 from line 4.						14513035.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	5711361.	2838823.	4426298.	10029303.	4603412.	27609197.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,193.	418.	1,041.	114,522.	154,384.	271,558.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	6,175.	11,733.	6,333.	4,419.	3,011.	31,671.
<b>11 Total support.</b> Add lines 7 through 10						27912426.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	6,598,655.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	51.99	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	47.18	%
<b>16a 33 1/3% support test - 2024.</b> 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>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
<b>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b containing questions about supported organizations, including their status, control, and support details.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

**1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

**Part VI**

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

Lined area for supplemental information.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

**NATIONAL COLLEGE ATTAINMENT NETWORK**

**31-1793562**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>NATIONAL COLLEGE ATTAINMENT NETWORK</b>	Employer identification number  <b>31-1793562</b>
--	---

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,410,826.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>556,962.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>398,800.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>341,509.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>299,090.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization  <b>NATIONAL COLLEGE ATTAINMENT NETWORK</b>	Employer identification number  <b>31-1793562</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 218,193.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 196,924.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization  <b>NATIONAL COLLEGE ATTAINMENT NETWORK</b>	Employer identification number  <b>31-1793562</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>NATIONAL COLLEGE ATTAINMENT NETWORK</b>	Employer identification number  <b>31-1793562</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE C  
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name of organization: NATIONAL COLLEGE ATTAINMENT NETWORK
Employer identification number (EIN): 31-1793562

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2024

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	18,407.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	7,158.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	25,565.													
<b>d</b> Other exempt purpose expenditures .....	9,413,702.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	9,439,267.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	621,963.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	155,491.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	Yes	No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount	331,838.	419,419.	582,244.	621,963.	1,955,464.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,933,196.
<b>c</b> Total lobbying expenditures	18,478.	19,998.	26,839.	25,565.	90,880.
<b>d</b> Grassroots nontaxable amount	82,960.	104,855.	145,561.	155,491.	488,867.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					733,301.
<b>f</b> Grassroots lobbying expenditures	13,333.	14,430.	19,366.	18,407.	65,536.

Schedule C (Form 990) 2024

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

Table with 2 columns: 1, 2. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information.

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**NATIONAL COLLEGE ATTAINMENT NETWORK**

Employer identification number

**31-1793562**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_%
  - b** Permanent endowment \_\_\_\_\_%
  - c** Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations?   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations?  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		15,108.	6,107.	9,001.
<b>d</b> Equipment		52,309.	52,309.	0.
<b>e</b> Other		195,803.	68,030.	127,773.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				136,774.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSETS	920,193.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	920,193.

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	545,887.
(3) OPERATING LEASE LIABILITIES	1,113,587.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,659,474.

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



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **NATIONAL COLLEGE ATTAINMENT NETWORK** Employer identification number **31-1793562**

**Part I General Information on Grants and Assistance**

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GODDARD RIVERSIDE COMMUNITY CTR 593 COLUMBUS AVENUE NEW YORK, NY 10024	13-1893908	501(C)(3)	48,450.	0.			SUPPORTING POSTSECONDARY PATHWAYS FOR INCARCERATED OR FORMERLY INCARCERATED STUDENTS
MICHIGAN COLLEGE ACCESS NETWORK 200 N WASHINGTON SQUARE SUITE 420 LANSING, MI 48933	36-4619627	501(C)(3)	36,725.	0.			CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE, UPPORTING POSTSECONDARY PATHWAYS
COLLEGE NOW GREATER CLEVELAND POST OFFICE PLAZA, 1500 W. 3RD STREET, SUITE 125 - CLEVELAND, OH 44113	34-6580096	501(C)(3)	30,000.	0.			SUPPORTING POSTSECONDARY PATHWAYS FOR INCARCERATED OR FORMERLY INCARCERATED STUDENTS
EDUCATION FORWARD ARIZONA 4747 NORTH 32ND STREET PHOENIX, AZ 85018	20-2366755	501(C)(3)	28,106.	0.			FACILITATING FAFSA COMPLETION & CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE
COLLEGE SUCCESS FOUNDATION - DISTRICT OF COLUMBIA - 1220 12TH STREET SOUTHEAST, SUITE 260 - WASHINGTON, DC 20003	91-2036088	501(C)(3)	27,331.	0.			FACILITATING FAFSA COMPLETION
ALABAMA POSSIBLE 1016 19TH STREET SOUTH BIRMINGHAM, AL 35205	58-2074080	501(C)(3)	20,000.	0.			CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **32.**

