

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 B Check if applicable			C Name of organization	10-01-2009 and ending 09-30-201	0	D Employer ide	entification number	
┌ Add	fress ch		RS / / Sociated Offiversides In		11-1630900 E Telephone number			
Nar	me cha		or Doing Business As					
Init	ial retu		Number and street (or P	O box if mail is not delivered to street addre	ess) Room/suite	(202) 462- G Gross receipts		
☐ Ter	mınate		I 1400 Ibili Sileel NW NO	730		G 01033 (eccipts	+ 137,700,743	
☐ Am	ended	return	City or town, state or cou Washington, DC 200362		•	1		
App.	olication	n pending						
			Name and address of princ	ipal officer		- ıs a group retur		
			3 West Lanville St		affilia 	ates?	⊤Yes ▼ No	
		Ва	Itimore, MD 21217		H(b) Are a	II affiliates includ	led?	
	y-evem	nnt status 🔽 5	501(c) (3) ◀ (insert no)	947(a)(1) or 527			(see instructions)	
		:► www.aure		947(a)(1) 01 327	H(c) Grou	up exemption nu	ımber ►	
			rporation Trust Association	Other ►	L Year of fo	rmation 1946	¶ State of legal domicile NY	
		Summary	•		12 1041 0110		Touris of regar definitions in	
Governance	1	AUI unites the	e resources of universities,	n or most significant activities research organizations and the Fede hat promote discovery and education				
8 5	2	Check this box	x 🖛 if the organization dis	continued its operations or disposed	of more than	25% of its net	assets	
	3		,	ng body (Part VI, line 1a)			22	
Activities &	4	Number of ind	ependent voting members o	fthe governing body (Part VI, line 1	o)	. 4	2:	
톭	5	Total number	of employees (Part V , line 2	a)		5	692	
ă.	6	Total number	of volunteers (estimate if ne	cessary)		6		
				om Part VIII, column (C), line 12			a(
	Ь	Net unrelated	business taxable income fro	om Form 990-T, line 34	1	7		
		Contribution	o and grants /Part VIII line	16)		or Year	Current Year	
ā	8			1h)		1,146,072	136,121,181	
Revenue	10	_		A), lines 3, 4, and 7d)		212,993	298,874	
æ	11			nes 5, 6d, 8c, 9c, 10c, and 11e)		212,555	1,868	
	12	Total revenue	e—add lines 8 through 11 (r	nust equal Part VIII, column (A), lın		150,174,354		
	42			r amounts paid (Part IX, column (A), lines 1–3)			137,780,749	
	13 14			column (A), lines 1-3)		245,098	264,087	
	15	-		benefits (Part IX, column (A), lines	5 -			
\$		10)				58,094,623	65,303,684	
Expenses	16a	Professional	fundraising fees (Part IX, co	olumn (A), line 11e)			0	
蓋	b		g expenses (Part IX, column (D),	•				
	17	•		es 11a-11d, 11f-24f)		93,061,785	73,122,235	
	18	•	·	equal Part IX, column (A), line 25)		151,401,506	138,690,006	
Net Assets or Fund Balances	19	Revenue less	expenses Subtract line 18	3 from line 12	_	-1,227,152 g of Current fear	-909,257 End of Year	
SS et	20	Total assets	(Part X, line 16)			12,422,960	12,500,048	
A P	21	Total liabiliti	es (Part X, line 26)			1,363,192	1,739,748	
	22	Net assets o	r fund balances Subtract lır	ne 21 from line 20		11,059,768	10,760,300	
Par	rt II	Signature						
				examined this return, including accompanying ration of preparer (other than officer) is base				
Sign Here		Signature of		2011- Date	-07-21			
			n Chief Financial Officer t name and title					
		Preparer's			Check If	Preparer's identi	ıfyıng number	
Paid		signature J	oyce M Underwood		self- empolyed 🕨 🦵	(see instructions	5)	
Prepa	arer's			· · · · · · · · · · · · · · · · · · ·	·			
Use (Only	ıf self-employed address, and ZIP			EIN >			
			Bethesda, MD 2081448			Phone no 🕨 (3	301) 654-4900	
May t	he IR	S discuss this		own above? (see instructions)			✓ Yes	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

AUI unites the resources of universities, research organizations,	and the Federal Government in the planning, construction, and operation of
the forefront scientific facilities that promote discovery and educa-	ation while expanding our knowledge of the physical world

2	Did the organization the prior Form 990	on undertake any signific o or 990-EZ?	ant program s		which were not listed on	Yes 🗸 No
	If "Yes," describe	these new services on S	chedule O			
3	_	on cease conducting, or	-	=		Yes ✓ No
	If "Yes," describe	these changes on Sched	ule O			
4	Section 501(c)(3)		tions and sect	on 4947(a)(1) trusts ar	argest program services by exp e required to report the amount ervice reported	
4a	(Code) (Expenses \$	66,334,474	ıncludıng grants of \$	0) (Revenue \$	0)
	capabilities and open	physics research programs The new scientific frontiers Atacz imeter-wavelength telescope	ne organization is ima Large Millime	constructing two new major f ter/Submillimeter Array and E	acılıtıes that wıll sıgnıfıcantly enhance xpanded Very Large Array which will p	astronomers' research ırovıde a major step toward a
	(Code) (Expenses \$	69,454,328	ıncludıng grants of \$	264,087) (Revenue \$	1,358,826)
	conducted by the inte	ernational scientific community	The suite of tel	escopes include The Robert C	e of powerful, state of the art radio te Byrd Green Bank Telescope, Very La blic outreach for teachers, students, th	arge Array and the Very Large
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		ervices (Describe in Sch	•			
	(Expenses \$	Inc	luding grants o	of\$) (Revenue \$)
4e	Total program se	rvice exnenses ⊩ ¢	135 788 80	12		

