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**990**Form 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)

OMB No 1545-0047

**2010**Open to Public  
Inspection

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

**A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**

<b>B</b> Check if applicable	<b>C</b> Name of organization <b>ASIAN UNIVERSITY FOR WOMEN (AUW) SUPPORT FOUNDATION</b>		<b>D</b> Employer identification number <b>36-4483980</b>
<input type="checkbox"/> Address change	Doing Business As		<b>E</b> Telephone number <b>617-914-0500</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>1100 MASSACHUSETTS AVENUE</b>	Room/suite <b>300</b>	<b>G</b> Gross receipts \$ <b>7,862,626.</b>
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 <b>CAMBRIDGE, MA 02138-5218</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Terminated	<b>F</b> Name and address of principal officer <b>KAMAL AHMAD SAME AS C ABOVE</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<input type="checkbox"/> Amended return	<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ►
<input type="checkbox"/> Application pending	<b>J</b> Website: ► <b>WWW.ASIAN-UNIVERSITY.ORG</b>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►
			<b>L</b> Year of formation: <b>2001</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities	<b>SEE SCHEDULE O</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a)	3	17	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	16	
	6 Total number of volunteers (estimate if necessary)	6	17	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	8 Contributions and grants (Part VIII, line 1h)	505	<b>Prior Year</b>	<b>Current Year</b>
	9 Program service revenue (Part VIII, line 2g)	MAY 14 2012	5,390,038.	7,496,589.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	SO	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5-6d, 8c, 9c, 10c, and 11e)	RS	10,849.	2,247.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	OPEN	130,754.	363,790.
			5,531,641.	7,862,626.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,478,947.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		2,349,618.	
	b Total fundraising expenses (Part IX, column (D), line 25) ►	1,037,935.	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		4,842,462.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		7,321,409.	
19 Revenue less expenses Subtract line 18 from line 12		-1,789,768.	-2,089,163.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	17,658,291.	15,110,216.	
	22 Net assets or fund balances Subtract line 21 from line 20	813,596.	354,684.	
		16,844,695.	14,755,532.	

**Part II Signature Block**

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

<b>Sign Here</b>	► Signature of officer <i>Murli</i>	Date <i>May 11, 2012</i>			
	► Type or print name and title <b>KAMAL AHMAD, PRESIDENT &amp; CEO</b>				
<b>Paid Preparer</b>	Print/Type preparer's name <b>MARTIN BERKOWITZ</b>	Preparer's signature <i>Martin Berkowitz</i>	Date <i>5/10/12</i>	Check if self-employed <input type="checkbox"/>	PTIN <b>PTIN</b>
<b>Use Only</b>	Firm's name ► <b>LUTZ AND CARR, CPAS LLP</b>	Firm's EIN ►			
	Firm's address ► <b>300 EAST 42ND STREET NEW YORK, NY 10017</b>				Phone no. <b>212-697-2299</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

 Yes  No

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**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	5 <input type="checkbox"/>	6 <input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	9 <input checked="" type="checkbox"/>	10 <input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	11a <input checked="" type="checkbox"/>	11b <input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	11c <input checked="" type="checkbox"/>	11d <input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	11e <input checked="" type="checkbox"/>	11f <input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	12a <input checked="" type="checkbox"/>	12b <input checked="" type="checkbox"/>
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>	13 <input type="checkbox"/>	14a <input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	14b <input checked="" type="checkbox"/>	15 <input checked="" type="checkbox"/>
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	16 <input checked="" type="checkbox"/>	17 <input checked="" type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	18 <input checked="" type="checkbox"/>	19 <input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	20a <input checked="" type="checkbox"/>	20b <input type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		
14a Did the organization maintain an office, employees, or agents outside of the United States?		
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
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	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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	X
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? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	32	X
	If "Yes," complete Schedule N, Part I	33	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	34	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	35	X
34	Was the organization related to any tax-exempt or taxable entity?	36	X
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	37	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	38	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Note. All Form 990 filers are required to complete Schedule O	Form 990 (2010)

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	13
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country ► <b>BANGLADESH</b> See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7 <b>Organizations that may receive deductible contributions under section 170(c).</b>	7b	
a 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?	7c	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
8 <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9b	
9 <b>Sponsoring organizations maintaining donor advised funds.</b>	10a	
a Did the organization make any taxable distributions under section 4966?	10b	
b Did the organization make a distribution to a donor, donor advisor, or related person?	11a	
10 <b>Section 501(c)(7) organizations.</b> Enter	11b	
a Initiation fees and capital contributions included on Part VIII, line 12	12a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12b	
11 <b>Section 501(c)(12) organizations.</b> Enter	13a	
a Gross income from members or shareholders	13b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	13c	
12a <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	14a	X
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14b	
13 <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O</i>		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
14a Did the organization receive any payments for indoor tanning services during the tax year?		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body at the end of the tax year **17**  
 b Enter the number of voting members included in line 1a, above, who are independent **15**

