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# DLN: 93493219012092

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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2010 ca	elendar year, or tax year beginning 10-01-2010 and ending 09-30-2011			
<b>B</b> Ch	eck ıf a	applicable	C Name of organization ASSOCIATED UNIVERSITIES INC		D Employer	identification number
_ Add	dress cl	hange			11-1630	900
— Na	me cha	ange	Doing Business As		E Telephone	e number
– <sub>Init</sub>	tial retu	ım	Number and street (or P O box if mail is not delivered to street address)	Room/suite		
– Tei	rmınate	ed	1400 16TH STREET NW NO 730	Room, suite	(202)46	2-10/6
_	ended		City or town, state or country, and ZIP + 4		<b>G</b> Gross recei	pts \$ 140,510,520
_			WASHINGTON, DC 200362252			
Apı	plication	n pending				
			<b>F</b> Name and address of principal officer ETHAN SCHREIER	<b>H(a)</b> Is this a g	group return for aff	liates? Yes Vo
			203 WEST LANVILLE STREET	<b>H(b)</b> Are all a	ffiliatos includo	d?
			BALTIMORE,MD 21217			st (see instructions)
					exemption r	
Та	x-exen	npt status	▼ 501(c)(3)			
W	ebsite	e: 🕨 WW	/W AUI EDU			
<b>∢</b> For	m of or	rganization	✓ Corporation Trust Association Other ►	L Year of form	nation 1946	<b>M</b> State of legal domicile NY
	rt I		mary			
			escribe the organization's mission or most significant activities			
		AUI UN	ITES THE RESOURCES OF UNIVERSITIES, RESEARCH ORGANIZATI			
<b>01</b>			NG, CONSTRUCTION, AND OPERATION OF FOREFRONT SCIENTIFI		STHATPRO	MOTE DISCOVERY
Governance	'	ANDED	UCATION WHILE EXPANDING OUR KNOWLEDGE OF THE PHYSICAL	WORLD		
Ξ						
<u> </u>						
	2	Check th	nis box 🔭 if the organization discontinued its operations or disposed of	more than 25	% of its net	assets
ර ර	3	Number	of voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot$ . $\cdot$		3	22
Ë	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	21
Acuvines &	5	Total nu	mber of individuals employed in calendar year 2010 (Part V, line 2a) .		5	683
ŧ	6	Total nu	mber of volunteers (estimate if necessary)		6	58
	7a	Total un	related business revenue from Part VIII, column (C), line 12		7a	0
	ь	Net unre	lated business taxable income from Form 990-T, line 34		7b	0
				Prior	Year	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)	13	36,121,181	137,836,155
∃E	9	Progra	am service revenue (Part VIII, line 2g)		1,358,826	2,222,533
Revenue	10	Invest	tment income (Part VIII, column (A ), lines 3, 4, and 7d)		298,874	451,832
Ť	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,868	0
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line			110 510 500
	l			13	37,780,749	140,510,520
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		264,087	403,535
	14		ts paid to or for members (Part IX, column (A), line 4)		0	0
Ø	15	Saları 5–10)	es, other compensation, employee benefits (Part IX, column (A), lines		55,303,684	67,783,457
Expenses	16a	,	sional fundraising fees (Part IX, column (A), line 11e)		0	0
Φ	ь		indraising expenses (Part IX, column (D), line 25) •0			
Ď					72 122 225	72 617 152
	17 18		expenses (Part IX, column (A), lines 11a-11d, 11f-24f) expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		73,122,235 38,690,006	72,617,152
	19		ue less expenses Subtract line 18 from line 12	13	-909,257	-293,624
. op	1 2 2	Neven	ac less expenses subtract fine to nom fine 12	Beginning		·
ညာကာ	1			Ye		End of Year
net Assets of Fund Bafances	20	Total	assets (Part X, line 16)	1	12,500,048	10,830,301
ŽŽ.	21		liabilities (Part X, line 26)		1,739,748	1,130,531
2 2	22		ssets or fund balances Subtract line 21 from line 20	1	10,760,300	9,699,770
Pai	rt II	Sign	ature Block			
Jnde (now	r pena	alties of po and belie	erjury, I declare that I have examined this return, including accompanying sch f, it is true, correct, and complete. Declaration of preparer (other than officer)	is based on al	l information	
Sigr	1	Signa	ature of officer	Date	2-08-06 e	
der		PATE	RICK DONAHOE VICE PRESIDENT-ADMINISTRATION			
			e or print name and title			
		Print/Type			heck if self-	PTIN
Paid	ļ	preparer's		eı	mployed 🕨 🦳	
orep:	arer					Firm's EIN
	Only	Firm's add	dress 7101 WISCONSIN AVE SUITE 800			Phone no • (301) 654-
	- · · · J		BETHESDA, MD 208144827			4900