art TV	Check	dist of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	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	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į	Į	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 100 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
a.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
а	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)?	4a	Yes	
Ь	If "Yes," enter the name of the foreign country ▶CI			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		N
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		N
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N
ı	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

1400 16th Street NW No 730 Washington, DC 200362252

(202) 462-1676

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

Se	ection A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body 1a 22					
	Enter the number of voting members that are independent 1b 21	1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	†				
	other officer, director, trustee, or key employee?	2		Νo		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo		
6	Does the organization have members or stockholders?	6		Νο		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo		
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)					
100	venue code.)		Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
b	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the					
	organization's exempt status with respect to such arrangements?	16b				
	ection C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed AZ, CA, DC, NY					
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ıe orga	ınızatıor	ո 🕨		
	Cynthia Allen					

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

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. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

770,156

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►105

			Yes	No		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee					
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo		
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? If "Yes," complete Schedule J for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services					
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo		

Section B. Independent Contractors

1b Total

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
General Dynamics Satcom 2600 NLongview St Kilgore, TX 756626842	Contractor Services	22,993,204
General Dynamics Inst Obras de Ingenieria 1474 Vitacura Santiago CI	Contractor Services	2,243,021
Aeroflex Control Components 611 Industrial W Way Eatontown, NJ 07724	IPT IF Assembly	2,002,965
J&E Precision Tool 107 Valley Road Southampton, MA 01073	Contractor Services	663,344
Cotech Inc 21 Jing 1st Road Taichung TW	ALMA Nutator Assembly	584,688
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►27	who received more than	

Form 99		<u> </u>						Page 9
Part	<u> </u>	Statement of Rev	enue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	Ь	Membership dues .	1b					
ts, am	c	Fundraising events .						
<u>_</u>	d	Related organizations Government grants (contrib		136,121,181				
ons	e f	All other contributions, gifts,						
her ja	-	similar amounts not include Noncash contributions	dabove					
를 등 다 등	g	lines 1a-1f \$						
S မှ	h	Total. Add lines 1a-1f		▶	136,121,181			
<u></u>				Business Code				
renu	2a	Cafe, Guesthse, Giftshop		900,099	1,358,826	1,358,826		
Ę.	b							
¥ Ce	C							
Š	d e							
Ean	f	All other program serv	ice revenue					
Program Serwce Revenue		, -			4 250 026			
	g 3	Total. Add lines 2a-2f Investment income (in			1,358,826			
		and other similar amou		·	298,874			298,874
	4	Income from investment of	tax-exempt bond p	proceeds 🕨				
	5	Royalties		-				
	6a	Gross Rents (ı) Real	(II) Personal				
	ь	Less rental						
	С	expenses Rental income						
	d	or (loss) Net rental income or (l	oss)					
			ecurities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
	С	sales expenses Gain or (loss)						
	d	Net gain or (loss) .		▶				
άs	8a	Gross income from fun events (not including	ıdraısıng					
ř		\$						
eve		of contributions report See Part IV, line 18						
<u>.</u>			а					
ŧ	Ь	Less direct expenses Net income or (loss) fr		avants 🕨				
•	c 9a	Gross income from gar	I	events				
		See Part IV, line 19						
	ь	Less direct expenses	a b					
Other Revenue	c	Net income or (loss) fr		vities				
	10a	Gross sales of invento returns and allowances						
	ь	Less cost of goods so						
	с	Net income or (loss) fr	om sales of inve					
		Miscellaneous Rever		Business Code	1 0.50			1 000
	11a b	Gain on FA Acquisition	<u>n</u>	900,099	1,868			1,868
	C B							
	d	All other revenue.						
	e	Total. Add lines 11a-1	l		1 000			
		_		▶ .	1,868			
	12	Total revenue. See Ins	structions		137,780,749	1,358,826	0	300,742

