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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2010 ca	alendar year, or tax year begin	ning 07-01-2010 and ending 06-30-20	11		
B Ch	eck ıf a	pplicable	C Name of organization AMERICAN ASSOCIATION OF UNIT	VERSITY WOMEN INC		D Employer	identification number
- Add	tress ch	hange				52-6037	388
Na	me cha	inge	Doing Business As			E Telephone	number
- Init	al retu	ırn	Number and street (or P O box i	f mail is not delivered to street address)	Room/suite	(202) 78	5-7700
– Tei	mınate	ed	1111 16TH STREET NW	,		(202) / 0	
– _{Am}	ended	return	City or town, state or country, ar	nd ZIP + 4		G Gross recei	ots \$ 22,067,479
— _{Apı}	olication	n pending	WASHINGTON, DC 20036				
		,	F Name and address of p	rincipal officer	11/->		
			LINDA HALLMAN CAE	The par officer	n(a) Is this	a group return for affi	ıates?
			1111 16TH STREET NW WASHINGTON, DC 2003	36	H(b) Are a	ll affiliates included	P Yes □ No
			WASHINGTON, DC 2005	,,,	If "N	lo," attach a lıs	t (see instructions)
T a	x-exem	npt status	▼ 501(c)(3)	¶ (insert no)	H(c) Gro	up exemption n	umber 🟲
1 \\	obcit e	- - \^/\^	/W A A U W O RG		1		
					<u> </u>		
			Corporation Trust Associa	tion Other ►	L Year of f	ormation 1958	M State of legal domicile DC
Pa	rt I	Sum	imary				
				sion or most significant activities	CATION BUIL	ANTHRORY	ND DECEARCH
9		AAUWA	IDVANCES FOR WOMEN AND	O GIRLS THROUGH ADVOCACY, EDUC	ZATION, PHI	LANTHROPTA	ND RESEARCH
₹	:						
Governance							
Š	2	Check th	his box দ if the organization	discontinued its operations or disposed	of more than	25% of its net	assets
ා ජ	3	Number	of voting members of the gove	rning body (Part VI, line 1a)	•	3	14
ŝ			•	s of the governing body (Part VI, line 11	•		14
Ė			·	n calendar year 2010 (Part V, line 2a)		5	112
Activities &			mber of volunteers (estimate i			6	251
•				Part VIII, column (C), line 12		7a	25,031
	ь	Net unre	lated business taxable incom	e from Form 990-T, line 34	<u> </u>	7b	17,291
		<u>.</u> .			Pri	or Year	Current Year
<u>a</u>	8		butions and grants (Part VIII,	,	•	8,347,226	7,434,672
Ravenue		Program service revenue (Part VIII, line 2g)Investment income (Part VIII, column (A), lines 3, 4, and 7d)				367,848	577,780
H Y	10		,	•	4,221,335	3,014,866	
	11			,), lines 5, 6d, 8c, 9c, 10c, and 11e) L1 (must equal Part VIII, column (A), li	ne -	376,593	356,617
	12		_	· · · · · · · · · · · · · · · · · · ·		13,313,002	11,383,935
	13			rt IX, column (A), lines 1–3)		3,263,077	3,805,959
	14	Benefi	ts paid to or for members (Par	t IX, column (A), line 4)		0	0
ø	15		es, other compensation, emplo	yee benefits (Part IX, column (A), lines	5 –	5,016,397	5,749,237
Expenses	160	10)	scional fundraising foos (Part I	X, column (A), line 11e)		207,213	262,363
Φ ⊕	16a					207,213	202,303
ŭ	b		indraising expenses (Part IX, column			4 560 544	F 056 557
	17 18), lines 11a-11d, 11f-24f) nust equal Part IX, column (A), line 25)	•	4,569,544	5,956,557
	19		,	nust equal Part 1X, column (A), line 25)		256,771	15,774,116
w 07	1	1/2 4 511	at 1999 expenses Subtract III		Beginnir	ng of Current	
ខ្មុំ					_	Year	End of Year
Net Assets of Fund Balances	20	Total	assets (Part X, line 16)			118,357,586	130,869,060
\$ <u>E</u>	21	Total	liabilities (Part X, line 26) .			6,446,393	7,318,061
z <u>z</u>	22	Netas	sets or fund balances Subtra	ct line 21 from line 20		111,911,193	123,550,999
Pai	rt II	Sign	ature Block				
anow		and belie		nined this return, including accompanying te. Declaration of preparer (other than offic			
		T.			<u> </u>		
		**** Signa	*** ature of officer			2012-03-06 Date	
Sigr Here		[]		on.	L		
	_		A HALLMAN CAE EXECUTIVE DIRECTO or print name and title	JK			
		Print/Type	•	Preparer's signature	Date	Check if self-	PTIN
Paid		preparer's	s name MATT JOHNSON	MATT JOHNSON	employed 🕨 🦵	1 (114	
-⁄aid Prepa	arer		me PDROLET & ASSOCIATES PLLC				Firm's EIN
-	Only	Firm's add	dress 1901 L STREET NW 250				Phone no 🕨 (202) 822-
J 30 (Jilly		WASHINGTON, DC 20036		0717		

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

Г	Οī	Ш	9	9	U	(2)	U	Τ	U	,

age	2	
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Par		ement of Progra k ıf Schedule O conta								
1		ribe the organization' S EQUITY FOR WOM		I C TUROU	CII A DVO	CACY EDIL	CATION DULLA	NTUDODY	ND DECEADOR	
	WADVANCE	S EQUITY FOR WOM	EN AND GIR	LSTHROU	GH ADVO	CACT, EDUC	CATION, PHILA	NIHROPTA	ND RESEARCH	
2		nızatıon undertake an m 990 or 990-EZ?					which were not lis	ted on	Yes 🔽 No	
	If "Yes," des	cribe these new servi	ces on Sched	ule O						
3	services?	nızatıon cease condu · · · · · ·			t changes	in how it con	ducts, any progra • • • • •		Yes ▼ No	
	If "Yes," des	cribe these changes	on Schedule C)						
4	Section 501	e exempt purpose ach (c)(3) and 501(c)(4) o others, the total ex	organızatıons	and section	on 4947(a)	(1) trusts ar	e required to repo	•	•	
4a	(Code) (Expen	ses \$	4,787,994	ıncludıng gı	ants of \$) (R	evenue \$)	
	OUTREACH (DUTREACH INCLUDES MAI	NTENANCE OF TH	IE TOLL-FREE	MEMBER PH	ONE NUMBER (CONNECT) AND THE	MAINTENANCE	OF MEMBER RECORDS	1
4b	(Code) (Expen	ses \$	2,358,575	ıncludıng gı	ants of \$	1,954,000) (F	Revenue \$	36,690)	
	YEAR OF WRI FISCAL YEAR	LLOWSHIPS - THE FELLOW TING THEIR DISSERTATIO SELECTED PROFESSIONS HERE WOMEN'S PARTICIF	NS, CONDUCTING FELLOWSHIPS AF	G POSTDOCTO RE AWARDED	ORAL RESEAF TO WOMEN	CH OR PREPAR	ING COMPLETED RES	SEARCH FOR PU	JBLICATION DURING TH	1E
	(Code) (Expen	ses \$	1,365,096	ıncludıng gı	ants of \$	12,000) (F	Revenue \$	476,765)	
	MEETINGS AN	D CONVENTION - THE ME ISCAL YEARS AND OTHER	ETINGS AND CON	NVENTION FU	NCTION INC	.UDES ACTIVITI	, , ,		, ,	-
	0.11	<u></u>								
4d	Other prog (Expenses	ram services (Descri \$4,649,!		le O) See a ng grants o			r Description 59) (Revenue \$		358,625)	
		<u> </u>				1,039,9	Je / (Revenue \$			
4e	Total progr	am service expensesi	- \$	13,161,22	6					

art IV	Che	cklist	of R	eauire	d	Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
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>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
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? If "Yes," complete Schedule D, Part VII.	11b	Yes	
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? If "Yes," complete Schedule D, Part VIII.	11c		Νο
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? If "Yes," complete Schedule D, Part IX.	11d		Νο
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	_
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16	Yes	
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		N o
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	Table 13			
D	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	Ī _		
2-	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	_		
	year?	3a	Yes	
- Б 4а	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4-		
L	account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See histractions for him grequirements for Form FB F 30 22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
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?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			NI -
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			N.a
d	file Form 8282?	7c		N o
<u> </u>	11 res, indicate the number of forms 5252 med during the year.			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		Νο
f	contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club]		
	facilities			
11				
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
h	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			
С	Enter the amount of reserves on hand			
14>	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	, and the second of the second			