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

Pari		ement of Program S			I	
1	Briefly desc	ribe the organization's m	ssion			
PLAN	INING, CONS		ATION OF THE FO	REFRONT SCIENTI	S, AND THE FEDERAL GOV	
2	the prior For	m 990 or 990-EZ? .			ar which were not listed on	┌ Yes ┌ No
3	Did the orga	cribe these new services	g, or make significa • • • • •		onducts, any program	┌ Yes ┌ No
4	Describe the Section 501		ements for each of t anizations and sect	ion 4947(a)(1) trusts	e largest program services are required to report the a n service reported	
	(Code	) (Expenses \$	77,456,224	ıncludıng grants of \$	) (Revenue \$	)
	ASTRONOMY A ENHANCE AST	AND ASTROPHYSICS RESEARCI RONOMERS' RESEARCH CAPAI	H PROGRAMS THE ORG BILITIES AND OPEN NEW	GANIZATION IS CONSTRUCT SCIENTIFIC FRONTIERS	TING TWO NEW MAJOR FACILITIES	MILLIMETER ARRAY AND EXPANDED
4b	(Code	) (Expenses \$	60,155,203	ıncludıng grants of \$	403,535 ) (Revenue \$	2,222,533 )
	TELESCOPES I BANK TELESC	FOR RESEARCH CONDUCTED E	BY THE INTERNATIONAL ARRAY AND THE VERY L	SCIENTIFIC COMMUNITY ARGE BASELINE ARRAY TH	E ORGANIZATION ALSO PROVIDES	FUL, STATE OF THE ART RADIO IDE THE ROBERT C BYRD GREEN FORMAL AND INFORMAL PROGRAMS
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
	Otha======	en manual and a language of the second	n Cahadula O \			
4d	(Expenses	am services  (Describe i \$	n Schedule O ) including grants (	of\$	) (Revenue \$	)
4e	Total progr	am service expenses►\$	137,611,4	27		

art TV	Check	list of	Required	Schedules
	CIICCE		IXC GGII CG	Scricadics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? $^{f 2}$	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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part $V^{\bullet}$	10		No
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? If "Yes," complete Schedule D, Part VI.	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		No
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		No
e	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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> 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		No
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		No
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> 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		No
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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		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			
	IV	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
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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 Yes Volume 1			
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		No
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?  Note: All Form 990 filers are required to complete Schedule O.	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 $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $\cdot$ . $$			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 133			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
b	return	21.	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CI			
	See instructions for filing requirements for Form TD F 90-22 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? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
c	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		No
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).			
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	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 Form 1098-C?	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.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	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			
D	In which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax  vear						
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		No			
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		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No No			
6	Does the organization have members or stockholders?	6		No			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No			
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						
	ection B. Policies (This Section B requests information about policies not required by the Internal						
ке	evenue Code.)		Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a	163	No			
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		110			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b					
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	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		No			
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	100		1110			
	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			<u> </u>			
17							
18	Section 61.04 requires an organization to make its Form 1.023 (or 1.024 if applicable), 990, and 990-T (50.1(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

☐ O wn website ☐ A nother's website ☐ Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization CONNIE WILLIAMS ACTING CHIEF FINANCIAL OFFICER
  1400 16TH STREET NW SUITE 730
  WASHINGTON, DC 200362252

# <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 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 compensate							sate	d any current office	er, director, or trust	ee			
(A) Name and Title	(B) Average hours		(C) Position (check all that apply)			Position (check all that apply)					( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	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)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
See Additional Data Table													