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations mu			(D)	
	ll other organizations must complete column (A) but are not required to		(B) (B)	(C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	264,087	264,087		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,768,107	1,020,062	748,045	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	48,977,655	48,905,622	72,033	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,878,770	3,817,446	61,324	
9	Other employee benefits	7,620,011	7,443,566	176,445	
10	Payroll taxes	3,059,141	3,021,812	37,329	
11	Fees for services (non-employees)				
а	Management				
b	Legal	272,936	216,119	56,817	
c	Accounting	320,194		320,194	
d	Lobbying	25,500		25,500	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	40,232,479	39,815,178	417,301	
12	Advertising and promotion				
13	Office expenses	473,045	407,716	65,329	
14	Information technology	1,796,618	1,796,618		
15	Royalties				
16	Occupancy	3,629,708	3,467,498	162,210	
17	Travel	5,073,303	4,668,941	404,362	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	85,975	47,095	38,880	
20	Interest	485		485	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,257		12,257	
23	Insurance	424,582	269,757	154,825	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Consumables	14,009,770	14,009,770		
b	Utilities, Fuel	2,760,329	2,752,954	7,375	
c	Equipment, LHI	1,577,630	1,577,630		
d	Communications	1,168,036	1,168,036		
e	Freight/Postage	947,643	944,855	2,788	
f	All other expenses	311,745	174,040	137,705	
25	Total functional expenses. Add lines 1 through 24f	138,690,006	135,788,802	2,901,204	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in				
	column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			3,895,896	2	2,566,859
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			335,892	4	754,126
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key e	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II or		4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
8	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			80,671	9	89,369
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>					
	ь	Less accumulated depreciation	10b	348,433	26,573	10c	86,064
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11	8,054,147	12	9,003,630		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11	29,781	15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)		12,422,960	16	12,500,048	
	17	Accounts payable and accrued expenses .			993,532	17	1,606,340
	18	Grants payable		18			
	19	Deferred revenue			240,485	19	95
	20	Tax-exempt bond liabilities				20	
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedule	D.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u> </u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			129,175	25	133,313
	26	Total liabilities. Add lines 17 through 25			1,363,192	26	1,739,748
ري طار		Organizations that follow SFAS 117, check here 🕨 🔽 and comp	ete lir	nes 27			
υč		through 29, and lines 33 and 34.			11 045 022		10 745 204
Balances	27	Unrestricted net assets			11,045,022	++	10,745,394
<u>~</u>	28	Temporarily restricted net assets			14,746		14,906
Fund	29	Permanently restricted net assets		-1-4-		29	
Ţ		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	ı comp	piete		1	
0 C	30	Capital stock or trust principal, or current funds				30	
Ą	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
Assets	32	Retained earnings, endowment, accumulated income, or other ful				32	
Net /	33	Total net assets or fund balances			11,059,768	-	10,760,300
Ź	34	Total liabilities and net assets/fund balances			12.422.960		12.500.048

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

) M B N O 1545-UU2

2009

2003

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Associated Universities Inc

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

Public Charity Status and Public Support

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

Employer identification number

									11-16309					
	rt I			olic Charity Stat						structions				
he	organız	zation is	not a private	e foundation because	ıtıs (Forlı	nes 1 throu	ıgh 11, check	only one bo	x)					
1	Г	A churc	h, conventic	on of churches, or as:	sociation of	churches s	section 170(b)(1)(A)(i).						
2	Г	A schoo	l described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedi	ule E)							
3	\vdash	A hospi	tal or a coop	erative hospital serv	vice organiza	atıon descr	ıbed ın sectio	n 170(b)(1)	(A)(iii).					
4	Γ			organızatıon operate y, and state	ed in conjunc	ction with a	hospital desc	cribed in sec	tion 170(b)(1	L)(A)(iii). E	nter the			
5	Γ	_	-	rated for the benefit	=	or universi	ty owned or o	perated by a	government	al unit desc	rıbed ın			
6	Г			ocal government or	•	al unit desc	ribed in secti o	on 170(b)(1)(A)(v).					
7	, -			t normally receives a	_					om the gene	ral nublu	_		
•	,-	describe	ed in	A)(vi) (Complete Pa		r part or its	зарроге пош	a governme	intal anit of in	om the gene	irai pabii	-		
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)												
9	Ë													
•	'	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of												
		•			•	•		• •						
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
LO	<u>'</u>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of												
L1	, 	one or n the box	nore publicly	oes the type of supported by Type II	tions descri orting organi	bed in secti zation and o	ion 509(a)(1)	or section 5 s 11e throug	509(a)(2) Se gh 11h	e section 5		. Check		
e f g	,	other th section If the or check th Since A	an foundatio 509(a)(2) ganization r nis box	x, I certify that the open managers and other eccuved a written detection of the companization of the companizatio	er than one o	or more pub	olicly supporte	ed organizat Type I, Type	ions describe	d in section	509(a)((1) or		
				ectly or indirectly co	ntrols, eithe	r alone or t	ogether with i	persons des	cribed in (ii)		Yes	No		
				overning body of the	•				,	11g		+		
				r of a person describ		_				11g(+-		
		• •	•	ed entity of a person	• •		shove?			11g(+		
h				g information about t						119(,			
(i) Name of supported organization		of rted	of (ii) (described on ted EIN lines 1- 9 above your go		Is the organizat col (i) lis your gove	(iv) Is the organization in col (i) listed in your governing document?) otify the tion in if your ort?	(vi Is t organiza col (i) or in the	he ation in ganized	Am	(vii) lount of pport?		
				(see instructions))	Yes	No	Yes	No	Yes	No				
				,,										
								+						
								+	+					
								+	+					
								+	+					
t -								+	-					