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

Se	ection A. Governing Body and Management			
	general control of the control of th		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νο
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	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	,		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 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		Νο
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed AL, AK, AR, AZ, CA, CO, CT, FL, G, ME, MD, MA, MI, MN, MS, NH, NJ, I OH, OK, OR, PA, RI, SC, TN, UT, V	NM,N	Y,NC	ND,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	,	, • ,	,

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. Another's website. Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization MIA PIANSAY
 1111 16TH STREET NW
 WASHINGTON, DC 20036

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, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, 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	Posi t	((tion (hat a	che		11		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) CAROLYN GARFEIN PRESIDENT	20 00	х						0	0	0
(2) GAIL NORDMOE VICE PRESIDENT	5 00	х						0	0	0
(3) JACQUELINE LITTLETON SECRETARY	10 00	х						0	0	0
(4) KATHY ANTHON DIRECTOR	5 00	х						0	0	0
(5) KATHLEEN CHA DIRECTOR	5 00	х						0	0	0
(6) CONNIE HILDEBRAND DIRECTOR	5 00	х						0	0	0
(7) LINDA TOZIER DIRECTOR	5 00	х						0	0	0
(8) DAVID KIRKWOOD DIRECTOR	10 00	х						0	0	0
(9) ALICIA HETMAN DIRECTOR	5 00	х						0	0	0
(10) KRYS WULFF DIRECTOR	5 00	х						0	0	0
(11) PATRICIA HO DIRECTOR	5 00	х						0	0	0
(12) BETSY MCDOWELL DIRECTOR	5 00	х						0	0	0
(13) MILDRED HOFFLER-FOUSHEE FINANCE VP	15 00	х						0	0	0
(14) MARCIA CAPRIOTTI DIRECTOR	5 00	х						0	0	0
(15) LINDA HALLMAN EXECUTIVE DIRECTOR	55 00			х				217,490	1,977	24,486
(16) JILL PIERCE CHIEF OF STRATEGIC ADV	50 10				х			182,075	1,817	21,266

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

(A) Name and Title	(B) (C) A verage Position (check all that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) FONG-CHING CHENG DIR OF INFORM TECH	41 00					Х		124,797	0	15,496
(18) LISA MAATZ DIR OF PUBLIC POLICY	40 00					Х		154,847	0	18,648
(19) CHRISTINE JONES DIR OF MEMBERSHIP	42 00					Х		108,601	0	13,862
(20) MARIAANNA A PIANSAY CONTROLLER	37 20					Х		102,144	985	13,058
(21) SEOK NG ASSOC DIR OF IT	37 50					х		101,452	0	10,309
							Ļ			
1b Sub-Total				•	•	<u></u>	-			
d Total (add lines 1b and 1c)				•	•		+	991,406	4,779	117,125
2 Total number of individuals (inclu \$100,000 in reportable compens		nited to	those	e list		ibove)	-	,	,	,

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο	
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	4	V		•
		4	Yes		
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 I for such person	5		Νο	

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

(A) Name and business address	(B) Description of services	(C) Compensation
PILLSBURY WINTHROP SHAW PITTMAN 2300 N ST NW WASHINGTON, DC 20031	TAX AND GROUP EXEMPTIONS	800,068
ACT PO BOX 4072 IOWA CITY, IA 522434072	GRANT APPLICATION PROCESSING	255,534
RUBINO & MCGEEHIN CHARTERED 6903 ROCKLEDGE DR SUITE 1200 BETHESDA, MD 208171818	INTERIM CFO	185,143
CHAPMAN CUBINE ADAMS & HUSSEY 1600 WILSON BLVD STE 300 ARLINGTON, VA 22209	FUNDRAISING CONSULTING	162,250
HELIOS HR 1925 ISSAC NEWTON SQ STE 200 RESTON, VA 20190	INTERIM HUMAN RESOURCES	126,706
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

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

Form 9		· · · · · · · · · · · · · · · · · · ·					P	age 9
Part	<u>VIII</u>	Statement of Revenu	<u>ie</u>		(A) Total revenue	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded
						function revenue		from tax under sections 512,
								513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1a					
Bor More		Membership dues		2,966,661				
स इंस्		Fundraising events						
s,⊞		Related organizations		105 100				
		Government grants (contributions)	1e	195,100				
등 돌	f	All other contributions, gifts, grants, similar amounts not included above	and 1f	4,272,911				
늍	g	Noncash contributions included in li	nes 1a-1f \$	18,935				
<u>ပညာ</u>	h	Total. Add lines 1a-1f			7,434,672			
a≘				Business Code				
Program Serwce Revenue	2a b	APPLICATION FEES		900099		476,765 101,015		
or ⊊	c	AFFECATION FEES		900099	101,015	101,015		
Z Z	d							
જુ	e							
Te J	f	All other program service rev	venue					
<u>နိ</u>	a	Total. Add lines 2a-2f			577,780			
	3	Investment income (includin			3,1,100			
		and other similar amounts)			2,391,160			2,391,160
	4	Income from investment of tax-exe						
	5	Royalties			36,226			36,226
	63	Gross Rents	(ı) Real 381,532	(II) Personal				
		Less rental	380,472					
	_ ر	expenses Rental income	1,060	+				
		or (loss) Net rental income or (loss)			1,060			1,060
		Net rental income of (1033)	(ı) Securities	(II) O ther	1,000			1,000
	7a	Gross amount	10,926,778	(,				
		from sales of assets other						
	ь	than inventory Less cost or	10,303,072					
		other basis and sales expenses						
	_	Gain or (loss)	623,706		622.706			622.706
ds.		Net gain or (loss)			623,706			623,706
Other Revenue	oa	Gross income from fundraisir (not including	ng events					
e ve		\$ of contributions reported on I	ine 1c)					
r Œ		See Part IV, line 18						
the			а					
٥		Less direct expenses Net income or (loss) from fun	_					
			ctivities See Part IV, line 19 . a					
		Less direct expenses		ь				
	С	Net income or (loss) from ga	ming activities •					
	10a	Gross sales of inventory, les returns and allowances	S					
		returns and anowances .	а					
	ь	Less cost of goods sold .	. b					
	С	Net income or (loss) from sa	les of inventory 🟲					
		Miscellaneous Revenue		Business Code	2-1-	204.55		
		OTHERINCOME		900099		294,300		
		ADVERTISING REVENUE		541800	25,031		25,031	
		-						
		I All other revenue	•					
			•		319,331			
	12	Total revenue. See Instruction	ons		11 202 025	972.090	2E 021	2 052 452