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

	<del>-</del>								,							
	(A) Name and Title	(B) Average hours		(C) Position (check all that apply)			ıll		( <b>D</b> ) Reportable compensation	(E) Reportable compensation		(F) Estima amount o	ited f 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)	0	compens from t rganizati relati organiza	:he on and ed			
See A	dditional Data Table															
				T							+					
				$\vdash$				$\vdash$			+					
				<del>                                     </del>							+					
				$\vdash$			1	$\vdash$			+					
				<del>                                     </del>							+					
				$\vdash$			1	$\vdash$			+					
				├	_		-	┞			+					
								Ļ			4					
1b c	Sub-Total						· ·	-			+					
	Total (add lines 1b and 1c) .						<u> </u>	<b>&gt;</b>	2,505,161	C	<del>,  </del>	8	332,404			
2	Total number of individuals (incl \$100,000 in reportable compen	ludıng but not lır	nıted to	thos	e lıs	ted		) who	received more tha	n						
												Yes	No			
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sci					ey e •	mploy •	ee, c	r highest compens	ated employee	3	Yes				
4	For any individual listed on line organization and related organiz										4	Yes				
5	Did any person listed on line 1a								_		<del>-1</del>	163				
	services rendered to the organiz	zation? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or sucl	n per:	son							

### 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>(B)</b> Description of services	<b>(C)</b> Compensation
GENERAL DYNAMICS SATCOM 2600 NLONGVIEW ST KILGORE, TX 756626842	CONTRACTOR SERVICES	19,264,064
GENERAL DYNAMICS INST OBRAS DE INGENIERIA 1474 VITACURA SANTIAGO CI	CONTRACTOR SERVICES	3,119,172
ADVANCED CONTROL COMPONENTS 611 INDUSTRIAL WAY WEST EATONTOWN, NJ 07724	ASSEMBLY/IPT DOWNCONVERTERS	1,015,874
MBV INGENIERIA Y CONSTRUCCION LTDA RUTA DEL COBRE 320 PLAZA DE LA NEG ANTOFAGASTA CI	SERVICE/PARTS	706,108
VIRGINIA DIODES INC 979 2ND STREET SE STE 309 CHARLOYTSVILLE, VA 229026172	ASSEMBLY/BAND 9 SEXTUPLERS	655,890
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►14	who received more than	

Form 9						P	age <b>9</b>
Part	<b>V</b>	Statement of Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e f	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f \$	137,836,155	137,836,155			
Program Service Revenue	g	CAFE,GUESTHSE,GIFTSHOP  All other program service revenue  Total. Add lines 2a-2f	Business Code 900099	2,222,533			
	4 5 6a b	Investment income (including dividends, interest and other similar amounts)	(II) Personal	451,832			451,832
÷	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)  Net gain or (loss)	(II) O ther				
Other Revenue	С	(not including  \$ of contributions reported on line 1c) See Part IV, line 18  a  Less direct expenses b  Net income or (loss) from fundraising events					
	с 10а b	Less direct expenses	Rusinosa Cada				
			Business Code				
	12	Total revenue. See Instructions		140,510,520	2,222,533	0 orm <b>990</b> (2	

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

Δ			Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses							
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				· ·							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	403,535	403,535									
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors, trustees, and key employees	2,168,073	1,273,771	894,302								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$											
7	Other salaries and wages	48,915,762	48,528,128	387,634								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,867,266	3,837,059	30,207								
9	Other employee benefits	9,846,327	9,766,504	79,823								
10	Payroll taxes	2,986,029	2,986,029									
а	Fees for services (non-employees) Management											
b	Legal	437,490	395,960	41,530								
c	Accounting	230,085		230,085								
d	Lobbying	25,500		25,500								
e	Professional fundraising services See Part IV, line 17											
f	Investment management fees											
g	Other	34,823,736	34,413,938	409,798								
12	Advertising and promotion											
13	Office expenses	702,960	636,288	66,672								
14	Information technology	3,074,732	3,074,732									
15	Royalties											
16	Occupancy	5,368,871	5,169,868	199,003								
17	Travel	6,096,022	5,661,480	434,542								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials											
19	Conferences, conventions, and meetings	485,691	434,047	51,644								
20	Interest											
21	Payments to affiliates											
22	Depreciation, depletion, and amortization	30,889		30,889								
23 24	Insurance	466,870	307,024	159,846								
	line 25, column (A) amount, list line 24f expenses on Schedule O)											
а	EQUIPMENT AND LEASEHOLD	12,036,365	12,036,365									
b	UTILITIES/FUEL/CONSUMAB	6,860,365	6,827,738	32,627								
C	FREIGHT/POSTAGE	1,194,618	1,188,164	6,454								
d	MEMBERSHIP/PUBLICATIONS	555,864	525,414	30,450								
е	DONATIONS	48,990		48,990								
f	All other expenses	178,104	145,383	32,721								
25	Total functional expenses. Add lines 1 through 24f	140,804,144	137,611,427	3,192,717	0							
26	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											