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if y	ou checkeu the	bux on line 3,	7, OI O OI PAIL I)			
	ection A. Public Support		1					
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	91,844,68	7 127,449,250	144,811,939	148,815,289	136,12	21,181	649,042,346
2	grants ") Tax revenues levied for the organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	91,844,68	7 127,449,250	144,811,939	148,815,289	136,1	21,181	649,042,346
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							649,042,346
S	ection B. Total Support							
	endar vear (or fiscal year						_	
	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	9	(f) Total
7	A mounts from line 4	91,844,687	671,983	144,811,939	148,815,289	136,12	1,181	649,042,346
8	Gross income from interest,							
	dıvıdends, payments received	567.005	674 000	0.47.450	472 207	2.0	7.4	2.657.742
	on securities loans, rents, royalties and income from similar sources	567,225	671,983	947,453	172,207	29	8,874	2,657,742
9	Net income from unrelated business activities, whether or not the business is regularly							
	carried on							
10	Other income (Explain in Part IV) Do not include gain or loss	2,540,017	4,550,000				1,868	7,091,885
	from the sale of capital assets Total support (Add lines 7							
11	through 10)							658,791,973
12	Gross receipts from related activi					12		6,472,107
13	First Five Years If the Form 990 is check this box and stop here	s for the organizat	ion's first, second	, thırd, fourth, or f	ifth tax year as a !	501(c)(3)	organız	ation, ▶┌
S	ection C. Computation of Pu				-			
14	Public Support Percentage for 20	09 (line 6 column	(f) divided by line	11 column (f))		14		98 520 %
15	Public Support Percentage for 20	08 Schedule A, P	art II, line 14			15		97 960 %
16a	33 1/3% support test—2009. If the and stop here. The organization gr				ine 14 is 33 1/3%	or more, o	heck t	nis box ▶ ▼
b	33 1/3% support test—2008. If the		, , ,		a, and line 15 is 3	3 1/3% or	more,	
	box and stop here. The organizati	· ·		-				▶ □
17a	10%-facts-and-circumstances tes is 10% or more, and if the organiz							
	in Part IV how the organization me	eets the "facts an	d cırcumstances"	test The organiz	ation qualifies as a	a publicly s	upport	· —
h	organization 10%-facts-and-circumstances tes	t-2008 Ifthe or	anization did not	check a hov on lir	na 13 16a 16h A	r 17a and	line	►l
	15 is 10% or more, and if the organic							
	Explain in Part IV how the organiz			,		-		
10	supported organization Private Foundation If the organization							▶ ┌
18	instructions	ation ara not chec	k a box oil lille 13,	, 10a, 100, 17a 0	i i/b, check this i	JOX allu Se	C	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part IV, Supplemental Information Part II, Column (a) line 10- The amount reported of \$ 2,540,017 pertained to the allocated indirect cost and management fee revenue for tax year 2005 Beginning in tax year 2006 indirect cost and management fee revenue are included with program income Part II, Column (c) line 10- the amount reported of \$ 4,550,000 pertained to proceeds from the settlement of a lawsuit Proceeds were received by the organization in tax year 2006

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493202007001

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

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.

Political Campaign and Lobbying Activities

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

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

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

If the organization answered "Yes," to 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