3 Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO SCHOLARS FOUNDATION 247 SOUTH STATE STREET, SUITE 700 CHICAGO, IL 60604	36-4117530	501(C)(3)	19,606.	0.			SUPPORTING ACCESS TO FINANCIAL AID FOR PELL-ELIGIBLE STUDENTS
GREAT ASPIRATIONS SCHOLARSHIP PROGRAM (GRASP) - 2821 EMERYWOOD PARKWAY, SUITE 204 - RICHMOND, VA 23294	52-1277427	501(C)(3)	19,606.	0.			SUPPORTING ACCESS TO FINANCIAL AID FOR PELL-ELIGIBLE STUDENTS
COLLEGE POSSIBLE 755 PRIOR AVENUE NORTH, SUITE 210 SAINT PAUL, MN 55104	41-1968798	501(C)(3)	18,450.	0.			FACILITATING FAFSA COMPLETION
SOCALCAN 1000 N. ALAMEDA STREE, SUITE 240 LOS ANGELES, CA 90012	95-4302067	501(C)(3)	18,450.	0.			SUPPORTING ACCESS TO FINANCIAL AID FOR PELL-ELIGIBLE STUDENTS
BOTTOM LINE [V] 500 AMORY STREET, SUITE 3 JAMAICA PLAIN, MA 02130	04-3351427	501(C)(3)	18,450.	0.			SUPPORTING ACCESS TO FINANCIAL AID FOR PELL-ELIGIBLE STUDENTS
DENVER SCHOLARSHIP FOUNDATION 789 N SHERMAN ST, STE 610 DENVER, CO 80203	20-5143175	501(C)(3)	18,106.	0.			FACILITATING FAFSA COMPLETION
EDUCATION IS FREEDOM FOUNDATION 3000 PEGASUS PARK DRIVE, SUITE 704 DALLAS, TX 75247	04-3643313	501(C)(3)	18,106.	0.			FACILITATING FAFSA COMPLETION
LOSFA/LOUISIANA OFFICE OF STUDENT FINANCIAL ASSISTANCE - 602 NORTH 5TH STREET - BATON ROUGE, LA 70802	36-4841195	STATE AGENCY	15,000.	0.			SUPPORTING POSTSECONDARY PATHWAYS FOR INCARCERATED OR FORMERLY INCARCERATED STUDENTS
WSU TECH 4004 NORTH WEBB ROAD WICHITA, KS 67226	20-1027060	GOV'T EDU. INST.	15,000.	0.			SUPPORTING POSTSECONDARY PATHWAYS FOR INCARCERATED OR FORMERLY INCARCERATED STUDENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METRO STATE UNIV./MINNESOTA STATE COLLEGES AND UNIV. - 700 EAST 7TH STREET, FINANCIAL MANAGEMENT - SAINT PAUL, MN 55106-5000	41-1687554	STATE AGENCY	15,000.	0.			SUPPORTING POSTSECONDARY PATHWAYS FOR INCARCERATED OR FORMERLY INCARCERATED STUDENTS
CAL STATE LA AUXILIARY SERVICES INC - 5151 STATE UNIVERSITY DRIVE, GOLDEN EAGLE BUILDING, ROOM 314 - LOS ANGELES, CA 90032	95-4016653	501(C)(3)	15,000.	0.			SUPPORTING POSTSECONDARY PATHWAYS FOR INCARCERATED OR FORMERLY INCARCERATED STUDENTS
MILWAUKEE PUBLIC SCHOOLS FOUNDATION, INC - 234 WEST GALENA STREET - MILWAUKEE, WI 53212	39-1929112	501(C)(3)	15,000.	0.			SUPPORTING POSTSECONDARY TRANSITION FOR STUDENTS WITH LEARNING DIFFERENCES AND STRENGTHEN
DENVER PUBLIC SCHOOLS 1860 LINCOLN STREET, SUITE 922 DENVER, CO 80203	84-6001099	501(C)(3)	15,000.	0.			SUPPORTING POSTSECONDARY TRANSITION FOR STUDENTS WITH LEARNING DIFFERENCES AND STRENGTHEN
COLLEGE AIM 141 EAST COLLEGE AVENUE, BOX 1143 DECATUR, GA 30030	81-4120021	501(C)(3)	15,000.	0.			SUPPORTING POSTSECONDARY TRANSITION FOR STUDENTS WITH LEARNING DIFFERENCES AND STRENGTHEN
WASHINGTON STUDENT ACHIEVEMENT COUNCIL - 917 LAKERIDGE WAY SW - OLYMPIA, WA 98502	45-5122913	STATE AGENCY	10,000.	0.			CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE
COMMONWEALTH OF KENTUCKY/KENTUCKY HIGHER EDUCATION ASSISTANCE AUTHORITY - 100 AIRPORT ROAD - FRANKFORT, KY 40601	61-0600439	STATE AGENCY	10,000.	0.			CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE
ONWARD WE LEARN 134 THURBERS AVENUE, STE 111 PROVIDENCE, RI 02905	22-3031765		10,000.	0.			CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE & STRENGTHENING POSTSECONDARY TRANSITIONS
NEW MEXICO EDUCATIONAL ASSISTANCE FOUNDATION - 7400 TIBURON STREET NORTHEAST - ALBUQUERQUE, NM 87109	95-0291313	501(C)(3)	10,000.	0.			CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES FOUNDATION OF TEXAS 5500 CARUTH HAVEN LANE DALLAS, TX 75225	75-0964565	501(C)(3)	10,000.	0.			CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE
MISSOURI COLLEGE & CAREER ATTAINMENT NETWORK (MOCAN) - 555 VANDIVER DRIVE - COLUMBIA, MO 65202	83-2850894	501(C)(3)	10,000.	0.			CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE
ILLINOIS STUDENT ASSISTANCE COMMISSION - 1755 LAKE COOK RD - DEERFIELD, IL 60015	52-1752528	STATE AGENCY	10,000.	0.			FACILITATING FAFSA COMPLETION & CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE
IDAHO STATE BOARD OF EDUCATION 650 WEST STATE STREET, ROOM 307 BOISE, ID 83702	82-6000952	STATE AGENCY	10,000.	0.			CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE
FLORIDA COLLEGE ACCESS NETWORK 4202 E FOWLER AVE, ALN 185 TAMPA, FL 33620	59-3102112		10,000.	0.			CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE
HIGHER EDUCATION COORDINATING COMMISSION - 3225 25TH STREET SOUTHEAST - SALEM, OR 97302	37-1737848	STATE AGENCY	10,000.	0.			CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE
WOODWARD HINES EDUCATION FDTN. 2616 LAKEWARD DRIVE JACKSON, MS 39216	64-0860939	501(C)(3)	10,000.	0.			CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE
SAN ANTONIO EDUCATION PARTNERSHIP INC - 131 EL PASO STREET - SAN ANTONIO, TX 78204	74-2547643		9,225.	0.			FACILITATING FAFSA COMPLETION
FOUNDATION FOR NEW EDUCATION INITIATIVES, INC. - 1450 NORTHEAST 2ND AVENUE, SUITE 315 - MIAMI, FL 33132	61-1566768		9,225.	0.			FACILITATING FAFSA COMPLETION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR STUDENTS RISING ABOVE - PO BOX 192492 - SAN FRANCISCO, CA 94119	81-0615887	501(C)(3)	9,225.	0.			SUPPORTING ACCESS TO FINANCIAL AID FOR PELL-ELIGIBLE STUDENTS
PATH TO COLLEGE FOUNDATION INC. 313 DATURA STREET WEST PALM BEACH, FL 33401	81-5228014	501(C)(3)	8,025.	0.			SUPPORTING ACCESS TO FINANCIAL AID FOR PELL-ELIGIBLE STUDENTS
EARN TO LEARN 6336 N ORACLE ROAD, SUITE 326 #106 TUCSON, AZ 85704	26-1151754	501(C)(3)	7,500.	0.			SUPPORTING POSTSECONDARY PATHWAYS FOR INCARCERATED OR FORMERLY INCARCERATED STUDENTS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**PART I, LINE 2:**