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2 X**

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? **3 X**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4 X**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5 X**

6 Does the organization have members or stockholders? **6 X**

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7a X**  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7b X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  
 a The governing body? **8a X**  
 b Each committee with authority to act on behalf of the governing body? **8b X**

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O **9 X**

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

10a Does the organization have local chapters, branches, or affiliates? **10a X**  
 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**

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **11a X**  
 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a X**

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 **12b**  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c**  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done **13 X**

13 Does the organization have a written whistleblower policy? **14 X**

14 Does the organization have a written document retention and destruction policy? **15 X**

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
 a The organization's CEO, Executive Director, or top management official **15a X**  
 b Other officers or key employees of the organization **15b X**  
 If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16a X**  
 b If "Yes," 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**

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► **NY, MA**

18 Section 6104 requires an organization to make its Forms 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **KAMAL AHMAD - 617-914-0500**  
**1100 MASSACHUSETTS AVENUE #300, CAMBRIDGE, MA 02138**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
 Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee"

- List the organization's **five current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
JACK R. MEYER <u>CHAIRMAN</u>	1.00 X	X					0.	0.	0.
KAMAL AHMAD <u>PRESIDENT AND CEO</u>	40.00 X	X					260,700.	0.	43,004.
RITU BANGA <u>BOARD MEMBER</u>	1.00 X						0.	0.	0.
VIVIAN LOWERY DERRYCK <u>BOARD MEMBER</u>	1.00 X						0.	0.	0.
M. BERNADINE DIAS <u>BOARD MEMBER</u>	1.00 X						0.	0.	0.
MEREDITH DOIG <u>BOARD MEMBER</u>	1.00 X						0.	0.	0.
EZRA S. FIELD <u>TREASURER</u>	1.00 X						0.	0.	0.
DIPAK JAIN <u>BOARD MEMBER</u>	1.00 X						0.	0.	0.
KATHARINA KOENIG <u>BOARD MEMBER</u>	1.00 X						0.	0.	0.
JILL LERNER <u>BOARD MEMBER</u>	1.00 X						0.	0.	0.
KATHY M. MATSUI <u>BOARD MEMBER</u>	1.00 X						0.	0.	0.
JANET MONTAG <u>BOARD MEMBER</u>	1.00 X						0.	0.	0.
JUDY MOODY-STUART <u>VICE CHAIRMAN</u>	1.00 X	X					0.	0.	0.
SANJAY PATEL <u>BOARD MEMBER</u>	1.00 X						0.	0.	0.
KATHLEEN M. PIKE <u>BOARD MEMBER</u>	1.00 X						0.	0.	0.
HENRY ROSOVSKY <u>BOARD MEMBER</u>	1.00 X						0.	0.	0.
CATHERINE SASANUMA <u>BOARD MEMBER</u>	1.00 X						0.	0.	0.

ASIAN UNIVERSITY FOR WOMEN (AUW)  
SUPPORT FOUNDATION

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

**1b Sub-total**

**c Total from continuation sheets to Part VII, Section A**

**d Total (add lines 1b and 1c)**

528,104.

---

0

73,048.

**2 Total number of individuals (including but not limited to t**

compensation from the organization ►

3

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

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 individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule U for such person.

	Yes	No
3		X
4	X	
5		V

## Section B. Independent Contractors

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

Name of organization	(A) Name and business address	(B) Description of services	(C) Compensation
<b>PATRICIA GARVEY</b>	<b>75 SUMMIT AVENUE, BRONXVILLE, NY 10708</b>	<b>DEVELOPMENT</b>	<b>106,766.</b>

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

1

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**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	379,478.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,117,111.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		► 7,496,589.			
Program Service Revenue	2 a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		►			
	3 Investment income (including dividends, interest, and other similar amounts)		► 2,247.			2,247.
4 Income from investment of tax-exempt bond proceeds		►				
5 Royalties		►				
6 a Gross Rents	(i) Real	(ii) Personal				
b Less rental expenses	111,576.					
c Rental income or (loss)						
d Net rental income or (loss)	111,576.		► 111,576.		111,576.	
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)		►				
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events		►				
9 a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities		►				
10 a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory		►				
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS INCOME	611710	252,214.	252,214.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		► 252,214.				
12 Total revenue See instructions.		► 7,862,626.	252,214.	0.	113,823.	