	me of the organization ociated Universities Inc			Employer id	entification number			
ASS	ociated Universities Inc			11-163090	0			
ar	t I-A Complete if the or	ganization is exempt und	er section 501(c) or is a section 52	27 organization.			
L	Provide a description of the org	ganization's direct and indirect po	olitical campaign act	civities in Part IV				
2	Political expenditures			▶	\$			
3	V olunteer hours							
ar	t I-B Complete if the or	ganization is exempt und	er section 501(c)(3).				
L		tax incurred by the organization			\$			
2	Enter the amount of any excise	tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$			
3	If the organization incurred a s	ection 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No			
l a	Was a correction made?				┌ Yes ┌ No			
b	If "Yes," describe in Part IV							
ar	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section 5	01(c)(3).			
L	Enter the amount directly expe	nded by the filing organization fo	r section 527 exemp	ot function activities 🕨	\$			
2	Enter the amount of the filing o exempt funtion activities	rganızatıon's funds contributed to	o other organizations	s for section 527	\$			
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	0-POL, line 17b	\$			
3 4 5	Did the filing organization file F State the names, addresses ar	Form 1120-POL for this year? nd employer identification number	r (EIN) of all section	527 political organizatio				
1	Did the filing organization file F State the names, addresses ar were made For each organizat contributions received that we	Form 1120-POL for this year?	r (EIN) of all section from the filing organ I to a separate politi	527 political organizatio ization's funds Also ente cal organization, such as	ns to which payments r the amount of political			
1	Did the filing organization file F State the names, addresses ar were made For each organizat contributions received that we	Form 1120-POL for this year? Ind employer identification number on listed, enter the amount paid or promptly and directly delivered	r (EIN) of all section from the filing organ I to a separate politi	527 political organizatio ization's funds Also ente cal organization, such as	ns to which payments r the amount of political a separate segregated (e) A mount of politica contributions received			
1	Did the filing organization file F State the names, addresses ar were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number ion listed, enter the amount paid re promptly and directly delivered ittee (PAC) If additional space i	r (EIN) of all section from the filing organ I to a separate politi s needed, provide in	527 political organization ization's funds Also ente cal organization, such as formation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,			
1	Did the filing organization file F State the names, addresses ar were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number ion listed, enter the amount paid re promptly and directly delivered ittee (PAC) If additional space i	r (EIN) of all section from the filing organ I to a separate politi s needed, provide in	527 political organization ization's funds Also ente cal organization, such as formation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,			
1	Did the filing organization file F State the names, addresses ar were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number ion listed, enter the amount paid re promptly and directly delivered ittee (PAC) If additional space i	r (EIN) of all section from the filing organ I to a separate politi s needed, provide in	527 political organization ization's funds Also ente cal organization, such as formation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,			
1	Did the filing organization file F State the names, addresses ar were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number ion listed, enter the amount paid re promptly and directly delivered ittee (PAC) If additional space i	r (EIN) of all section from the filing organ I to a separate politi s needed, provide in	527 political organization ization's funds Also ente cal organization, such as formation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,			
1	Did the filing organization file F State the names, addresses ar were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number ion listed, enter the amount paid re promptly and directly delivered ittee (PAC) If additional space i	r (EIN) of all section from the filing organ I to a separate politi s needed, provide in	527 political organization ization's funds Also ente cal organization, such as formation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,			
1	Did the filing organization file F State the names, addresses ar were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number ion listed, enter the amount paid re promptly and directly delivered ittee (PAC) If additional space i	r (EIN) of all section from the filing organ I to a separate politi s needed, provide in	527 political organization ization's funds Also ente cal organization, such as formation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,			
1	Did the filing organization file F State the names, addresses ar were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number ion listed, enter the amount paid re promptly and directly delivered ittee (PAC) If additional space i	r (EIN) of all section from the filing organ I to a separate politi s needed, provide in	527 political organization ization's funds Also ente cal organization, such as formation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,			
1	Did the filing organization file F State the names, addresses ar were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number ion listed, enter the amount paid re promptly and directly delivered ittee (PAC) If additional space i	r (EIN) of all section from the filing organ I to a separate politi s needed, provide in	527 political organization ization's funds Also ente cal organization, such as formation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,			
1	Did the filing organization file F State the names, addresses ar were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number ion listed, enter the amount paid re promptly and directly delivered ittee (PAC) If additional space i	r (EIN) of all section from the filing organ I to a separate politi s needed, provide in	527 political organization ization's funds Also ente cal organization, such as formation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,			
1	Did the filing organization file F State the names, addresses ar were made For each organizat contributions received that we fund or a political action comm	Form 1120-POL for this year? Ind employer identification number ion listed, enter the amount paid re promptly and directly delivered ittee (PAC) If additional space i	r (EIN) of all section from the filing organ I to a separate politi s needed, provide in	527 political organization ization's funds Also ente cal organization, such as formation in Part IV (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,			

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
Α.	Check If the filing organization belongs to a	an affiliated group		
<u>B</u>	Check if the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a		(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	25,500	
c	Total lobbying expenditures (add lines 1a and 1	b)	25,500	
d	Other exempt purpose expenditures		138,664,506	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	138,690,006	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1 f from line 1 c I f zero or less ente	er - 0 -	0	

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 instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expen	ditures During 4	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
_с	Total lobbying expenditures	42,065	25,725	25,500	25,500	118,790
d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f	Grassroots lobbying expenditures					

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\ <u>\</u>		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493202007001

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury

SCHEDULE D (Form 990)

> ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

iterria	F Attacil to Fo	ini 330. F See separate instructions.	Inspectio	411
	me of the organization ociated Universities Inc		Employer identification number	
A55	ociated offiversities inc		11-1630900	
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		-	ıf the
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts	5
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		oradvised Tyes F	_ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bendering impermissible private benefit		y other purpose	_ No
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	Form 990, Part IV, line 7.	
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualice easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	historically importantly land area ertified historic structure of a conservation	
			Held at the End of the Ye	ear
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified his	toric structure included in (a)	2c	
d	Number of conservation easements included in (c) ac	quired after 8/17/06	2d	
3 4	Number of conservation easements modified, transfe the taxable year - Number of states where property subject to conserva		d by the organization during	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand		- No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year ▶	
7	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easements	during the year ► \$	
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	tion Yes [- No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial	·	
Par	t III Organizations Maintaining Collectio Complete if the organization answered "		or Other Similar Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of public service,	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	•	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	
	(ii) Assets included in Form 990, Part X		- \$	
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Ar	t, His	tori	cal T	reasui	res, or O	ther	<u>r Similar</u>	<u>Asse</u>	ts (cc	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing	that are	asıgnıfıca	nt us	se of its col	lection		
а	Public exhibition		d	Γ	Loan	orexch	ange progra	ams				
b	Scholarly research		e	Γ	O the	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furth	er the o	rganızatıon'	s exe	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Γ,	Yes	∏ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	d "Y€	es" to Forr	n 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	for c	ontribi	utions o	r other asse	ets n	ot	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г			A mou	nt	
c	Beginning balance							1c		7111104		
d	Additions during the year							1d				
e	Distributions during the year						—	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990 Part Y lir	ie 212				<u>L</u>	<u> </u>			Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									,		, 110
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	es" to F	orm 990	Part	IV. line 1	0.		
		(a)Current Year		Prior `			Years Back		hree Years Ba		Four Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment											
c	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are hel	d and ac	dministered	fort	:he			
	organization by								г		Yes	No
	(i) unrelated organizations							•	-	3a(i)		<u> </u>
	(ii) related organizations								· ·	3a(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the	•						•	[3b		<u> </u>
	t VI Investments—Land, Buildings					190 Da	rt X line	10				
I CI	t VI Investments—Land, buildings	s, and Equipme	t. J			or other	(b)Cost or o		(c) Accumu	ulated		
	Description of investment					estment)	basis (other		deprecia		(d) Bo	ook value
1a	Land		•									
b	Buildings		•									
c	Leasehold improvements		•				61	,289		3,879		57,410
	Equipment		_	- 1			194	,500	1	78,750		15,750
d	' '		•	-			157					
е (Other	<u> </u>	<u>. </u>					3,708		65,804		12,904