PER SIGNED GRANT AGREEMENTS BETWEEN NCAN AND THE ORGANIZATIONS, GRANTEEES MAKE AN ANNUAL REPORT TO NCAN ON GRANT ACTIVITY AND FINANCIALS. GRANT FUNDS MUST BE USED SPECIFICALLY FOR THE PURPOSE OUTLINED IN THE GRANT PROPOSAL. ANY GRANT FUNDS UNEXPENDED OR UNCOMMITTED AT THE END OF THE GRANT PERIOD MUST BE PROMPTLY RETURNED TO NCAN.

**PART II, LINE 1, COLUMN (H):**

NAME OF ORGANIZATION OR GOVERNMENT: MICHIGAN COLLEGE ACCESS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE, UPPORTING POSTSECONDARY PATHWAYS FOR INCARCERATED OR FORMERLY INCARCERATED STUDENTS, & FACILITATING FAFSA COMPLETION

NAME OF ORGANIZATION OR GOVERNMENT:

MILWAUKEE PUBLIC SCHOOLS FOUNDATION, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING POSTSECONDARY TRANSITION FOR STUDENTS WITH LEARNING DIFFERENCES AND STRENGTHEN POSTSECONDARY INSTITUTION PARTNERSHIPS THAT IMPROVE TRNASITIONS FOR STUDENTS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: DENVER PUBLIC SCHOOLS  
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING POSTSECONDARY TRANSITION FOR STUDENTS WITH LEARNING DIFFERENCES AND STRENGTHEN POSTSECONDARY INSTITUTION PARTNERSHIPS THAT IMPROVE TRNASITIONS FOR STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: COLLEGE AIM  
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORTING POSTSECONDARY TRANSITION FOR STUDENTS WITH LEARNING DIFFERENCES AND STRENGTHEN POSTSECONDARY INSTITUTION PARTNERSHIPS THAT IMPROVE TRNASITIONS FOR STUDENTS

NAME OF ORGANIZATION OR GOVERNMENT: ONWARD WE LEARN  
(H) PURPOSE OF GRANT OR ASSISTANCE: CATALYZING POSTSECONDARY PATHWAYS SUPPORT AT SCALE & STRENGTHENING POSTSECONDARY TRANSITIONS FOR STUDENTS WITH LEARNING DIFFERENCES

Multiple horizontal lines for additional supplemental information.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization **NATIONAL COLLEGE ATTAINMENT NETWORK** Employer identification number **31-1793562**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<input checked="" type="checkbox"/>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<input checked="" type="checkbox"/>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<input checked="" type="checkbox"/>
<b>b</b> Any related organization? .....	<b>5b</b>	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<input checked="" type="checkbox"/>
<b>b</b> Any related organization? .....	<b>6b</b>	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<input checked="" type="checkbox"/>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<input checked="" type="checkbox"/>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KIMBERLY COOK PRESIDENT/CEO	(i)	237,128.	10,000.	0.	32,071.	15,142.	294,341.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOY KING CHF. TALENT, STRAT. AND OPS. OFF.	(i)	185,107.	7,394.	0.	22,227.	12,475.	227,203.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SARA MELNICK CHIEF FINANCE OFFICER	(i)	187,021.	7,394.	0.	24,990.	4,356.	223,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELIZABETH MORGAN CHIEF EXTERNAL RELATIONS OFFICER	(i)	187,087.	7,394.	0.	24,990.	2,842.	222,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ZENIA HENDERSON CHIEF PROGRAM OFFICER	(i)	171,008.	3,697.	0.	24,517.	11,728.	210,950.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) COLETTE HADLEY SR. DIRECTOR, CONSULTING SERVICES	(i)	160,237.	6,311.	0.	21,330.	19,660.	207,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CATHERINE BROWN SR. DIRECTOR, POLICY & ADVOCACY	(i)	157,824.	6,296.	0.	21,282.	3,376.	188,778.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOHN DEBAUN SR. DIR., DATA & STRAT. INITIATIVES	(i)	148,672.	6,296.	0.	21,321.	10,658.	186,947.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ELIZABETH KELLER SR. DIRECTOR, SENIOR PROGRAMMING	(i)	119,041.	6,296.	0.	17,956.	14,768.	158,061.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