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)								
ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising expenses				
Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	320.388	·		Скрепзез				
Grants and other assistance to individuals in the U.S. See Part IV, line 22	•	·						
Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	191,000	3,294,5/1 191,000						
Benefits paid to or for members								
Compensation of current officers, directors, trustees, and key employees	545,969	436,775	65,516	43,678				
Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
Other salaries and wages	4,259,477	3,424,336	512,979	322,162				
Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	331,206	273,253	33,195	24,758				
Other employee benefits	256,705	210,865	26,835	19,005				
Payroll taxes	355,880	290,535	38,566	26,779				
Fees for services (non-employees) Management								
Legal	828,034	730,420	57,138	40,476				
Accounting	80,560		80,560					
Lobbying								
Professional fundraising services See Part IV, line 17	262,363			262,363				
Investment management fees								
Other	688,605	373,797	273,604	41,204				
Advertising and promotion	32,494	31,929		565				
Office expenses	1,684,211	1,297,101	122,074	265,036				
Information technology	494,089	447,661	32,497	13,931				
Royalties								
Occupancy	93,789	69,809	17,376	6,604				
Travel	344,392	222,207	84,620	37,565				
Payments of travel or entertainment expenses for any federal, state, or local public officials								
Conferences, conventions, and meetings	709,359	597,015	33,408	78,936				
Interest	3,919	3,265	345	309				
Payments to affiliates								
Depreciation, depletion, and amortization	475,649	382,226	57,266	36,157				
Insurance	47,917	38,506	5,769	3,642				
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)								
BLDG REPAIR & MAINTENAN	130,151	104,588	15,669	9,894				
EQUIPMENT RENTAL & MAIN	90,969	73,102	10,952	6,915				
RECRUITING	83,123		83,123					
MEMBERSHIP DUES	41,864	25,909	8,412	7,543				
STAFF TRAINING & DEVELO	37,458	11,953	22,152	3,353				
All other expenses	89,974	310,015	-297,659	77,618				
Total functional expenses. Add lines 1 through 24f	15,774,116	13,161,226	1,284,397	1,328,493				
Joint costs. Check here ► ☐ 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								
	Il other organizations must complete column (A) but are not required to continuous de mounts reported on lines 6b, 20, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions). Other employee benefits Payroll taxes Fees for services (non-employees) Management Legal Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List misscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) BLDG REPAIR & MAINTENNA EQUIPMENT RENTAL & MAIN RECRUITING MEMBERSHIP DUES STAFF TRAINING & DEVELO All other expenses Total functional expenses. A dd lines 1 through 24f Joint costs. Check here \subset if following SO P98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	In the proganizations must complete column (A) but are not required to womplete column (A)	In the roganizations must complete column (A) but are not required to complete column (B), (C), and (B) (S), (C), and (B) (C), and (C	Note the organizations must complete column (A) but are not required to complete columns (B), (C), and (D), and (D) and flood Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 2.1				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			730,340	2	1,133,114
	3	Pledges and grants receivable, net	•		809,677	3	931,011
	4	Accounts receivable, net			303,092	4	294,846
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	mploy	ers, and			
5		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
₫	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			85,574	9	215,299
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	12,914,222			
	ь	Less accumulated depreciation	10b	6,605,210	6,497,256	10c	6,309,012
	11	Investments—publicly traded securities			98,898,089	11	109,522,857
	12	Investments—other securities See Part IV, line 11			11,018,995	12	12,156,664
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			14,563	15	306,257
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			118,357,586	16	130,869,060
	17	Accounts payable and accrued expenses .			1,077,327	17	1,417,581
	18	Grants payable			3,257,932	18	3,763,552
	19	Deferred revenue			936,395	19	1,002,203
	20	Tax-exempt bond liabilities				20	
eS	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ē		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			1,174,739	25	1,134,725
	26	Total liabilities. Add lines 17 through 25			6,446,393	26	7,318,061
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plet e l	ines 27			
<u>9</u>		through 29, and lines 33 and 34.					
5	27	Unrestricted net assets			13,335,898	27	10,421,198
Fund Balances	28	Temporarily restricted net assets			20,744,546	28	34,261,149
핃	29	Permanently restricted net assets			77,830,749	29	78,868,652
or Fu		Organizations that do not follow SFAS 117, check here ► □ allines 30 through 34.	nd con	ıplet e			
	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other for	unds			32	
	33	Total net assets or fund balances			111,911,193	33	123,550,999
	34	Total liabilities and net assets/fund balances			118,357,586	34	130,869,060
					1		

Par	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		11.3	383,935
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,774,		
3	Revenue less expenses Subtract line 2 from line 1	3		-4,3	390,181
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		111,9	11,193
5	Other changes in net assets or fund balances (explain in Schedule O)	5		16,0	29,987
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		123,5	50,999
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			৮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual 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		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Employer identification number

SCHEDULE A Public

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2010

Open to Public Inspection

							52-6037388			
Pari	ΞI	Reaso	า for Pu	blic Charity Stat	t us (All organızatıon	s must complete this p	oart.) See instruc	tions		
he or	ganız	ation is no	ot a privat	e foundation becaus	e it is (For lines 1 thro	ugh 11, check only one b	ox)			
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	Γ	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	Γ					ity owned or operated by	a governmental uni	t describ	ed in	
_	_			A)(iv). (Complete Pa	•		13/43/3			
-	 					cribed in section 170(b)(1				
7	굣	described	d in	at normally receives A)(vi) (Complete Pa	·	support from a governme	ental unit or from th	e genera	public	
8	_				170(b)(1)(A)(vi) (Co	mnlete Part II)				
	<u>'</u>					of its support from contri	hutions membersh	ın fees a	nd aro	S S
_	'	-		•	• •	et to certain exceptions, a	•		-	
		-			· · · · · · · · · · · · · · · · · · ·	ess taxable income (less	* *			
			•			509(a)(2). (Complete Pa	•			
10	\sqcap	•			•	public safety See section	•			
11	_	one or mo	re publicl	y supported organiza	ations described in sectoriting organization and	efit of, to perform the fun- tion 509(a)(1) or section complete lines 11e throu I - Functionally integrate	509(a)(2) See sec gh 11h	-	a)(3).	Check
е	Γ	-	n foundati		=	rolled directly or indirect blicly supported organiza			-	
f g		check thi	s box gust 17, 2			S that it is a Type I, Typ t or contribution from any		pporting	organız	ation,
		_	•	rectly or indirectly co	ontrols, either alone or	together with persons des	scribed in (ii)		Yes	No
		and (III) b	elow, the	governing body of th	e the supported organiz	ation?		11g(i)		
		(ii) a fam	ıly membe	r of a person describ	oed in (i) above?			11g(ii)		
		(iii) a 35	% control	led entity of a persor	n described in (i) or (ii)	above?		11g(iii)		
h		Provide t	he followir	ig information about	the supported organiza	tion(s)				
(i) Name of supported organization		ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organize in the US?		A mo	ii) unt of port

Yes

instructions))

No

Total

Yes

Yes

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.)