**ASIAN UNIVERSITY FOR WOMEN (AUW)**  
**SUPPORT FOUNDATION**

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	763,619.	485,449.	182,848.	95,322.
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	1,257,738.	860,005.	169,730.	228,003.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	66,352.	45,842.	7,906.	12,604.
9 Other employee benefits	185,264.	131,598.	25,920.	27,746.
10 Payroll taxes	76,645.	51,351.	13,030.	12,264.
11 Fees for services (non-employees)				
a Management				
b Legal	1,393.	1,393.		
c Accounting	9,999.	297.	9,702.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,847,056.	2,593,385.	31,190.	222,481.
12 Advertising and promotion	76,794.	75,041.	753.	1,000.
13 Office expenses	1,333,519.	1,089,095.	161,166.	83,258.
14 Information technology				
15 Royalties				
16 Occupancy	514,150.	237,975.	153,322.	122,853.
17 Travel	779,538.	581,279.	141,501.	56,758.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	327,595.	173,398.	12,920.	141,277.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,199.	10,163.	18,018.	18,018.
23 Insurance	9,066.	2,363.	6,703.	
24 Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a STUDENT SERVICES & SUPP	889,908.	886,116.	3,731.	61.
b SCHOOL & STUDENT DORMIT	590,169.	590,169.	0.	0.
c MISCELLANEOUS	137,519.	114,490.	12,274.	10,755.
d DUES AND SUBSCRIPTION	37,510.	22,794.	9,181.	5,535.
e BAD DEBT EXPENSE	1,756.	1,756.		
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	9,951,789.	7,953,959.	959,895.	1,037,935.
26 Joint costs Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**ASIAN UNIVERSITY FOR WOMEN (AUW)**  
**Form 990 (2010) SUPPORT FOUNDATION**

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	227,058.	1	2,307,091.
	2 Savings and temporary cash investments	142,761.	2	653,012.
	3 Pledges and grants receivable, net	952,493.	3	699,247.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	396,773.	9	462,364.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 276,049.		
	b Less accumulated depreciation	10b 205,027.	10c	71,022.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	15,777,860.	12	10,866,995.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	50,485.	15	50,485.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>17,658,291.</b>	<b>16</b>	<b>15,110,216.</b>	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	798,796.	17	331,488.
	18 Grants payable		18	
	19 Deferred revenue		19	9,060.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	14,800.	25	14,136.
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>813,596.</b>	<b>26</b>	<b>354,684.</b>
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,638,532.	27	7,321,222.
	28 Temporarily restricted net assets	9,206,163.	28	7,434,310.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	16,844,695.	33	14,755,532.
	<b>34 Total liabilities and net assets/fund balances</b>	<b>17,658,291.</b>	<b>34</b>	<b>15,110,216.</b>

Form 990 (2010)

ASIAN UNIVERSITY FOR WOMEN (AUW)  
SUPPORT FOUNDATION

Form 990 (2010)

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,862,626.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,951,789.
3	Revenue less expenses Subtract line 2 from line 1	3	-2,089,163.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,844,695.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	14,755,532.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<input checked="" type="checkbox"/>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both		
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	<input checked="" type="checkbox"/>
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	

Form 990 (2010)

**SCHEDULE A**  
(Form 990 or 990-EZ)

## Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Name of the organization** ASIAN UNIVERSITY FOR WOMEN (AUW)  
SUPPORT FOUNDATION

Employer identification number  
36-4483980

**Part I** **Reason for Public Charity Status** (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)						
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____						
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )						
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )						
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )						
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )						
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).						
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.						
	a <input type="checkbox"/>	Type I	b <input type="checkbox"/>	Type II	c <input type="checkbox"/>	Type III - Functionally integrated	d <input type="checkbox"/>	Type III - Other
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)						
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box							
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?							
	(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?						
	(ii)	A family member of a person described in (i) above?						
	(iii)	A 35% controlled entity of a person described in (i) or (ii) above?						
h	Provide the following information about the supported organization(s)							