Pa	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	2,566,859	2	900,183
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	754,126	4	761,113
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers, and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions)			
\$		Schedule L		6	
ssets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	89,369	9	71,527
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  506,113	3		
	b	Less accumulated depreciation <b>10b</b> 379,32	86,064	10c	126,792
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	9,003,630	12	8,970,686
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	12,500,048	16	10,830,301
	17	Accounts payable and accrued expenses .	1,606,340	17	517,875
	18	Grants payable		18	
	19	Deferred revenue	95	19	203,827
	20	Tax-exempt bond liabilities		20	
es es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Lia		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	133,313	25	408,829
	26	Total liabilities. Add lines 17 through 25	1,739,748	26	1,130,531
<u>~</u>		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			
2		through 29, and lines 33 and 34.			
<u>=</u>	27	Unrestricted net assets	10,745,394		9,685,900
Fund Balances	28	Temporarily restricted net assets	14,906	28	13,870
Ξ	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ► and complete			
ō	20	lines 30 through 34.		_	
£\$	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
ĕ	33	Total net assets or fund balances	10,760,300		9,699,770
	34	Total liabilities and net assets/fund balances	12,500,048	34	10,830,301

Pa	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		140.5	510,520
2	Total expenses (must equal Part IX, column (A), line 25)	2	140,804,14		
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,7	760,300
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-7	766,906
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		9,6	599,770
Pai	Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			৮	
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			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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 taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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DLN: 93493219012092

OMB No 1545-0047

2010

Open to Public Inspection

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization ASSOCIATED UNIVERSITIES INC

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

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

Employer identification number

11-1630900

2	Γ	A scho	ol described	in <b>section 170(b)(1</b>	. <b>)(A)(ii).</b> (At	tach Sched	ule E)						
3	$\Gamma$	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descr	ibed in <b>sectio</b>	n 170(b)(1	)(A)(iii).				
4	Γ			n organization operat ty, and state	ed in conjun	ction with a	hospital des	cribed in <b>se</b>	ction 170(b)	(1)(A)	(iii). Ente	r the	
5	Γ	An orga	anızatıon op	erated for the benefit	t of a college	or universi	ty owned or o	perated by	a governmer	ntal unit	t describe	d in	
		sect ion	170(b)(1)(	A)(iv). (Complete P	art II )								
6	Г	A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>sect</b> i	ion 170(b)(	1)(A)(v).				
7	₹	describ	ed in	at normally receives  (A)(vi) (Complete P		l part of its	support from	a governm	ental unit or	from th	e general	public	:
8				described in section		<b>A ) (vi)</b> (Cor	mnlete Part II	r \					
9	Ė.		•	at normally receives			•	•	ibutions mer	nhersh	ın fees ai	nd arn	s s
	'	_		ities related to its ex								_	33
				oss investment inco									
		-	_	janization after June				-		cux, iii	om basin		
10	Г												
11	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carr one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section box that describes the type of supporting organization and complete lines 11e through 11h  a Type I b Type II c Type III - Functionally integrated d					ee <b>sec</b>	•	a)(3).	Check				
e f g	ı	other the section of the ocheck the Since A	nan foundatı 1509(a)(2) rganızatıon this box	ox, I certify that the on managers and othe received a written de 2006, has the organi	ner than one	or more put	olicly support	ed organıza Type I, Typ	tions describ	oed in s	ection 50	9 (a)(:	1) or
				rectly or indirectly c	ontrols, eithe	er alone or t	ogether with	persons de	scribed in (ii)	)		Yes	No
				governing body of th							11g(i)		
		(ii) a fa	mily membe	er of a person descri	bed in (i) abo	ve?					11g(ii)		
		(iii) a 3	35% control	led entity of a perso	n described i	n (ı) or (ıı) a	above?				11g(iii)		
h		Provide	the followi	ng information about	the supporte	ed organizat	ion(s)						
(i) Name of supported organizatio		e of rted	of (ii) Type of organization organical col (i) ted EIN lines 1- 9 above ation or IRC section documents.			(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		i) he ition in ganized US?	d	A mo	rii) unt of port
				(see instructions))	Yes	No	Yes	No	Yes	No	•		
								1					
								1					
	_						1	1					
ota	ıI						1						