	arties A Dublic Company	organization	ialis to quality u	iluei tile tests i	isted below, pie	ase complete	rait III.)
	ection A. Public Support endar year (or fiscal year beginning						
Car	in) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do not	3,825,410	3,714,921	4,638,521	8,347,226	7,434,692	27,960,770
	ınclude any "unusual	3,023,11	3,711,521	1,030,321	0,317,220	7, 13 1,032	21,500,710
	grants ")						
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	3,825,410	0 3,714,921	4,638,521	8,347,226	7,434,692	27,960,770
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						281,815
	on line 1 that exceeds 2% of the						· ·
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5						27,678,955
	from line 4						
	ection B. Total Support endar year (or fiscal year	T					1
Car	beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4	3,825,410	3,714,921	4,638,521	8,347,226	7,434,692	27,960,770
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	8,852,737	7,631,043	3,594,628	3,016,920	2,772,692	25,868,020
	and income from similar						
_	sources		+		+		
9	Net income from unrelated business activities, whether or						
	not the business is regularly				31,767	25,031	56,798
	carried on						
10	Other income Do not include						
	gain or loss from the sale of	50,052	80,944	169,858	178,519	294,300	773,673
	capital assets (Explain in Part	·					
11	IV) Total support (Add lines 7						
	through 10)						54,659,261
12	Gross receipts from related activition	es, etc (See inst	tructions)			12	1,369,033
13	First Five Years If the Form 990 is f	or the organizati	on's first, second,	third, fourth, or fi	fth tax year as a !	501(c)(3) organ	nization,
	check this box and stop here						► □
	and an of Community of Durk		Name				
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			1.1 column (f)			
	-	-		rr column (1))		14	50 640 %
15	Public Support Percentage for 2009	·	·			15	44 730 %
16a	33 1/3% support test—2010. If the and stop here. The organization qua				ine 14 is 33 1/3%	or more, check	this box
b	33 1/3% support test—2009. If the	•			a and line 15 is 3	3 3 1/3% or more	
_	box and stop here. The organization				u, u 20	2, 2, 3, 4 3, 11.01.	▶□
17a	10%-facts-and-circumstances test-	–2010. If the org	anızatıon dıd not c	heck a box on lin	e 13, 16a, or 16b	and line 14	·
	ıs 10% or more, and ıf the organızat						
	in Part IV how the organization mee	ts the "facts and	d circumstances" 1	est The organiza	ation qualifies as	a publicly suppo	- -
L	organization	_2000 16+6	anigation did not :	haak a hay an loo	012 160 164 -	r 17a and line	►
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		-	ly
	supported organization				J		″ ▶□
18	Private Foundation If the organizati	on did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and see	
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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

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	
S	ection 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

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

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493069006142

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

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

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

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

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

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

Na	ection 501(c)(4), (5), or (6) organ ime of the organization	·		Employer ide	ntıfıcatıon number			
AM	ERICAN ASSOCIATION OF UNIVERSITY	WOMEN INC		52-6037388	,			
ar	t I-A Complete if the o	ganization is exempt und	er section 501(
1		ganization's direct and indirect p						
2	Political expenditures	gamzation's affect and marreet p	onticul cumpulgii ac	tivities in rait iv	¢			
3	Volunteer hours			•	Ψ			
		ganization is exempt und						
1		e tax incurred by the organization			\$			
2	•	e tax incurred by organization ma	_	n 4955 -	\$			
3		section 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No			
4a	Was a correction made?				☐ Yes ☐ No			
b	If "Yes," describe in Part IV			·->	44-1421			
	•	ganization is exempt und			i (c)(3).			
1		ended by the filing organization fo			\$			
2	exempt funtion activities	organization's funds contributed t	o other organization	s for section 527	\$			
3	Total exempt function expend	3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b						
• — <u> </u>								
	organization made payments	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente	r (EIN) of all section r the amount paid fr	n 527 political organizatior om the filing organization's	funds Also enter the			
	Enter the names, addresses a organization made payments amount of political contribution	Form 1120-POL for this year?	r (EIN) of all section r the amount paid fr nd directly delivered	n 527 political organizatior om the filing organization's I to a separate political org	(e) A mount of politica contributions received and promptly and directly delivered to a separate political			
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,			
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,			
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,			
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,			
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,			
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,			
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,			
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,			
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,			
4 5	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none,			
	Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	r (EIN) of all section or the amount paid fr nd directly delivered) If additional space	n 527 political organization om the filing organization's to a separate political orgers is needed, provide information (d) A mount paid from filing organization's	(e) A mount of political contributions receive and promptly and directly delivered to a separate political organization If none,			

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768 ((election
Α.	Check If the filing organization belongs to a	an affiliated group		
<u>B</u>	Check	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means a	(a) Filing Organization's Totals	(b) A ffiliated Group Totals	
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	235,000	
c	Total lobbying expenditures (add lines 1a and 1	b)	235,000	
d	Other exempt purpose expenditures		15,544,116	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	15,779,116	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	938,956	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	234,739	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1 f from line 1 c If zero or less ente	er - 0 -	0	

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

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

Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total			
2a	Lobbying non-taxable amount			802,812	938,956	1,741,768			
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,612,652			
_с	Total lobbying expenditures			230,000	235,000	465,000			
d	Grassroots non-taxable amount			200,703	234,739	435,442			
е 	Grassroots ceiling amount (150% of line 2d, column (e))					653,163			
f	Grassroots lobbying expenditures								

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

		1.	a)		(b)	
		Yes	No		\ moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?			_		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	** THE A. Commisse if the every instinction is every medical exception FA4/s\/4\ exception [n
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c)(5), (or se		
	501(c)(6).	501(c)(5), « 		Yes	No
1	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	501(c)(5), (1		
1 2	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2		
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I	501(c)(5), (1 2 3	Yes	No
1 2 3 Par	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	501(c II-A, 1 2a 2b)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	501(c II-A, 1 2a 2b 2c)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	501(c II-A, 1 2a 2b 2c 3)(5), (1 2 3	Yes	No

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information

Ident if ier Return Reference | Explanation efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493069006142

OMB No 1545-0047

2010

Open to Public
Inspection

SCHEDULE D (Form 990)

Department of the Treasury

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.

Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

Name of the organization

AMEDICAN ASSOCIATION OF LINIVERSITY WOMEN INC.

Employer identification number

W-1 L	TEAN ASSOCIATION OF CHIVERSTIT WORLEN INC						52-0	5037388			
Par	t I Organizations Maintaining Donor Ad			Oth	er Sim	ilar Fu			nts. (Comple	te if the
	organization answered "Yes" to Form 99				16 1						
	F. A. L	(a) Dono	radv	/1S E	ed funds			(b) Funds a	nd oth	eraccou	nts
	Fotal number at end of year										
	Aggregate contributions to (during year)										
	Aggregate grants from (during year)										
	Aggregate value at end of year										
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the o	_					or advı	sed		┌ Yes	☐ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			_	_					┌ Yes	┌ No
	Conservation Easements. Complete	ıf the organızatı	on a	ans	swered '	'Yes" to	Forn	n 990, Par	t IV,	lıne 7.	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	on or pleasure)	Γ	P r P r	reservatio reservatio	on of a c	ertifie	ically impor	tructur		a
	easement on the last day of the tax year	illea collselvation	COIIC	LIID	ution in t	ne ioiiii	or a co	Jiis ei vation	l		
						[Held at	the En	d of the	Year
	Total number of conservation easements						2a				
	Total acreage restricted by conservation easements					Ī	2b				
	Number of conservation easements on a certified his	toric structure inc	:lude	ed i	n (a)	Ī	2c				
	Number of conservation easements included in (c) ac	cquired after 8/17	/06			Ī	2d				
	the taxable year ► Number of states where property subject to conserva	ation easement is	loca	ted	ı ►						
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ıtorıı	ng,	ınspectio	on, hand	lling of	violations,	and	┌ Yes	∏ No
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforc	ıng c	on	servatior	neasem	ents d	uring the ye	ear ► _		
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing (cons	erv	ation eas	sements	during	g the year 🕨	► \$		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy	the r	re q	uırement	s of sec	tıon			☐ Yes	┌ No
	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the									
rt	Organizations Maintaining Collectio Complete If the organization answered "						or Ot	her Simil	ar As	sets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibiti	on, e	e d u	cation or	researc	h ın fu				e,
)	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	public exhibition, e									
	(i) Revenues included in Form 990, Part VIII, line 1							► \$_			
	(ii) Assets included in Form 990, Part X							► \$			
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA					ssets fo	r fınan	cıal gaın, pı	rovide	the	
	Revenues included in Form 990, Part VIII, line 1							► \$			