**PART I, LINE 7:**

**THE FOLLOWING BONUSES AWARDED IN 2024, ON PART VII, ARE MERIT BASED:**

- KIMBERLY COOK	\$10,000
- JOY KING	\$7,394
- SARA MELNICK	\$7,394
- ELIZABETH MORGAN	\$7,394
- ZENIA HENDERSON	\$3,697
- COLETTE HADLEY	\$6,311
- CATHERINE BROWN	\$6,296
- JOHN DEBAUN	\$6,296
- ELIZABETH KELLER	\$6,296
- TONG LEE	\$4,558
- JOHANNE BELZOR	\$3,874

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

NATIONAL COLLEGE ATTAINMENT NETWORK

Employer identification number

31-1793562

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

**BOLSTER SKILLS**

TO DO THEIR BEST WORK FOR STUDENTS, INDIVIDUALS WHO PROVIDE COLLEGE ACCESS AND SUCCESS SERVICES MUST BE WELL-TRAINED AND WELL-INFORMED.

NCAN PROVIDES OUR MEMBERS WITH TOOLS TO IMPROVE AND GROW, OPPORTUNITIES TO SHARE AND LEARN EFFECTIVE PRACTICES, PERIODIC REGRANTS FOR NEW INITIATIVES, AND INSIGHT INTO NATIONAL TRENDS AND RESEARCH.

PROFESSIONAL DEVELOPMENT RESOURCES INCLUDE FREQUENT WEBINARS, MODERATED PEER EXCHANGES, A COMPREHENSIVE E-LEARNING CURRICULUM, AND AN ANNUAL CONFERENCE WITH DOZENS OF JURIED WORKSHOP SESSIONS. NCAN'S BLOG AND WEEKLY NEWSLETTER KEEP MEMBERS UP TO DATE ON THE LATEST RESEARCH, POLICY DEVELOPMENTS, GRANT OPPORTUNITIES, AND INNOVATIVE PROGRAM STRATEGIES.

**ADVOCATE FOR POLICY SOLUTIONS**

NCAN MOBILIZES THE VOICES OF OUR MEMBER ORGANIZATIONS AND THEIR STUDENTS TO ENSURE THAT THEIR PERSPECTIVES ARE REPRESENTED IN HIGHER EDUCATION POLICY DISCUSSIONS.

NCAN ALSO DEVELOPS AND ADVOCATES FOR PROVEN FEDERAL AND STATE POLICIES, SUCH AS SIMPLIFYING THE FINANCIAL AID PROCESS, INCREASING NEED-BASED AID, AND ALLOWING STUDENTS TO ACCESS PUBLIC BENEFITS FOR FOOD SECURITY, INCOME ASSISTANCE, AND CHILDCARE. CHANGES LIKE THESE ARE IMPERATIVE TO ENABLE MANY MORE EAGER AND AMBITIOUS STUDENTS TO COMPLETE COLLEGE.

**CHAMPION SYSTEMS CHANGE**

THE HISTORICALLY DISCONNECTED NATURE OF K-12 SCHOOLS AND HIGHER EDUCATION SYSTEMS IS A MAJOR CONTRIBUTOR TO INEQUITABLE COLLEGE GRADUATION RATES FOR STUDENTS OF COLOR AND STUDENTS EXPERIENCING POVERTY.

NCAN ENGAGES WITH K-12 AND POSTSECONDARY SYSTEM LEADERS TO ADVANCE STRATEGIES FOR MAKING THE TRANSITION FROM HIGH SCHOOL TO COLLEGE CLEARER AND MORE ACCESSIBLE FOR STUDENTS AND SUPPORTING MORE STUDENTS THROUGH GRADUATION. NCAN EXPLORES, DOCUMENTS, AND SHARES EFFECTIVE SYSTEM PRACTICES AND PROVIDES THOUGHT LEADERSHIP THAT INSPIRES LEADERS TO TAKE ACTION.