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

(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.)

	under Part III. If t	ne organization	tails to qualify u	inder the tests	listed below, ple	ease complete l	Part III.)		
	ection A. Public Support endar year (or fiscal year beginning	g [	1 1	Г	Т	Т			
-di	endar year (orfiscal year beginning in) ►	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	127,449,25	0 144,811,939	148,815,289	136,121,181	137,836,155	695,033,814		
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	127,449,25	0 144,811,939	148,815,289	136,121,181	137,836,155	695,033,814		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	<b>Public Support.</b> Subtract line 5 from line 4						695,033,814		
	ection B. Total Support								
Cal	endar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total		
7	A mounts from line 4	127,449,250	144,811,939	148,815,289	136,121,181	137,836,155	695,033,814		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	671,983	947,453	172,207	298,874	451,832	2,542,349		
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,550,000			1,868		4,551,868		
11	<b>Total support</b> (Add lines 7 through 10)						702,128,031		
12	Gross receipts from related activ	ities, etc (See ins	structions )			12	6,925,846		
13	First Five Years If the Form 990 in check this box and stop here	is for the organizat	tion's first, second	, thırd, fourth, or f	ıfth tax year as a	501(c)(3) organiz	zation, ▶┌		
	ection C. Computation of P								
14	Public Support Percentage for 20	-		11 column (f))		14	98 990 %		
15	Public Support Percentage for 20	09 Schedule A, P	art II, line 14			15	98 520 %		
	a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.								
17a	box and <b>stop here.</b> The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.								
b 18	organization  10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here.  Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization  Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions								

organization

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 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 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 IV) 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 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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

**▶**□

Part IV Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

### Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION PART II, COLUMN (C) LINE 10 - THE AMOUNT REPORTED OF \$4,550,000 PERTAINED TO PROCEEDS FROM THE SETTLEMENT OF A LAWSUIT PROCEEDS WERE RECEIVED BY THE ORGANIZATION IN TAX YEAR 2006

Software ID: Software Version:

**EIN:** 11-1630900

Name: ASSOCIATED UNIVERSITIES INC

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)				(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MALCOLM BEASLEY TRUSTEE	5 00	х		х				0	0	0
ROGER-MAURICE BONNET TRUSTEE	2 00	Х						0	0	0
BARRY S COOPERMAN TRUSTEE	1 00	Х						0	0	0
DEAN W CURRIE TRUSTEE	2 00	Х						0	0	0
MICHAEL E FISHER TRUSTEE	2 00	Х						0	0	0
PAUL H GILBERT TRUSTEE	2 00	Х						0	0	0
ROSCOE C GILES TRUSTEE	2 00	Х						0	0	0
MARTHA P HAYNES TRUSTEE	5 00	Х						0	0	0
DONALD K HESS TRUSTEE	3 00	Х						0	0	0
JACQUELINE N HEWITT TRUSTEE	2 00	Х						0	0	0
SCOTT KIRKPATRICK TRUSTEE	3 00	Х						0	0	0
EUGENE H LEVY TRUSTEE	7 00	Х						0	0	0
JOHN J LIVELY TRUSTEE	4 00	Х						0	0	0
PAUL C MARTIN TRUSTEE	4 00	Х						0	0	0
GEORGE K MILEY TRUSTEE	1 00	Х						0	0	0
H WARREN MOOS TRUSTEE	2 00	Х						0	0	0
JAMES M MORAN TRUSTEE	4 00	Х						0	0	0
LYMAN A PAGE JR TRUSTEE	2 00	Х						0	0	0
ROBERT C RICHARDSON TRUSTEE	2 00	Х						0	0	0
ANNELIA I SARGENT TRUSTEE	4 00	Х						0	0	0
WILLIAM J WELCH TRUSTEE	2 00	Х						0	0	0
ETHAN SCHREIER PRESIDENT, TRUSTEE	40 00	Х		х				299,399	0	105,669
PATRICK DONAHOE VICE PRESIDENT	40 00			Х				209,259	0	71,832
CYNTHIA ALLEN CHIEF FINANCIAL OFFICER	40 00			х				152,280	0	49,319
KWOK YUNG LO DIRECTOR	40 00				Х			266,826	0	96,997