Assets included in Form 990, Part X

3	Using the organization's accession and othe											ontinuea)
_	items (check all that apply)		d	_	Lannar	امیدا	hange progra					
а	Public exhibition		a	<u>'</u>		exci	nange progra	ams				
b	Scholarly research		e	ı	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	llections and expla	ın hov	w they	further	the c	organization	's e×	cempt purpos	e ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	Y" t	es" to Form	990	Ο,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	forco	ntrıbutı	ons d	or other ass	etsı	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	ble		Г			A moi	ınt	
С	Beginning balance							1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990 Part Y lung	717 د				L			_	Yes	
	If "Yes," explain the arrangement in Part XIV		= 21.							'	163	, 140
	rt V Endowment Funds. Complete		n and	word	d "Vac'	' to l	Form 990	Dar	+ TV line 1(<u> </u>		
ΓŒ	Endowment i unus: complete i	(a)Current Year)Prior \			wo Years Back		I)Three Years Ba		e)Four \	'ears Back
1a	Beginning of year balance	77,830,749		77	,086,498		75,816,93	_	•	Ť		
b	Contributions	1,037,903			744,251		1,269,56	51				
c	Investment earnings or losses	17,985,838		13	,017,718		2,159,86	56				
d	Grants or scholarships											
e	Other expenditures for facilities and programs	17,985,838		13	,017,718		2,159,86	56				
f	Administrative expenses											
g	End of year balance	78,868,652		77,	,830,749		77,086,49	98				
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment 100 000 %											
c	Term endowment ►											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	re held a	and a	ıdmınıstered	l for	the			
	organization by								_		Yes	No
	(i) unrelated organizations								3	a(i)		No
	(ii) related organizations								3	a(ii)		No
	If "Yes" to 3a(II), are the related organizatio	·						•		3Ь		
4	Describe in Part XIV the intended uses of th											
Pai	t VI Investments—Land, Buildings	s, and Equipme	nt. S				· ·					
	Description of investment				Cost or o		(b)Cost or of basis (othe		(c) Accumula depreciation		(d) Bo	ook value
1a	Land						3,357,	,226				3,357,226
b	Buildings		•				7,815,	,533	5,478	,492		2,337,041
c	Leasehold improvements						816,	,116	391	,317		424,799
d	Equipment						826,	,457	692	,623		133,834
е	Other	<u></u>	•				98,	,890	42	,778		56,112
Tota	II. A dd lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colun	nn (B)), line	10(c).)							6,309,012
									Schedule	• D (Form 9	90) 2010

Part VIII Investments—Other Securities. See	Form 990, Part X, line 17	
(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)0 ther		
(A) LIGHTHOUSE DIVERSIFIED FUND, LTD	11,835,641	
(B) MINERAL RIGHTS	321,023	
(-)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	12,156,664	
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	,	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		1
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
SECURITY DEPOSITS	68,503	
POOLED INCOME FUNDS	378,251	
CHARITABLE GIFT ANNUITIES	640,276	
OBLIGATIONS UNDER CAPITAL LEASE	31,665	
IRA SWEEPSTAKES	16,030	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,134,725	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,383,935
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,774,116
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-4,390,181
4	Net unrealized gains (losses) on investments	4	16,029,987
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	16,029,987
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	11,639,806
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	27,794,394
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	16,029,987
3	Subtract line 2e from line 1	3	11,764,407
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	-380,472
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	11,383,935
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	16,154,588
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 380,472		
е	Add lines 2a through 2d	2e	380,472
3	Subtract line 2e from line 1	3	15,774,116
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	15,774,116
Par	TXIV Supplemental Information		

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

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

Ident if ier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUNDS ARE MAINTAINED TO FUND SCHOLARSHIPS AND GRANTS FOR THE AMERICAN AND INTERNATIONAL FELLOWSHIPS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ORGANIZATION REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE ORGANIZATION DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE, OR REFLECT, ANY UNCERTAIN TAX POSITIONS TAX YEARS FROM JUNE 30, 2008 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY THE FEDERAL AND STATE TAX AUTHORITIES
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSE \$380,472
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES \$380,472

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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC **Employer identification number**

52-6037388

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

L	For grantmakers. Does the	organization r	naıntaın recor	ds to substantiate the	amount of the grants o	r
	assistance, the grantees' elig	jibility for the	grants or assi	stance, and the selec	tion criteria used to awai	rd
	the grants or assistance?					▽ Yes □ No
2	For grant makers. Describe in Pa United States	rt V the organiz	zatıon's procedu	res for monitoring the us	e of grant funds outside the	e
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(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 region/investments in region
	EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	AMERICAN FELLO WSHIP GRANT	6,000
	SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	AMERICAN FELLO WSHIP GRANT	20,000
	NORTH AMERICA	0		GRANTS TO RECIPIENTS LOCATED IN REGION	1	20,000
	EUROPE (INCLUDING ICELAND & GREENLAND)	0		GRANTS TO RECIPIENTS LOCATED IN REGION	INTERNATIONAL FELLO WSHIP GRANT	58,000
	SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	INTERNATIONAL FELLO WSHIP GRANT	18,000
	EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	INTERNATIONAL FELLOWSHIP GRANT	18,000
	NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	INTERNATIONAL FELLOWSHIP GRANT	18,000
	SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	OTHER AWARDS	14,000
	SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	OTHER AWRADS	14,000
	Sub-total Total from continuation sheets		0			172,000 14,000
_	to Part I		0			14,000

c Totals (add lines 3a and 3b)

186,000

Part	Part IV, lı	ne 15, for any					olete if the organizate received more than		
	a) Name of rganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nun tax-exempt by	hber of recipie the IRS, or fo	ent organizations lis or which the grante	ted above that are i e or counsel has pro	ecognized as chari ovided a section 50:	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	 as . ▶	
3	Enter total nun	nber of other o	organizations or en	tities					(Form 990) 2010

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV,
SHORT TERM RESEARCH PUBLICATION GRANTS	EUROPE (INCLUDING ICELAND & GREENLAND)	1	6,000	ELECTRONIC WIRE TRANSFER			appraisal, other)
A MERICAN DISSERTATION FELLO WSHIP	SUB-SAHARÁN AFRICA	1	20,000	ELECTRONIC WIRE TRANSFER			
A MERICA N DISSERTATION FELLO WSHIP	NORTH AMERICA	1	·	ELECTRONIC WIRE TRANSFER			
INTERNATIONAL FELLO WSHIPS	EUROPE (INCLUDING ICELAND & GREENLAND)	3		ELECTRONIC WIRE TRANSFER			
INTERNATIONAL FELLO WSHIPS	SOUTH ASIA	1	·	ELECTRONIC WIRE TRANSFER			
INTERNATIONAL FELLO WSHIPS	EAST ASIA AND THE PACIFIC	1		ELECTRONIC WIRE TRANSFER			
INTERNATIONAL FELLOWSHIPS	NORTH AMERICA	1	18,000	ELECTRONIC WIRE TRANSFER		1	
OTHER AWARDS	SUB-SAHARAN AFRICA	2	·	ELECTRONIC WIRE TRANSFER			
OTHER AWARDS	SOUTH ASIA	2	14,000	ELECTRONIC WIRE TRANSFER			
	'						
	'					1	
						1	
	'					1	
						1	
	'						
	'					1	
	,			'		1	

