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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pending

<b>Please use IRS label or print or type. See Specific Instructions.</b>	C Name of organization AMERICAN ASSOCIATION OF UNIVERSITY WOMEN	
	Number and street (or P O box, if mail is not delivered to street address) PO BOX 1191	
	City or town, state or country, and ZIP + 4 WOOSTER, OH 44691	

D Employer identification number 34-6611248	
E Telephone number (330) 988-3304	
F Group Exemption Number ►	

\* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► AAUW.ORG

J Tax-Exempt status (check only one)  501(c) (4) (insert no)  4947(a)(1) or  527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 34,941

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 740
3 Membership dues and assessments	3 6,874
4 Investment income	4 1,614
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6
a Gross revenue (not including \$ of contributions reported on line 1)	6a 25,713
b Less direct expenses other than fundraising expenses	6b 1,048
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 24,665
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ►)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 33,893
10 Grants and similar amounts paid (attach schedule) ►	10 32,852
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14 3,600
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe ►)	16 2,551
17 Total expenses. Add lines 10 through 16	17 39,003
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -5,110
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 80,838
20 Other changes in net assets or fund balances (attach explanation) ►	20 1,179
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 76,907

## Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

22 Cash, savings, and investments	22 80,838
23 Land and buildings	23
24 Other assets (describe ►)	24
25 Total assets	25 80,838
26 Total liabilities (describe ►)	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 80,838

(A) Beginning of year	(B) End of year
22 80,838	22 76,907
23	23
24	24
25 80,838	25 76,907
26	26
27 80,838	27 76,907

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )			<b>Expenses</b> (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )
What is the organization's primary exempt purpose? <b>TO PROVIDE EDUCATIONAL OPPORTUNITIES FOR WOMEN</b>			
Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
<b>28</b> SCHOLARSHIPS FOR CONTINUING EDUCATION FOR 24 WOMEN (Grants \$ 19,004)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>28a</b>	19,004
<b>29</b> EXPANDING YOUR HORIZONS AND BOOKS (Grants \$ 1,600)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>29a</b>	1,600
<b>30</b> AAUW NATIONAL AND STATE DUES (Grants \$ 4,120)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>30a</b>	4,120
<b>31</b> Other program services (attach schedule) (Grants \$ )	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>31a</b>	
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a)	. . . . . ► <input type="checkbox"/>	<b>32</b>	24,724

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV )Form **990-EZ** (2009)

Part V Other Information (Note the statement requirements in the instructions for Part V.)			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?		35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ►	37a		
b	Did the organization file <b>Form 1120-POL</b> for this year?		37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39	<b>Section 501(c)(7) organizations.</b> Enter		39a	
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		
40a	<b>Section 501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►		40b	No
b	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
c	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
d	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax on line 40c reimbursed by the organization ►			
e	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed ►			
42a	The organization's books are in care of ► SARAH MILES	Telephone no ► (330) 988-3304		
	PO BOX 1191 Located at ► WOOSTER, OH	ZIP + 4 ► 44691		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		42b	No
	If "Yes," enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	No
	If "Yes," enter the name of the foreign country ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ►	43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.		44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.		45	No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	<b>Yes</b>	<b>No</b>
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(f) Total number of other employees paid over \$100,000 . . . . . ► \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . . ► \_\_\_\_\_

<b>Please Sign Here</b>	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		
	***** Signature of officer <u>SARAH MILES TREASURER</u> Type or print name and title	Date 2011-01-07 Date	Preparer's identifying number (See instructions)

<b>Paid Preparer's Use Only</b>	Preparer's signature CATHY G ROCHE	Date 2011-04-03	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 DYER HUGHES ROCHE & WILSON INC PO BOX 696 WOOSTER, OH 44691			EIN <input checked="" type="checkbox"/>

Phone no  (330) 262-0061

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

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 34-6611248  
**Name:** AMERICAN ASSOCIATION OF  
UNIVERSITY WOMEN

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation <b>(If not paid, enter -0-.)</b>	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
STEPHANIE WILSON PO BOX 1191 WOOSTER, OH 44691	VP-MEMBERSHIP	0		
SARAH MILES PO BOX 1191 WOOSTER, OH 44691	TREASURER	0		
MARY BETH HENTHORNE PO BOX 1191 WOOSTER, OH 44691	VP-MEMBERSHIP	0		
LETTY NAULT PO BOX 1191 WOOSTER, OH 44691	VP-PROGRAM	0		
HELEN ATCHISON PO BOX 1191 WOOSTER, OH 44691	SECRETARY	0		
GWEN BAYLESS PO BOX 1191 WOOSTER, OH 44691	VP-PROGRAM	0		
CATHYRN FRAME STONE PO BOX 1191 WOOSTER, OH 44691	ADMIN CONTACT	0		

## TY 2009 Compensation Explanation

**Name:** AMERICAN ASSOCIATION OF  
UNIVERSITY WOMEN  
**EIN:** 34-6611248

Person Name	Explanation
STEPHANIE WILSON	
SARAH MILES	
MARY BETH HENTHORNE	
LETTY NAULT	
HELEN ATCHISON	
GWEN BAYLESS	
CATHYRN FRAME STONE	

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** AMERICAN ASSOCIATION OF  
UNIVERSITY WOMEN  
**EIN:** 34-6611248

<b>Item No.</b>	1
<b>Class of Activity</b>	SCHOLARSHIPS GRANTED
<b>Donee's Name</b>	
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	2
<b>Class of Activity</b>	KIWANIS
<b>Donee's Name</b>	
<b>Donee's Address</b>	
<b>Amount (FMV)</b>	
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

## TY 2009 Other Changes in Net Assets Schedule

**Name:** AMERICAN ASSOCIATION OF  
UNIVERSITY WOMEN  
**EIN:** 34-6611248

Description	Amount
UNREALIZED GAIN	1,179

## TY 2009 Other Expenses Schedule

**Name:** AMERICAN ASSOCIATION OF  
UNIVERSITY WOMEN  
**EIN:** 34-6611248

Description	Amount
EXPENSES	
CONFERENCES/MEETINGS	1,028
POSTAGE	99
BANK FEES	43
MEMBERSHIP MEETINGS	295
INSURANCE	555
CONVENTION	60
PROGRAM COMMITTEE	220
LEGAL	50
PICTURE LADIES	201