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

100

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

**Schedule A (Form 990 or 990-EZ) 2010**

## ASIAN UNIVERSITY FOR WOMEN (AUW)

Schedule A (Form 990 or 990-EZ) 2010 SUPPORT FOUNDATION

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	3206581.	6595842.	15193725.	5390038.	7496589.	37882775.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3206581.	6595842.	15193725.	5390038.	7496589.	37882775.
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)						21087123.
6 Public support. Subtract line 5 from line 4						16795652.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3206581.	6595842.	15193725.	5390038.	7496589.	37882775.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	241,765.	297,834.	458,737.	104,295.	113,823.	1216454.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			43,805.	37,308.	252,214.	333,327.
11 Total support. Add lines 7 through 10						39432556.
12 Gross receipts from related activities, etc (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	42.59	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	39.22	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	X	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 <b>Total support</b> (Add lines 9, 10c, 11, and 12)						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**Open to Public  
InspectionName of the organization **ASIAN UNIVERSITY FOR WOMEN (AUW)  
SUPPORT FOUNDATION** Employer identification number **36-4483980****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

## ASIAN UNIVERSITY FOR WOMEN (AUW)

Schedule D (Form 990) 2010

## SUPPORT FOUNDATION

36-4483980 Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations

d  Loan or exchange programs  
 e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by

(i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		276,049.	205,027.	71,022.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 71,022.

Schedule D (Form 990) 2010

## ASIAN UNIVERSITY FOR WOMEN (AUW)

Schedule D (Form 990) 2010

## SUPPORT FOUNDATION

36-4483980 Page 3

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MONEY MARKET FUND	10,866,995.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►</b>	<b>10,866,995.</b>	

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

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

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

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

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) SECURITY DEPOSIT PAYABLE	14,136.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ►</b>	<b>14,136.</b>

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under  
2. FIN 48 (ASC 740)

032053  
12-20-10

Schedule D (Form 990) 2010

## ASIAN UNIVERSITY FOR WOMEN (AUW)

Schedule D (Form 990) 2010

## SUPPORT FOUNDATION

36-4483980 Page 4

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

1	1	7,862,626.
2	2	9,951,789.
3	3	-2,089,163.
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	0.
10	10	-2,089,163.

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

1	1	8,140,082.
2		
a	2a	
b	2b	277,456.
c	2c	
d	2d	
e	2e	277,456.
3	3	7,862,626.
4		
a	4a	
b	4b	
c	4c	0.
5	5	7,862,626.

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

1	1	10,229,245.
2		
a	2a	277,456.
b	2b	
c	2c	
d	2d	
e	2e	277,456.
3	3	9,951,789.
4		
a	4a	
b	4b	
c	4c	0.
5	5	9,951,789.

**Part XIV Supplemental Information**

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

**PART X, LINE 2: MANAGEMENT HAS EVALUATED ALL INCOME TAX POSITIONS,**

INCLUDING THE POSITION THAT THE ORGANIZATION IS EXEMPT FROM INCOME TAXES

OR NOT SUBJECT TO INCOME TAXES OR UNRELATED BUSINESS INCOME, AND CONCLUDED

THAT NO DISCLOSURES RELATING TO UNCERTAIN TAX POSITIONS ARE REQUIRED IN

THE FINANCIAL STATEMENTS.

**SCHEDULE F**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

**ASIAN UNIVERSITY FOR WOMEN (AUW)  
SUPPORT FOUNDATION**

Employer identification number

**36-4483980****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SOUTH ASIA	2	128	PROGRAM SERVICE	TO SUPPORT THE FUNDING, CREATION AND MANAGEMENT OF THE ASIAN UNIVERSITY FOR WOMEN, A SEPARATE	4,800,000.
3 a Sub-total	2	128			4,800,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	128			4,800,000.

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

Schedule F (Form 990) 2010

SEE PART V FOR COLUMN (E) DESCRIPTIONS

032071  
12-20-10

12200510 759420 364483980

2010.05080 ASIAN UNIVERSITY FOR WOMEN 36448391

SUPPORT FOUNDATION

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Page 2

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any organization who received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

# ASIAN UNIVERSITY FOR WOMEN (AUW) SUPPORT FOUNDATION

SUPPORT FOUNDATION

## **Part III: Grants and Other Assistance to Individuals Outside the United States**

36-4483980

**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

## ASIAN UNIVERSITY FOR WOMEN (AUW)

Schedule F (Form 990) 2010

SUPPORT FOUNDATION

36-4483980

Page 4

**Part IV** **Foreign Forms**

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

 Yes  No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S. Owner (see Instructions for Forms 3520 and 3520-A)*

 Yes  No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)*

 Yes  No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

 Yes  No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

 Yes  No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*

 Yes  No

Schedule F (Form 990) 2010

**Part V Supplemental Information**

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

SCHEDULE F, PART I, LINE 2: ASIAN UNIVERSITY FOR WOMEN REPORT DIRECTLY TO THE ORGANIZATION. EXPENDITURE STATEMENTS RECONCILED TO BANK STATEMENTS.  
INTERNAL AUDIT WORK PERFORMED BY BRAC.