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 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
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 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	<u> ~</u>	Νo
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)	Г	Yes	굣	Νo
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)	Г	Yes	<u> </u>	Νo
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)	Г	Yes	▼	Νo
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).	Г	Yes	~	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 FOR MONIES AWARDED THROUGH AAUW INC'S INTERNATIONAL FELLOWSHIPS PROGRAM, FELLOWS ARE REQUIRED TO GIVE AN ACCOUNTING TWICE DURING THE FELLOWSHIP YEAR SUCH ACCOUNTING MAY INCLUDE PROJECT PROGRESS, INSTITUTIONAL CERTIFICATION OF GOOD STANDING, TRANSCRIPTS AND BUDGET EXPENDITURES RECEIPT OF THE SECOND FELLOWSHIP PAYMENT IS CONTINGENT UPON THE SUBMISSION OF A SATISFACTORY MIDYEAR REPORT, INCLUDING FINANCIALS FELLOWS ARE ALSO REQUIRED TO REQUEST, IN ADVANCE, ANY CHANGES TO THEIR PROJECT PLAN AND BUDGET, WHICH ARE APPROVED BY THE PROGRAM OFFICER TO ENSURE THEY MEET FELLOWSHIP GUIDELINES

Schedule F (Form 990) 2010

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DLN: 93493069006142

OMB No 1545-0047

(Form 990 or 990-EZ)

Mail solicitations

Department of the Treasury

Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Name of t	he organization			
AMERICA	AN ASSOCIATI	ONOFUNIVE	RSITY WOME	I IN

Employer identification number

52-6037388

Solicitation of non-government grants

Part I	Fundraising Activ	ities. Complete ı	f the organization	answered "Yes"	to Form 990,	, Part IV, lır	ne 17.
--------	-------------------	-------------------	--------------------	----------------	--------------	----------------	--------

Indicate whether the organization raised funds through any of the following activities. Check all that apply

Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) fundraiser listed in or entity (fundraiser) custody or organization col (i) control of contributions? Yes No TELEMARKETING/MEMBERSHIP TELEFUND INC DEVELOPMENT 650 HOWE AVE Νo 79,819 55,438 24,381 SACRAMENTO, CA 95825 TELEMARKETING/MEMBERSHIP GORDON & DEVELOPMENT SCHWENKMEYER INC Νo 1532 N MILWAUKEE AVE 61,201 44,675 16,526 **STE 206** CHICAGO, IL 60622 FUNDRAISING CHAPMAN CUBINE CONSULTING ADAMS & HUSSEY 1600 WILSON BLVD Νo 0 162.250 -162,250 SUITE 300 ARLINGTON, VA 22209 141,020 262,363 -121,343

AL, AK, AR, AZ, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI, HI

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
Φ.			, , , ,		(**************************************	+
Revenue	1 2	Gross receipts Less Charitable				+
₩ 9	-	contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Se	5	Non-cash prizes				
) NSe	6	Rent/facility costs				
Expenses	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın columı	n (d)		
	11	Net income summary Combine li	nes 3 and 10 in column	(d)		
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
Ф		\$13,000 OH FORM 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Total gaming
Revenue				bingo/progressive bingo		(Add col (a) through col (c))
	1	Gross revenue				
Ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
ច ថ្	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes % ┌ No	∀es % No	┌ Yes %	_
	7	Direct expense summary Add line	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)		
9	Ent	er the state(s) in which the organiza	ation operates gaming ac	ctivities		
а	Ist	the organization licensed to operate	gaming activities in eac	th of these states?		Yes Γ_{No}
b	If"	No," Explain				
						1
10a		re any of the organization's gaming			the tax year?	· · Fyes Fno
b	11	Yes," Explain				

11	Does the organization operate ga	aming activities with nonmembers?		Γ_{Yes} Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity	
	formed to administer charitable (jaming?		Г _{Yes} Г _{No}
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility			1
b	An outside facility		13b	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a		ntract with a third party from whom th		
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the	
c	If "Yes," enter name and address	5		
	Name 🟲			
	Address 🟲			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation l	\$		
	Description of services provided	>		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distrib		
p.				· Fyes Fno
D		required under state law distributed activities during the tax year > \$	to other exempt organizations or spent	
Par			r responses to question on Schedule	e G (see
	Identifier	ReturnReference	Explanation	

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Department of the Treasury

Internal Revenue Service

DLN: 93493069006142 OMB No 1545-0047

Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States

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

Inspection

Name of the organization						Employer Identification	on number
AMERICAN ASSOCIATION OF UNIV	ERSITY WOMEN II	V C				52-6037388	
Part I General Information	n on Grants and	l Assistance				'	
 Does the organization maintain rethe selection criteria used to awa Describe in Part IV the organization 	ard the grants or as:	sistance?					∀ Yes
Part II Grants and Other As Form 990, Part IV, line duplicated if additional	21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Addıtıonal Data Table							
2 Enter total number of section 50							
3 Enter total number of other organ	nizations					<u> ▶ _</u>	

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) AMERICAN FELLOWSHIP	80	1,553,000		FMV	
(2) SELECTED PROFESSION FELLOWSHIPS	22	350,000		FMV	
(3) INTERNATIONAL FELLOWSHIP	43	866,000		FMV	
(4) CAREER DEVELOPMENT GRANTS	49	472,571		FMV	
(5) COMMUNITY ACTION GRANTS	2	17,000		FMV	
(6) OTHER AWARDS	5	36,000		FMV	

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

Ident if ier	Return Reference	Explanation
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 FELLOWS AND GRANTEES ARE REQUIRED TO GIVE AN ACCOUNTING TWICE DURING
MONITORING GRANTS		THE GRANT/FELLOWSHIP PERIOD SUCH ACCOUNTING MAY INCLUDE PROJECT PROGRESS, INSTITUTIONAL
IN THE U S		CERTIFICATION OF GOOD STANDING, TRANSCRIPTS AND BUDGET EXPENDITURES RECEIPT OF THE SECOND
		GRANT/FELLOWSHIP PAYMENT IS CONTINGENT UPON THE SUBMISSION OF A SATISFACTORY MID-TERM REPORT,
		INCLUDING FINANCIALS GRANTEES AND FELLOWS ARE ALSO REQUIRED TO REQUEST, IN ADVANCE, ANY
		CHANGES TO THEIR PROJECT PLAN AND BUDGET, WHICH ARE APPROVED BY THE PROGRAM OFFICER TO ENSURE
		THEY MEET GRANT/FELLOWSHIP GUIDELINES

Schedule I (Form 990) 2010

Software ID: Software Version:

EIN: 52-6037388

Name: AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,3chedule 1, Part	, G. aa		15 651 611111161116	ana organizations	o iii tiie oiiitea ota		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECONOMIC OPPORTUNITY COMMISSION OF NASSAU COUNTY INC134 JACKSON STREET HEMPSTEAD,NY 55009	11-2195458	501(C)(3)	7,000		FMV		COMMUNITY ACTION GRANT
GRASSROOTS LEADERSHIP POB 36006 CHARLOTTE,NC 53140	58-1581743	501(C)(3)	7,000		FMV		COMMUNITY ACTION GRANT
JOHNSTOWN BRANCH AAUW 222 BELMONT STREET JOHNSTOWN,PA 10016	25-6054356	501(C)(3)	5,020		FMV		COMMUNITY ACTION GRANT
NEVADA OUTDOOR SCHOOL655 ANDERSON ST WINNEMUCCA,NV 60137	90-0087367	501(C)(3)	5,700		FMV		COMMUNITY ACTION GRANT
POWERPLAY NYC INC120 BROADWAY SUITE 230 NEW YORK, NY 10271	13-4045021	501(C)(3)	7,000		FMV		COMMUNITY ACTION GRANT
THE MLLES ALUMNAE INC 1119 MISSISSIPPI 116 WASHINGTON, DC 20002	20-5725012	501(C)(3)	6,855		FMV		COMMUNITY ACTION GRANT
UNIVERSITY OF NEW HAMPSHIREW283 KINGSBURY HALL 33 ACADEMIC WAY WAY DURHAM,NH 03824	02-6000937	501(C)(3)	7,000		FM∨		COMMUNITY ACTION GRANT
WASHINGTON PAVILION MANAGEMENT INC301 S MAIN AVE SIOUX FALLS,SD 57104	46-0435791	501(C)(3)	7,000		FMV		COMMUNITY ACTION GRANT
A LONG WALK HOME INC 1658 N MILWAUKEE AVE CHICAGO,IL 60647	30-0053613	501(C)(3)	10,000		FMV		COMMUNITY ACTION GRANT
AAUW NAPA COUNTY (CA) BRANCH2332 ATLAS PEAK ROAD NAPA,CA 94558	94-6101869	501(C)(3)	6,040		FM∨		COMMUNITY ACTION GRANT
AAUW ST GEORGE UT BRANCH1376 TALACHIRO CIR IVINS,UT 84738	87-0621013	501(C)(3)	6,317		FM∨		COMMUNITY ACTION GRANT
BASICNECESSITIESORGPO BOX 1167 LIVERMORE,CA 94551	20-8598864	501(C)(3)	10,000		FMV		COMMUNITY ACTION GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Torin 550,5cheddie 1, run	orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BRAVA FOR WOMEN IN THE ARTS2781 24TH STREET SAN FRANCISCO,CA 94110	92-2609353	501(C)(3)	10,000		FMV		COMMUNITY ACTION GRANT		
CHRYSALIS FOUNDATION 300 E LOCUST ST SUITE 150 DES MOINES,IA 50309	42-1337635	501(C)(3)	10,000		FMV		COMMUNITY ACTION GRANT		
GIRL SCOUTS OF GREATER LOS ANGELES (GSGLA)801 S GRAND AVE STE K LOS ANGELES,CA 90017	95-1644033	501(C)(3)	10,000		FMV		COMMUNITY ACTION GRANT		
GIRL SCOUTS OF THE GREEN AND WHITE MOUNTAINS1 COMMERCE DRIVE BEDFORD, NH 03110	02-0243160	501(C)(3)	9,250		FMV		COMMUNITY ACTION GRANT		
HARMONY GARDEN3333 BURNET AVE CINCINNATI,OH 45229	20-5461244	501(C)(3)	10,000		FMV		COMMUNITY ACTION GRANT		
LESLEY UNIVERSITY29 EVERETT STREET CAMBRIDGE,MA 02138	04-2103589	501(C)(3)	10,000		FMV		COMMUNITY ACTION GRANT		
MIAMI DADE COLLEGE 6300 NW 7TH AVENUE MIAMI,FL 33150	59-1210485	501(C)(3)	10,000		FMV		COMMUNITY ACTION GRANT		
RESEARCH FOUNDATION OF CUNY ON BEHALF OF YORK COLLEGE94-20 GUY R BREWER BLVD JAMAICA,NY 11451	13-1988190	501(C)(3)	10,000		FMV		COMMUNITY ACTION GRANT		
URBAN LEAGUE OF BATTLE CREEK172 W VAN BUREN ST BATTLE CREEK, MI 49017	38-1817220	501(C)(3)	10,000		FMV		COMMUNITY ACTION GRANT		
WISCONSIN ALLIANCE FOR WOMEN'S HEALTHPO BOX 1726 MADISON, WI 53701	80-0287566	501(C)(3)	10,000		FMV		COMMUNITY ACTION GRANT		
YWCA OF BOULDER COUNTY2222 14TH STREET BOULDER,CO 80302	84-0500276	501(C)(3)	10,000		FMV		COMMUNITY ACTION GRANT		
YWCA OFTHE UNIVERSITY OF ILLINOIS1001 S WRIGHT ST CHAMPAIGN,IL 61820	37-0720370	501(C)(3)	8,520		FMV		COMMUNITY ACTION GRANT		

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S LAW PROJECT 125 S 9TH STREET STE 300 PHILADELPHIA, PA 19107	52-1798210	501(C)(3)	10,850				LAF CASE
EQUITY LEGAL10 ROSECREST AVE ALEXANDRIA,VA 22301	48-3749844	501(C)(3)	26,053		FMV		LAF CASE

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DLN: 93493069006142

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

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

► Attach to Form 990. ► See separate instructions.

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AMI	ERICAN ASSOCIATION OF UNIVERSITY WOMEN INC					
В-	The Constitute Describes Commencedies		52-6037388			
- 6	rt I Questions Regarding Compensation				Yes	l N
4-			nu of the fellowing to out our name of lighted in Four		res	No
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Ē	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ					
2	Did the organization require substantiation prior to reir			1b		
2	officers, directors, trustees, and the CEO/Executive D			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that		·			
	Compensation committee	~	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	▽	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pai or a related organization	rt VI	I, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplementa	Inon	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	e 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νο
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
ь	Any related organization?			6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in R					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the re	butt	able presumption procedure described in Regulations		1	1

section 53 4958-6(c)?

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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(5)(1) (5)	Form 990 or Form 990-EZ
	(ı) (ıı)	217,490 1,977	0 0	0 0	0 0	24,486 0	241,976 1,977	0 0
(2) JILL PIERCE	(ı) (ıı)	182,075 1,817	0 0	0 0	0 0	21,266 0	203,341 1,817	0 0
	(ı) (ıı)	154,847 0	0 0	0	0	18,648 0	173,495 0	o 0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Schedule J (Form 990) 2010 Page **3**

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

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DLN: 93493069006142

OMB No 1545-0047

2010

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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 to provide any additional information.

Attach to Form 990 or 990-EZ.

Name of the organization
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC

Employer identification number

52-6037388

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3		AAUW, INC DELEGATES CONTROL OVER MANAGEMENT DUTIES TO AN OUTSOURCED PUBLIC ACCOUNTING FIRM

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		AAUW, INC HAS MEMBERS AND RECEIVES MEMBER DUES

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE BOARD OF DIRECTORS APPOINTS THREE AT-LARGE DIRECTORS, MEMBERS OF THE BY LAWS COMMITTEE, FELLOWSHIPS FUND ADVISERS, ADDITIONAL MEMBERS TO THE STANDING COMMITTEES, MEMBERS OF THE AWARDS PANELS, AND AUTHORIZES SUCH SPECIAL COMMITTEES AS IT DEEMS NECESSARY