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

Compensated Employees, and	ınaepena	ient C	onti	acı	cors	•				
(A) Name and Title	(B) A verage hours		(ition ( that a			II		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARK MCKINNON ASSISTANT DIRECTOR	40 00				х			200,080	0	59,963
PHILLIP JEWELL DEPUTY DIRECTOR	40 00				Х			178,080	0	67,747
LORY WINGATE ASSOCIATE DIRECTOR	40 00				Х			158,083	0	54,222
ROBERT DICKMAN ASSISTANT DIRECTOR	40 00				Х			155,675	0	60,731
RICHARD SIMON TEST SCIENTIST	40 00					х		189,102	0	42,406
RICHARD PRESTAGE SCIENTIST/A	40 00					Х		177,443	0	48,179
EDUARDO HARDY ASST DIRECTOR - CHILEAN AFFAIRS	40 00					Х		176,519	0	57,369
JEFFREY ZIVICK DIVISION HEAD/ DEPUTY NA ALMA	40 00					Х		160,412	0	54,475
GEORGE CLARK ASSOCIATE DIRECTOR ADMIN	40 00						х	182,003	0	63,495

DLN: 93493219012092

OMB No 1545-0047

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury

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.

Internal I	Revenue Service			Inspec	tion
	organization ar	nswered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 4	6 (Political Cam	paign Activiti	es),
then	tion 501(c)(3) ord	anizations Complete Parts I-A and B Do not complete Part I-C			
		than section 501(c)(3)) organizations Complete Parts I-A and C below Do not con	molete Part I-B		
	, , ,	tions Complete Part I-A only			
If the	organization ar	nswered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 4	17 (Lobbying A	ctivities), ther	1
	, , , ,	anizations that have filed Form 5768 (election under section 501(h)) Complete Part		•	
		panizations that have NOT filed Form 5768 (election under section 501(h)) Complete		•	
	•	nswered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Pa ), or (6) organizations Complete Part III	art v, line 35a (	Proxy (ax), th	en
	ne of the organiza		Employer identi	ification numbe	
	CIATED UNIVERSITIE	ES INC			
_			11-1630900		
Part	LEA Comple	te if the organization is exempt under section 501(c) or is a s	section 527	organizatio	<u>n.</u>
1	Provide a descri	ption of the organization's direct and indirect political campaign activities in Par	tIV		
2	Political expendi	tures	<b>▶</b> §	\$	
3	Volunteer hours				
Part	I <b>-</b> B Comple	te if the organization is exempt under section 501(c)(3).			
1		t of any excise tax incurred by the organization under section 4955	<b>▶</b> 9	\$	
2	Enter the amoun	t of any excise tax incurred by organization managers under section 4955	<b>&gt;</b> 9	\$	
3	If the organization	on incurred a section 4955 tax, did it file Form 4720 for this year?		┌ Yes	┌ No
4a	Was a correction	n made?		☐ Yes	┌ No
	If "Yes," describ				
Part	I-C Comple	te if the organization is exempt under section 501(c) except	section 501	(c)(3).	
1	Enter the amoun	t directly expended by the filing organization for section 527 exempt function ac	tivities 🕨 🤌	\$	
2	Enter the amoun exempt funtion a	t of the filing organization's funds contributed to other organizations for section ctivities	527 <b>►</b> 9	\$	
3	Total exempt fur	action expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	17b ► ,	\$	
4	Did the filing org	anization file Form 1120-DOL for this year?	,		

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	(election			
	Check If the filing organization belongs to						
В	Check If the filing organization checked bo  Limits on Lobbying i  (The term "expenditures" means a	(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals				
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)					
b	Total lobbying expenditures to influence a legisl	25,500					
C	Total lobbying expenditures (add lines 1a and 1	b)	25,500				
d	O ther exempt purpose expenditures	140,778,644					
е	Total exempt purpose expenditures (add lines 1	c and 1d)	140,804,144				
f	Lobbying nontaxable amount Enter the amount columns	Lobbying nontaxable amount Enter the amount from the following table in both columns					
	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					
	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	250,000				
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -	0				
i	Subtract line 1f from line 1c If zero or less, ente						