PART I, LINE 3, COLUMN (E):

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: TO SUPPORT THE FUNDING, CREATION AND MANAGEMENT OF THE ASIAN UNIVERSITY FOR WOMEN, A SEPARATE LEGAL ENTITY IN BANGLADESH. PRINCIPAL OPERATIONS INCLUDE ACADEMIC PLANNING FOR CURRICULUM AND UNIVERSITY ACTIVITIES; ACCESS ACADEMY AS A PRE-COLLEGIATE PROGRAM TO STRENGTHEN THE STUDENTS' ENGLISH AND QUANTITATIVE SKILLS AND CAMPUS PLANNING AND OPERATIONS FOR THE CAMPUS CONSTRUCTION AND LOCAL OPERATIONS.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**ASIAN UNIVERSITY FOR WOMEN (AUW)  
SUPPORT FOUNDATION**

Employer identification number  
**36-4483980**

**Part I Questions Regarding Compensation**

1a 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

<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 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?

3 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

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

4 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

- a Receive a severance payment or change-of-control payment from the organization or a related organization?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c	X	
5a	X	
5b	X	
6a	X	
6b	X	
7	X	
8	X	
9		

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

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported 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)(i)-(iii) 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 MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KAMAL AHMAD	(i) 258,900.	0.	1,800.	19,600.	23,404.	303,704.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 MARY SANSALONE	(i) 150,004.	0.	0.	12,000.	0.	162,004.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3	(i)						
4	(i)						
5	(i)						
6	(i)						
7	(i)						
8	(i)						
9	(i)						
10	(i)						
11	(i)						
12	(i)						
13	(i)						
14	(i)						
15	(i)						
16	(i)						

**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

**PART I, LINE 1A: HOUSING IN CAMBRIDGE FOR TEMPORARY ACADEMIC TEAM-SINCE**

**MOVED TO BANGLADESH.**

**FAMILY TRAVEL FOR PERMANENT POSTING TO BANGLADESH.**

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

ASIAN UNIVERSITY FOR WOMEN (AUW)  
SUPPORT FOUNDATION

Employer identification number  
36-4483980

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

THE ASIAN UNIVERSITY FOR WOMEN PREPARES WOMEN OF HIGH ABILITY AND

POTENTIAL TO MEET SOCIETY'S CHALLENGES, EFFECT POSITIVE CHANGE, AND

BECOME THOUGHTFUL, ETHICAL LEADERS THROUGH A RIGOROUS LIBERAL ARTS

CURRICULUM. THE UNIVERSITY ACCEPTS WOMEN ON THE BASIS OF MERIT ALONE,

AND OFFERS FULL SCHOLARSHIPS TO ALL STUDENTS WHO HAVE FINANCIAL NEED.

AUW PLACES SPECIAL EMPHASIS ON ENROLLING TALENTED AND PROMISING

STUDENTS FROM UNDERSERVED BACKGROUNDS.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

WOMEN FROM DIVERSE CULTURAL, RELIGIOUS, ETHNIC AND SOCIO-ECONOMIC

BACKGROUNDS FROM ACROSS SOUTH AND SOUTH EAST ASIA AND THE MIDDLE

EAST-WITH A PARTICULAR EMPHASIS ON THE INCLUSION OF WOMEN FROM POOR,

RURAL, AND REFUGEE POPULATIONS. AT THE HEART OF THE UNIVERSITY'S

MISSION IS THE CIVIC AND ACADEMIC GOAL TO CULTIVATE SUCCESSIVE

GENERATIONS OF WOMEN LEADERS WHO POSSESS THE INTELLECTUAL AND PERSONAL

SKILLS AND RESOURCES TO ADDRESS THE CHALLENGES OF THEIR COMMUNITIES'

SOCIAL AND ECONOMIC ADVANCEMENT. THE ASIAN UNIVERSITY FOR WOMEN SUPPORT

FOUNDATION (AUWSF), INCORPORATED AS A NON-PROFIT ORGANIZATION BASED IN

THE UNITED STATES, SERVES AS THE PLANNING AND FUNDRAISING ORGANIZATION

FOR THIS EFFORT.