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Cost of end-of-year market value
Closely-held equity interests		
Other		
TIFF Multi-Asset Fund	9,003,630	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	5/555/555	
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of ella of year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X		
(a) December of Labelity	(b) A mount	
Federal Income Taxes	(b) Amount	
Trustees' scholarships payable	106 240	
Capital leases	106,249 4,992	
Funds held for others	11,270	
Post-retirement benefit obligation	10,802	
. 551 Total officer behalf obligation	10,002	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	133,313	

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	137,780,749
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	138,690,006
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-909,257
4	Net unrealized gains (losses) on investments	4	659,719
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-49,930
9	Total adjustments (net) Add lines 4 - 8	9	609,789
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-299,468
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	138,390,538
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d -49,930		
e	Add lines 2a through 2d	2e	609,789
3	Subtract line 2e from line 1	3	137,780,749
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	137,780,749
	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial	1	138,690,006
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	138,690,006
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	138,690,006
Pa	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
	Positions Under FIN 48	AUI adopted the provisions of FASB ASC Topic 740 (formerly FASB Interpretation No 48 Accounting for Uncertainty in Income Taxes), on October 1, 2009 Under ASC 740, an organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more-likely-than-not that the position will be sustained. The implementation of ASC 740 had no impact on AUI's financial statements. AUI's management believes it has no material uncertain tax positions and, accordingly, it will not recognize any liability for unrecognized tax benefits. No interest or penalties were accrued as of October 1, 2009 as a result of the adoption of ASC 740. For the year ended September 30, 2010, there were no interest or penalties recorded or included in the statements of activities. However, tax years ended September 30, 2007-2009 remain open to examination by the taxing jurisdictions to which AUI is subject, and they have not been extended beyond the applicable statute of limitations.
Part XI, Line 8 - Other Adjustments		Pension-related changes other than net periodic pension costs -49930
Part XII, Line 2d - Other Adjustments		Pension-related changes other than net periodic pension costs -49930

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493202007001

OMB No 1545-0047

2009

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

Open to Public **Inspection**

Name of the organization Employer identification number Associated Universities Inc 11-1630900 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. 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 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region fundraising, program services, offices in the employees or describe specific type of grants to recipients located in agents in region region service(s) in region the region) 264 Program Service 10,926,372 South America 3 Telescope operation

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493202007001 OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

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

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

Open to Public **Inspection**

Associated Universities Inc						1 ' '	
	11-1630900	11-1630900					
Part I General Inform	mation on Gra	nts and Assistance				·	
	d to award the gra	substantiate the amount of t nts or assistance? edures for monitoring the us					F Yes □
Form 990, Part I	IV, line 21 for ai	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	no one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	, , , ,	(h) Purpose of grant or assistance
		d government organizations					
For Privacy Act and Paperwork Re				Cat No. 50055P			dule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Summer Student Research Assistance Program	31	182,432			
AUI Trustee Scholarship	20	81,655			
See Addıtıonal Data Table					

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

Return Reference	Explanation
	Schedule I, Part I, Line 2 NRAO engages students in scientific research through the Summer Student Research Assistantship Program and has conducted the program since 1959. Each summer student conducts research under the supervision of an NRAO staff member at one of three NRAO sites. Supervisors choose the candidates from all applications received and monitor the research conducted over the 10 - 12 week period each summer. Qualifying students are paid a fixed stipend per week based on whether an undergraduate or graduate level. The NRAO Fiscal department processes stipend payments based on supervisor approved pay orders. The AUI Trustee Scholarships are available on a competitive basis to the children of regular full-time and eligible part-time NRAO employees. Three primary scholarships are awarded annually based on a criteria of high school academic achievement, standardized college test scores, and recommendations of the high school. In addition, up to two additional scholarships may be awarded to NRAO employees' children who are African American, Hispanic, or Native American. An independent scholarship committee, reporting to SRP, will select the winners of the AUI Trustee Scholarships
	Part I, Line 2

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493202007001

OMB No 1545-0047

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of	the organization
Associated	Universities Inc