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

NATIONAL COLLEGE ATTAINMENT NETWORK HAS MEMBERS. THE ONLY RIGHT GIVEN TO REGULAR MEMBER ORGANIZATIONS IS THE RIGHT TO ELECT THE MEMBERS OF NCAN'S GOVERNING BODY.

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

EACH YEAR AT THE NCAN ANNUAL MEETING EACH REGULAR MEMBER ORGANIZATION IS GIVEN ONE VOTE TO CAST FOR ANY NEW AND RENEWING BOARD MEMBERS FOR THAT PARTICULAR YEAR.

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

MEMBERS OF THE ORGANIZATION ELECT THE ORGANIZATION'S BOARD OF DIRECTORS AT THE ANNUAL MEMBERSHIP MEETING.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization

NATIONAL COLLEGE ATTAINMENT NETWORK

Employer identification number

31-1793562

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

THE FEDERAL FORM 990 IS REVIEWED INITIALLY BY THE IN-CHARGE ACCOUNTANT, THEN REVIEWED BY MANAGEMENT. THE FINAL PRODUCT IS MADE AVAILABLE FOR REVIEW AND COMMENTS TO THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN.

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

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY THROUGH ANNUAL BOARD MEETINGS AND STAFF MEETINGS. AT ANY TIME THAT A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED, THE CHAIR OF THE BOARD OR A CHAIR OF THE APPLICABLE COMMITTEE WILL ENSURE THAT SUCH CONFLICT OF INTEREST IS PLACED ON THE AGENDA FOR THE NEXT MEETING OF THE BOARD OF DIRECTORS OR THE COMMITTEE, AS APPLICABLE. AT THE MEETING, PROVIDING A QUORUM IS PRESENT, THE CONFLICT WILL BE DISCUSSED TO ENSURE THAT THE DIRECTORS PRESENT ARE AWARE OF THE ISSUES AND THE FACTORS INVOLVED. THE INTERESTED DIRECTORS MAY BE COUNTED FOR PURPOSES OF A QUORUM, EVEN THOUGH THEY MAY NOT TAKE PART IN ANY VOTE ON THE ISSUES. ALL INTERESTED DIRECTORS MUST ABSTAIN FROM VOTING AND, IF NECESSARY, LEAVE THE ROOM WHEN THE VOTE IS TAKEN. THE BOARD OF DIRECTORS OR THE COMMITTEE, AS APPLICABLE, WILL MAINTAIN A WRITTEN ACCOUNT OF ALL THAT TRANSPIRES AT THE MEETING AND INCORPORATE SUCH ACCOUNT INTO THE MINUTES OF THE MEETING AND DISSEMINATE IT TO THE FULL BOARD OF DIRECTORS.

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

FOR THE CHIEF EXECUTIVE OFFICER, A BOARD COMMITTEE REVIEWS COMPARABILITY DATA AND A BENCHMARKING STUDY PERFORMED BY AN HR CONSULTANT AND THE ED'S COMPENSATION IS THEN DECIDED UPON. MANAGEMENT REVIEWS COMPARABILITY DATA AND A STUDY PERFORMED BY AN HR CONSULTANT IN SETTING COMPENSATION FOR EMPLOYEES. THE LAST COMPENSATION REVIEW FOR THE CEO TOOK PLACE IN SEPTEMBER 2025.

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

THE DOCUMENTS ARE SHARED WITH MEMBERS AT THE ANNUAL MEETING, AND ARE POSTED TO THE ORGANIZATION'S WEBSITE UNDER THE MEMBERS ONLY SECTION. THESE DOCUMENTS ARE ALSO AVAILABLE UPON REQUEST.

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

## CONSULTING:

PROGRAM SERVICE EXPENSES	3,653,033.
MANAGEMENT AND GENERAL EXPENSES	91,957.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,744,990.

## HUMAN RESOURCES:

PROGRAM SERVICE EXPENSES	5,123.
MANAGEMENT AND GENERAL EXPENSES	538.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,661.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,750,651.