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

AND POTENTIAL TO MEET SOCIETY'S CHALLENGES, EFFECT POSITIVE CHANGE, AND

BECOME THOUGHTFUL, ETHICAL LEADERS THROUGH A RIGOROUS LIBERAL ARTS

CURRICULUM. THE UNIVERSITY ACCEPTS WOMEN ON THE BASIS OF MERIT ALONE,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
032211  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization	ASIAN UNIVERSITY FOR WOMEN (AUW) SUPPORT FOUNDATION	Employer identification number 36-4483980
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AND OFFERS FULL SCHOLARSHIPS TO ALL STUDENTS WHO HAVE FINANCIAL NEED.

AUW PLACES SPECIAL EMPHASIS ON ENROLLING TALENTED AND PROMISING STUDENTS FROM UNDERPRIVILEGED BACKGROUNDS.

CURRICULUM REVISION:

THE UNDERGRADUATE AND ACCESS ACADEMY CURRICULA WERE REVISED TO ALIGN MORE CLOSELY WITH THE UNIVERSITY'S MISSION OF EDUCATING LEADERS. AFTER INTERVIEWS WITH THE STUDENTS REVEALED THAT THEY HAD LITTLE OR NO TRAINING WITH WORLD GEOGRAPHY AND WORLD HISTORY, THOSE CLASSES WERE INTRODUCED INTO THE ACCESS ACADEMY. MORE EMPHASIS WAS ALSO PLACED UPON PHYSICAL EDUCATION, NOTABLY KARATE. MEANWHILE, THE UNDERGRADUATE PROGRAM WAS CHANGED TO A MORE TRADITIONAL LIBERAL ARTS CURRICULUM, WITH A CORE CURRICULUM THAT BROADLY INTRODUCES STUDENTS TO IMPORTANT MODES OF THOUGHT AND ANALYSIS. THE CORE CURRICULUM CONSISTS OF TWO COURSES IN SOCIAL ANALYSIS; TWO COURSES IN ETHICAL REASONING; THREE COURSES IN LITERATURE, CIVILIZATION AND THE ARTS; TWO COURSES FROM NATURAL SCIENCES; TWO COURSES FROM MATHEMATICS; ONE COURSE FROM REGIONAL CHALLENGES; AND TWO WRITING & RHETORIC SEMINARS. THE FOUR-YEAR UNDERGRADUATE PROGRAM REQUIRES A TOTAL OF 32 COURSES, EACH WITH FOUR CREDITS, FOR GRADUATION. OF THOSE COURSES, 14 ARE FROM THE CORE CURRICULUM, 16 FROM THE MAJOR, AND TWO FROM FREE ELECTIVES. THOSE WHO COMPLETE THE UNDERGRADUATE PROGRAM EARN A BACHELOR'S DEGREE IN ONE OF THE FOLLOWING MAJORS: ASIAN STUDIES (B.A.); BIOLOGICAL SCIENCES (B.S.); ENVIRONMENTAL SCIENCES (B.S.); POLITICS, PHILOSOPHY AND ECONOMICS (B.A.); AND PUBLIC HEALTH STUDIES (B.S.). DURING THEIR UNDERGRADUATE SUMMERS, STUDENTS CONTINUE TO HAVE THE OPPORTUNITY TO ENGAGE IN SUMMER RESEARCH PROJECTS, INTERNATIONAL STUDY, AND INTERNSHIPS WITH PUBLIC AND PRIVATE ORGANIZATIONS IN COUNTRIES ACROSS THE REGION AND AROUND THE WORLD.

Name of the organization	ASIAN UNIVERSITY FOR WOMEN (AUW) SUPPORT FOUNDATION	Employer identification number 36-4483980
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MORE ATHLETICS:

THE REVISED EDUCATIONAL MODEL ALSO PLACED MORE EMPHASIS ON ATHLETICS.

APART FROM THE KARATE CLASSES ADDED TO THE ACCESS ACADEMY CURRICULUM

AND THE YOGA CLASSES TAUGHT SINCE AUW OPENED, THE UNIVERSITY HIRED

INSTRUCTORS FOR BASKETBALL AND CRICKET. THE PHYSICAL EDUCATION PROGRAM

AT AUW AIMS TO BOOST THE PHYSICAL AND MENTAL CAPACITIES OF THE STUDENTS

AND PROMOTE THE VALUES OF TEAMWORK, DISCIPLINE, AND SPORTSMANSHIP.