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

11-1630900 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b Νo Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? **4**a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4ь Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Ethan Schreier	(ı) (ıı)	296,297 0	0 0	2,214 0	30,272 0	74,544 0	403,327 0	
Patrick Donahoe	(ı) (ıı)	212,161 0	0	77 4 0	21,369 0	49,609 0	283,913 0	
Cynthia Allen	(ı) (ıı)	153,498 0	0	511 0	15,350 0	34,537 0	203,896	
Kwok Yung Lo	(ı) (ıı)	260,093 0	0	1,188 0	26,780 0	67,963 0	356,024 0	
Phillip Jewell	(ı) (ıı)	172,544 0	0	365 0	18,125 0	49,487 0	240,521	
Robert Dickman	(ı) (ıı)	152,871 0	0	877 0	16,040 0	43,620 0	213,408	
Adrian Russell	(ı) (ıı)	193,794 0	0	266 0	19,750 0	48,144 0	261,954 0	
George Clark	(ı) (ıı)	177,721 0	0	362 0	18,125 0	44,311 0	240,519 0	
Richard Prestige	(ı) (ıı)	153,231 0	0 0	90,830 0	15,694 0	39,017 0	298,772 0	
Richard Sramek	(ı) (ıı)	137,669 0	0 0	44 ,578 0	14,020 0	34,075 0	230,342	
Richard Simon	(ı) (ıı)	119,191 0	0	71,174 0	12,290 0	31,358 0	234,013	
Eduardo Hardy	(ı) (ıı)	125,434 0	 0 0	32,064 0	12,914 0	32,762 0	203,174 0	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

I	dent if ier	Return Reference	Explanation
		,	First class travel - AUI employees are required to travel economy class unless a special exception is approved prior to travel. Tax indemnification and gross-up payments - AUI provided tax gross-up payments pertaining to supplemental payments for two employee's supplemental retirement contributions that were limited by restrictions imposed by OBRA 1993. The procedure followed was to calculate the gross-up amount to ensure these two employees received an after tax payment equal to the amount which would have been contributed on their behalf if not for the ABRA restriction. Housing allowance - AUI follows established policy pertaining to temporary housing allowances provided to employees who have accepted a change of duty station if the employee has rented or purchased living quarters and is making a good faith effort to sell his/her primary residence. Health or social club dues - AUI paid the annual dues for membership to an academically-oriented social club, which is used for business purposes. Travel for companions - The AUI Board of Trustees normally holds one Board meeting a year that is designated as a special meeting to which spouses (or guests) of trustees are invited to attend
		1 '	AUI established a 457(b) Supplemental Retirement Plan for a select group of management and highly compensated employees. During Fiscal Year ended

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493202007001

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

▶ Attach to Form 990.

Name of the organization
Associated Universities Inc

11-1630900

Employer identification number

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Associated Universities, Inc. has its external audit firm review the draft Form 990 prior to submitting it to the AUI Audit Committee for review. On behalf of the AUI Board of Trustees, the Audit Committee reviews the Form 990 and reports the findings of their review to the full Board. The final draft of the Form 990 is made available to the AUI Board of Trustees prior to submission to the IRS.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Associated Universities, Inc. has a conflict of interest policy which addresses financial disclosure to ensure that AUI Trustees, Officers, and employees do not have significant financial interests that would reasonably appear to directly and significantly affect their work with AUI or one of its Research Centers. AUI Trustees, Officers, and employees must disclose their significant financial interests, as well as their spouses or dependent children, when that interest would reasonably appear to directly or significantly affect their work. These disclosures are to be updated annually or as new reportable financial interests are obtained. AUI Trustees, Officers, and key employees are reminded to review and update, if necessary, their financial disclosures each year.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 15		Compensation levels involving the hiring, promotion, and salary adjustments for the AUI President, Officers, and Research Center Directors are approved by AUI's Board of Trustees based on recommendations from the AUI President and AUI Compensation Subcommttee in all cases, the salary recommendations are based on annual performance evaluations of the employee by their supervisor. The AUI President and AUI Compensation Subcommttee review third-party comparability data on salaries and benefits provided by similar other nonprofit scientific research organizations. In the case of the AUI President (CEO), the Chair of the AUI Board of Trustees, in consultation with the AUI Executive Committee and AUI Compensation Subcommittee, annually reviews the President's written self-evaluation and makes a recommendation for a salary adjustment to the Board for approval in the case of the Officers and Research Center Directors, the AUI President annually reviews the performance of each Officer and Research Center Director, which is based on the individual's self-evaluation. Based on the performance appraisal, the AUI President, in consultation with the AUI Compensation Subcommittee, makes a recommendation for salary adjustments to the AUI Board of Trustees. After reviewing the recommendations, the AUI Board of Trustees approves salary adjustments for the AUI President, Officers, and Research Center Directors, which are recorded in the Minutes. In addition, after reviewing all compensation decisions, the AUI Board of Trustees determines that the salaries and benefits to be received by the persons currently holding these positions are reasonable and do not constitute excessive benefit transactions as defined by Section 4958 of the Internal Revenue Code (IRC)

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Associated Universities, Inc. responds to written requests for these documents on a case-by-case basis

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c	Oversight of audit	There have been no changes during the year in the process for oversight of the audit of the financial statements