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		AAUW MEMBERS VOTE ON THE BY-LAWS, RESOLUTIONS, PUBLIC POLICY POSITIONS AND ELECT ELEVEN OUT OF THE FOURTEEN BOARD OF DIRECTORS INCLUDING THE PRESIDENT AND VICE-PRESIDENT THE BOARD OF DIRECTORS APPOINT THREE ADDITIONAL BOARD MEMBERS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 IS REVIEWED BY THE CHAIR OF THE FINANCE COMMITTEE, BOARD OF DIRECTORS BEFORE FILING AND SIGNED BY THE EXECUTIVE DIRECTOR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES DIRECTORS AND OFFICERS TO SIGN AN AFFIRMATION OF COMPLIANCE TO DISCLOSE ANY POTENTIAL SITUATION THAT MAY RAISE CONFLICT OF INTEREST TO THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE DIRECTOR HAS A CONTRACT WITH THE BOARD OF DIRECTORS REGARDING COMPENSATION THE BOARD APPROVES THE COMPENSATION AND CONDUCTS A YEARLY PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR FOR ANY FUTURE RAISES IN COMPENSATION THE EXECUTIVE COMMITTEE COMPARES COMPENSATION LEVELS WITH INDEPENDENT COMPENSATION MARKET SURVEYS OTHER OFFICERS (CHIEF OF STRATEGIC ADVANCEMENT AND THE CHIEF OF MARKETING & COMMUNICATION), AND KEY EMPLOYEES HAVE THEIR ANNUAL PERFORMANCE EVALUATION BETWEEN APRIL AND JUNE COMPENSATION IS DECIDED ON BY THE ED, CSA, CMC AND CFO BASED ON THE ANNUAL PERFORMANCE RATING AND/OR MARKET SURVEYS AND RECOMMENDATIONS OF DEPARTMENTAL DIRECTORS THE OVERALL ORGANIZATION COMPENSATION IS THEN PRESENTED TO THE BOARD OF DIRECTORS THROUGH THE BUDGET APPROVAL PROCESS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S BY LAWS ARE AVAILABLE IN THE WWW AAUW ORG WEBSITE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE IN THE WEBSITE AND ALSO IN THE ANNUAL REPORT

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 16,029,987

ldentifier	Return Reference	Explanation
	PART XI, LINE 2C	THE OVERSIGHT AND SELECTION PROCESS USED BY THE AUDIT COMMITTEE HAS NOT CHANGED FROM THE PRIOR YEAR

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DLN: 93493069006142

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047 2010

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC				Employer ident 52-6037388	tification number		
Part I Identification of Disregarded Entities (Con	nplete if the organization	on answered "Yes"	on Form 990, Par	•			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during		ıf the organızatıon	answered "Yes" o	n Form 990, Part	IV, line 34 becau	se it had	l one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 cont	(g) 512(b)(13 trolled nızatıon
(1) AAUW ACTION FUND INC						Yes	No
1111 SIXTEENTH STREET NW WASHINGTON, DC 20036 53-0025390	UNITE GRADUATES FOR EDUCATIONAL WORK, STATISTICAL & OTHER INFORMATION	DC	501(C)(4)	N/A	N/A		No
For Privacy Act and Paperwork Reduction Act Notice, see the Instru	ctions for Form 990.	Cat No 50	135Y	ı	Schedule R (Form 990	2010

(a) ame, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(g) end-of-year sssets	(h Disprop allocat	ortionate	(i) Code V— amount in bo Schedule (Form 10	x 20 of K-1	(j Gener mana partr	al or ging	(k) Percentage ownership
								Yes	No			Yes	No	
				ble as a Corpora zations treated as a						nswered "Y	es" on	Form	990,	Part IV,
Name, address, ar	(a) nd EIN of related organiz	zation	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct cor enti	ntrolling	(e) Type of e (C corp, S or trust	corp,	Share of	(f) f total income	Shai end-o	y) re of f-year sets		(h) Percentage ownership
					1	l								

Part V Transactions With Related Organizations (Complete if the organization answered	d "Yes" on Form 990, Pa	art IV, line 34, 35, 3	5A, or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related	d organizations listed in Par	ts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b Gift, grant, or capital contribution to other organization(s)			1b		No
c Gift, grant, or capital contribution from other organization(s)			1c		
d Loans or loan guarantees to or for other organization(s)			1d		No
e Loans or loan guarantees by other organization(s)			1e	-	No
f Sale of assets to other organization(s)			1f		No
g Purchase of assets from other organization(s)			1 g		No
h Exchange of assets			1h		No
i Lease of facilities, equipment, or other assets to other organization(s)			<u>1i</u>	-	No
j Lease of facilities, equipment, or other assets from other organization(s)			1 <u>j</u>		No
k Performance of services or membership or fundraising solicitations for other organization(s)			1k		No
I Performance of services or membership or fundraising solicitations by other organization(s)			11		No
m Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes	
n Sharing of paid employees			1n	Yes	
• Reimbursement paid to other organization for expenses			10		No
p Reimbursement paid by other organization for expenses			1 p		No
q Other transfer of cash or property to other organization(s)			1 q		No
r Other transfer of cash or property from other organization(s)			1r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered rela	tionships and transacti	on thresholds		
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		nount
1) AAUW ACTION FUND INC	С	200,000	CASH		
2)					

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AAUW ACTION FUND INC	С	200,000	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners :ion :)(3) :ations?	(e) Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(I Gene mana part	ag ing tner?
			Yes	No		Yes	No		Yes	No
									_	+
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

ı	Ident if ier	Return Reference	Explanation

Schedule R (Form 990) 2010

Software ID: Software Version:

EIN: 52-6037388

Name: AMERICAN ASSOCIATION OF UNIVERSITY WOMEN INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	1,182,074	including grants of \$	714,144) (Revenue \$)
				IES, CAREER DEVELOPMENT A CAN WOMEN WHO ARE PREPAR	
				ADVANCEMENT APPLICANTS	
	•		•	T LEAST FIVE YEARS PRIOR TO	
				NON-PROFIT, COMMUNITY-BAS	
				1EN AND GIRLS IN LOCAL COM	
(Code) (Expenses \$		ıncludıng grants of \$	978,000) (Revenue \$	26,910)
				EXCHANGE AND GLOBAL OUTRE	
				WOMEN WHO HAVE ACCESS T	
				E STUDY OR RESEARCH IN THE	
				TUTIONS ARE SUPPORTED FOR	
				VOMEN RESIDING IN THEIR HO	
				IG ACADEMIC RECORD, PROFES	
•	THE POTENTIAL OF THE F. SIN UP TO SIX FELLOWSH			ES OF WOMEN AND GIRLS IN TH	HE FELLOW'S
JUNIKI OF ORIG	SIN OP TO SIX FELLOWSH	IPS ARE RENE	EWABLE FOR A SECOND	TEAR	
(Code) (Expenses \$	1,152,611	including grants of \$	6,988) (Revenue \$)
	UBLIC POLICY AND GOVE JE ANALYSIS AND VOTER		ATIONS FUNCTION INC	LUDES TRAINING AND TECHNI	CAL
(Code) (Expenses \$	456,471	including grants of \$) (Revenue \$)
EANOR ROOSEV	ELT FUND - THE FUND PRO	OVIDES SUPP	ORTIVE RESEARCH FOR	AAUW'S PUBLICATIONS INCLU	DING WHY S
W? WOMEN IN SO ND WHERE THE G		NGINEERING,	AND MATHEMATICS, TH	IE SIMPLE TRUTH ABOUT GEND	ER PAY GAP,
(Code) (Expenses \$	440,369	ıncludıng grants of \$	52,731) (Revenue \$	331,715)
	5 - THE GENERAL PROGRA UPPORT EQUITY FOR WO			RELATING TO BASIC PROGRA	MSAND
(Code) (Expenses \$	256,063	including grants of \$	88,096) (Revenue \$)
				GENDER DISCRIMINATION, IN MUNITY AND CAMPUS PROGRA	