EXTRACURRICULAR ACTIVITIES:

WE OFFER A WIDE VARIETY OF STUDENT EXTRACURRICULAR ACTIVITIES AND

CLUBS, INCLUDING STUDENT GOVERNMENT, DEBATE, CREATIVE WRITING,

ENTREPRENEURSHIP, AND BASKETBALL TO NAME JUST A FEW. CLUBS ARE

INITIATED AND FORMED BY STUDENTS, AND ADVISED BY FACULTY, ACCESS

ACADEMY TEACHERS OR WORLDTEACH VOLUNTEERS. ELECTED CLUB OFFICERS TAKE A

ONE-CREDIT COURSE ON LEADERSHIP OF CLUBS AND ORGANIZATIONS; THIS COURSE

FOCUSSES ON LEADING AND MANAGING CLUBS, BUDGETING, USE OF THE INTERNET

AS A RESOURCE, PROJECT MANAGEMENT, AND PROPOSAL WRITING.

THE GRADUATION OF THE SECOND ACCESS ACADEMY CLASS:

THE ASIAN UNIVERSITY FOR WOMEN CELEBRATED ITS SECOND GRADUATION OF

STUDENTS FROM THE ACCESS ACADEMY AT THE CHITTAGONG CLUB AUDITORIUM ON

SATURDAY, JULY 17, 2010. DURING THE CEREMONY, 137 STUDENTS FROM 12

COUNTRIES -- BANGLADESH, CAMBODIA, INDIA, NEPAL, PAKISTAN, SRI LANKA,

PALESTINE, AFGHANISTAN, VIETNAM, BHUTAN, CHINA, AND MYANMAR -- WERE

RECOGNIZED FOR SUCCESSFULLY COMPLETING THE YEAR-LONG PREPARATORY

PROGRAM FOR ENTRANCE INTO THE UNIVERSITY. THE STUDENTS FINISHED AN

INTENSE PROGRAM OF STUDY IN ENGLISH, MATH, COMPUTERS AND CRITICAL

THINKING SKILLS. THE HONORABLE FOREIGN MINISTER DR. DIPU MONI SPOKE AS

CHIEF GUEST, AND THE HONORABLE STATE MINISTER FOR ENVIRONMENT DR. HASAN

MAHMUD WAS A SPECIAL GUEST. MS. LOAN BUI OF VIETNAM WAS THE STUDENT

032212  
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization	ASIAN UNIVERSITY FOR WOMEN (AUW) SUPPORT FOUNDATION
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Employer identification number
36-4483980

SPEAKER FOR THE EVENT.STUDENT RECRUITMENT FOR ACADEMIC YEAR 2011-2012:

FOR STUDENT RECRUITMENT, THE ADMISSIONS OFFICE ENGAGED WITH COUNTRY COORDINATORS DRAWN FROM NGOS AND LOCAL SCHOOLS ACROSS THE REGION. IN FY 2011, COUNTRY COORDINATORS IN AFGHANISTAN, BANGLADESH, BHUTAN, CHINA, INDIA, NEPAL, PAKISTAN, SRI LANKA, AND VIETNAM RECRUITED STUDENTS ON BEHALF OF THE UNIVERSITY, ORIENTED THE FAMILIES OF PROSPECTIVE CANDIDATES, AND ALSO ASSISTED WITH ENTRANCE EXAMS AND TRAVEL ARRANGEMENTS FOR ACCEPTED STUDENTS. AUW HIRES COUNTRY COORDINATORS IN A CONSULTING CAPACITY, AND ENGAGEMENT USUALLY LASTS SEVERAL MONTHS. AUW STUDENT BREAKDOWN AS OF FEBRUARY 2011 BY COUNTRY:

AFGHANISTAN: 14 (AA), 6 (UG1), 0 (UG2), 20 (TOTAL);

BANGLADESH: 46 (AA), 66 (UG1), 67 (UG2), 179 (TOTAL);

BHUTAN: 7 (AA), 8 (UG1), 2 (UG2), 17 (TOTAL);

CAMBODIA: 1 (AA), 4 (UG1), 8 (UG2), 13 (TOTAL);

CHINA: 3 (AA), 2 (UG1), 0 (UG2), 5 (TOTAL);

INDIA: 8 (AA), 9 (UG1), 20 (UG2), 37 (TOTAL);

MYANMAR: 1 (AA), 2 (UG1), 0 (UG2), 3 (TOTAL);

NAPAL: 16 (AA), 12 (UG1), 13 (UG2), 41 (TOTAL);

PAKISTAN: 6 (AA), 7 (UG1), 2 (UG2), 15 (TOTAL);

PALESTINE: 0 (AA), 2 (UG1), 0 (UG2), 2 (TOTAL);

SRI LANKA: 8 (AA), 19 (UG1), 28 (UG2), 55 (TOTAL);

VIETNAM: 10 (AA), 6 (UG1), 0 (UG2), 16 (TOTAL);

TOTAL: 120 (AA), 143 (UG1), 140 (UG2), 403 (TOTAL).