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493202007001

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

lame of the organization ssociated Universities Inc				Employer identifica	ation number
issociated Offiversities and				11-1630900	
Part I Identification of Disregarded Entities (Cor	mplete if the organization	answered "Yes" on	Form 990, Part IV	, line 33.)	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) d-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations during	anizations (Complete if the tax year.)	the organization an	swered "Yes" on F	orm 990, Part IV,	line 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Virtual Astronomical Observatory LLC 1400 16th Street NW Ste 730 Washington, DC 20036 26-2242071	Managing Virtual Observatory	DC	501(c)(3)	Line 7	N/A

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	-of-year	(h Disprop allocat	ortionate	Code amount ır Sched	(i) V—UBI n box 20 of ule K-1 n 1065)	(j Gener mana parti	al or Iging
								Yes	No			Yes	No
												+	
				s a Corporation on treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,	
	cause it flad offe t		elated organizations				(f))		(-)	(5)		
(a) Name, address, and EIN o	f related organization	(b) Primary a	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share o	f total	Sh end-	(g) nare of -of-year ssets	(h) Percentag ownership		
									1				

Pai	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV,	line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-I	√?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
b	Gift, grant, or capital contribution to other organization(s)		1b		No
c	Gıft, grant, or capital contribution from other organization(s)		1 c		No
d	Loans or loan guarantees to or for other organization(s)		1 d		No
e	Loans or loan guarantees by other organization(s)		1e		No
f	Sale of assets to other organization(s)		1f		No
g	Purchase of assets from other organization(s)		1 g		No
h	Exchange of assets		1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)		1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)		1j	Yes	
k	Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
ı	Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m	Sharing of facilities, equipment, mailing lists, or other assets		1m		No
n	Sharing of paid employees		1n		No
0	Reimbursement paid to other organization for expenses		10		No
р	Reimbursement paid by other organization for expenses		1р	Yes	
q	O ther transfer of cash or property to other organization(s)		1 q		No
r	O ther transfer of cash or property from other organization(s)		1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationshi	ps and transaction thres	holds		
	(a)	(b)		(c)	
	Name of other organization	Transaction type(a-r)		t involv	ed
(1)		, , , ,			
(2)					
(3)					
(4)					
(5)					
(6)			1		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) eneral or anaging eartner?	
			Yes	No		Yes	No		Yes	N	
										+	
										t	
										+	
										t	
									_	+	
										t	
										1	
										$^{+}$	
										1	
										\dagger	
										T	
										1	

Software ID: Software Version:

EIN: 11-1630900

Name: Associated Universities Inc

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

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) A verage hours		(C tion (hat a	ched)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
Malcolm Beasley Chairman, Trustee	4 00	х		х				0	0	0		
Roger-Maurice Bonnet Trustee	2 00	Х						0	0	0		
Barry S Cooperman Trustee	2 00	Х						0	0	0		
Mıchael E Fısher Trustee	2 00	х						0	0	0		
Paul H Gilbert Trustee	3 00	Х						0	0	0		
Roscoe C Giles Trustee	2 00	Х						0	0	0		
Martha P Haynes Trustee	3 00	Х						0	0	0		
Ernest M Henley Trustee	2 00	Х						0	0	0		
Donald K Hess Trustee	3 00	Х						0	0	0		
Jacqueline N Hewitt Trustee	2 00	Х						0	0	0		
Scott Kırkpatrıck Trustee	2 00	Х						0	0	0		
Eugene H Levy Trustee	4 00	Х						0	0	0		
John J Lively Trustee	3 00	Х						0	0	0		
Paul C Martin Trustee	2 00	Х						0	0	0		
Robert B Millard Trustee	1 00	Х						0	0	0		
H Warren Moos Trustee	3 00	Х						0	0	0		
James M Moran Trustee	2 00	Х						0	0	0		
Lyman A Page Jr Trustee	1 00	Х						0	0	0		
Robert C Richardson Trustee	2 00	Х						0	0	0		
Annelia I Sargent Trustee	3 00	Х						0	0	0		
William J Welch Trustee	2 00	Х						0	0	0		
Ethan Schreier President, Trustee	40 00	Х		х				298,511	0	104,816		
Patrick Donahoe Vice President	40 00			х				212,935	0	70,978		
Cynthia Allen Chief Financial Officer	40 00			х				154,009	0	49,887		
Kwok Yung Lo Dırector	40 00				Х			261,281	0	94,743		

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

(A) Name and Title	(B) A verage hours		(C tion (hat a	che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		
Phillip Jewell Deputy Director	40 00				х			172,909	0	67,612	
Robert Dickman Assistant Director	40 00				х			153,748	0	59,660	
Adrian Russell Deputy Dir - NRAO ALMA	40 00				х			194,060	0	67,894	
George Clark Associate Director	40 00					Х		178,083	0	62,436	
Richard Prestige Assistant Director	40 00					х		244,061	0	54,711	
Richard Sramek Test Scientist	40 00					Х		182,247	0	48,095	
Richard Simon Test Scientist	40 00					Х		190,365	0	43,648	
Eduardo Hardy Assistant Director	40 00					х		157,498	0	45,676	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Consumables	14,009,770	14,009,770		
Utilities, Fuel	2,760,329	2,752,954	7,375	
Equipment, LHI	1,577,630	1,577,630		
Communications	1,168,036	1,168,036		
Freight/Postage	947,643	944,855	2,788	