AUW SUPPORT FOUNDATION ACTIVITIES:

FUNDRAISING: AUWSF CONTINUED ITS FUNDRAISING CAMPAIGN FOR THE

UNIVERSITY'S UNDERGRADUATE AND ACCESS ACADEMY PROGRAMS. OUR MOST

SIGNIFICANT SUPPORTERS WERE INDIVIDUAL DONORS FROM AROUND THE WORLD AND

Name of the organization	ASIAN UNIVERSITY FOR WOMEN (AUW) SUPPORT FOUNDATION	Employer identification number 36-4483980
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PRIVATE FOUNDATIONS THAT INVEST INTERNATIONALLY.

FORM 990, PART VI, SECTION A, LINE 8B: THERE IS NO COMMITTEE WITH  
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: PRESIDENT AND CEO, KAMAL AHMAD,  
REVIEWS WHEN HE SIGNS THE 990.

FORM 990, PART VI, SECTION C, LINE 19: OUR OWN WEBSITE:  
WWW.ASIAN-UNIVERSITY.ORG

FORM 990, PART XI, LINE 2C

FINANCIAL STATEMENTS AND REPORTING

THE PROCESS FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND  
SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR  
YEAR.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	COMPUTER EQUIPMENT	VARIESSL	3.00	16	141,265.				141,265.	95,509.		22,804.
2	FURNITURE	VARIESSL	7.00	16	65,016.				65,016.	27,272.		9,442.
3	AUTOMOBILE	112907SL	5.00	16	69,768.				69,768.	36,047.		13,953.
	* TOTAL	990 PAGE 10			276,049.				0.	276,049.	158,828.	0.
	DEPR											46,199.

Depreciation and Amortization 990  
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment  
Sequence No 67Department of the Treasury  
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return

ASIAN UNIVERSITY FOR WOMEN (AUW)  
SUPPORT FOUNDATION

FORM 990 PAGE 10

36-4483980

## Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ► 13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	46,199.

## Part III MACRS Depreciation (Do not include listed property) (See instructions)

## Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► <input type="checkbox"/>		

## Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

## Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs		S/L
c 40-year	/		40 yrs.	MM	S/L

## Part IV Summary (See instructions.)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	46,199.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

018251  
12-21-10 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

**ASIAN UNIVERSITY FOR WOMEN (AUW)**  
**SUPPORT FOUNDATION**

Form 4562 (2010)

36-4483980 Page 2

**Part V** **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

**26** Property used more than 50% in a qualified business use

	%							
	%							
	%							

**27** Property used 50% or less in a qualified business use

	%				S/L -			
	%				S/L -			
	%				S/L -			

**28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

28

**29** Add amounts in column (i), line 26 Enter here and on line 7, page 1

29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
		Yes	No										
31													
32													
33													
34	Was the vehicle available for personal use during off-duty hours?												
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?											Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners												
39	Do you treat all use of vehicles by employees as personal use?												
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?												
41	Do you meet the requirements concerning qualified automobile demonstration use?												

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI** **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2010 tax year


**43** Amortization of costs that began before your 2010 tax year

43

**44** Total. Add amounts in column (f) See the instructions for where to report

44

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b>  File by the extended due date for filing your return. See instructions	Name of exempt organization <b>ASIAN UNIVERSITY FOR WOMEN (AUW) SUPPORT FOUNDATION</b>	Employer identification number <b>36-4483980</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>1100 MASSACHUSETTS AVENUE, NO. 300</b>	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>CAMBRIDGE, MA 02138-5218</b>

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 1**

<b>Application Is For</b>	<b>Return Code</b>	<b>Application Is For</b>	<b>Return Code</b>
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**BARRY MASON**

- The books are in the care of ► **1100 MASSACHUSETTS AVENUE #300 - CAMBRIDGE, MA 02138**  
Telephone No ► **617-914-0500** FAX No ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **MAY 15, 2012**

5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return

Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO COMPLETE THE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b>	\$ <b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b>	\$ <b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>8c</b>	\$ <b>0.</b>

#### **Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► **PRESIDENT & CEO**

Date ►

Form 8868 (Rev. 1-2011)

023842  
01-24-11