# 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)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	(e) Total		
<u>2a</u>	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000		
_b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000		
c	Total lobbying expenditures	25,725	25,500	25,500	25,500	102,225		
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000		
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000		
f	Grassroots lobbying expenditures							

che	edule C (Form 990 or 990-EZ) 2010				Pί	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	led F	orm	5768	3
		(;	a)		(b)	
		Yes	No	, r	Amoun	it
L	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 c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?			-		
	Mailings to members, legislators, or the public?		$\vdash$	+-		
			<del> </del>	+-		
e	Publications, or published or broadcast statements?			+-		
f	Grants to other organizations for lobbying purposes?		<del></del>	₩		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>	₩		
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities? If "Yes," describe in Part IV		<del> </del>	$\vdash$		
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)?		I			
	If "Yes," enter the amount of any tax incurred under section 4912			┨		
	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?		I			
	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01/6	1(5)			
	501(c)(6).	J)10-	<u>,,,,,</u>			
			_	_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		- L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
<sup>2</sup> aı	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	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).					
а	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				

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 11

Identifier | Return Reference | Explanation

Part IV Supplemental Information

Also, complete this part for any additional information

5 Taxable amount of lobbying and political expenditures (see instructions)

5

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DLN: 93493219012092

OMB No 1545-0047

**SCHEDULE D** (Form 990)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

**Supplemental Financial Statements** 

	me of the organization SOCIATED UNIVERSITIES INC	Employer identification number						
ASS	SOCIATED UNIVERSITIES INC		11-1630900					
Pa	rt I Organizations Maintaining Donor Ac							
	organization answered "Yes" to Form 99	0, Part IV, line 6.  (a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	(a) Donor advised funds	(b) Fullds and other accounts					
2	Aggregate contributions to (during year)							
2 3	Aggregate contributions to (during year)  Aggregate grants from (during year)							
4	Aggregate value at end of year							
<b>5</b>								
•	Did the organization inform all donors and donor advifunds are the organization's property, subject to the	organization's exclusive legal control?	☐ Yes ☐ No					
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben							
Da	conferring impermissible private benefit  rt II Conservation Easements. Complete	if the organization answered "Ves" to	<u> </u>					
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year	on or pleasure)  Preservation of an Preservation of a c	certified historic structure					
	easement on the last day of the tax year	[	Held at the End of the Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
c	Number of conservation easements on a certified his	-	2c					
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d					
3	Number of conservation easements modified, transfe	ى rred. released. extinguished. or terminate.	d by the organization during					
	the taxable year ►	,	, g					
4	Number of states where property subject to conserva	ation easement is located ►	_					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and <b>Yes No</b>					
5	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year ►					
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during the year ► \$					
В	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sec	tion Yes No					
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial						
Par	<b>TIII</b> Organizations Maintaining Collection Complete if the organization answered "		or Other Similar Assets.					
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,					
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research in						
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$					
	(ii) Assets included in Form 990, Part X		<b>►</b> \$					
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r financial gain, provide the					
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$					

**b** Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reasu	res, or O	<u>the</u>	<u>r Similar Asse</u>	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	he fol	owing	that are	e a significa	nt u	se of its collectio	n	
а	Public exhibition		d	Γ	Loan	or exch	nange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in hov	w the	y furthe	er the o	rganızatıon	's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answere	d "Y	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	edıary	for c	ontribi	utions o	or other ass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г		Amo	unt	
c	Darwaya balanca						-	1c	Allo	шпс	
d	Beginning balance							1d			
e	Additions during the year  Distributions during the year						-	1e			
f	• •						-	1f			
' 2a	Ending balance  Did the organization include an amount on Fo	orm 000 Dart V I:-	_ 217	,			L	Δ.		Yes	
	<del>-</del>		e 21 '						,	res	1 140
	If "Yes," explain the arrangement in Part XIV <b>Endowment Funds.</b> Complete in		n 200		ad "Vo	c" to F		Dar	+ TV line 10		
Ра	Endowment Funds. Complete	(a)Current Year		)Prior			o Years Back			e)Four Y	ears Back
1a	Beginning of year balance	(a) carrette r car	<u> </u>	<i>y</i>		(-7		(-,		- <del>,</del> ,, .	
b	Contributions										
С	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as						•		
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	are hel	d and a	dministered	d for	the	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to $3a(II)$ , are the related organizatio	•							3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	See F	orm 9	90, Pa	rt X, line	10.		ı	
	Description of investment				) Cost o	or other stment)	( <b>b)</b> Cost or o		(c) Accumulated depreciation	( <b>d</b> ) B	ook value
1a	Land										
b I	Buildings										
c l	Leasehold improvements						132	,906	20,772		112,134
d I	Equipment						178	,707	170,474		8,233
_e	Other	<u></u>	<u> </u>				194	,500	188,075		6,425
Tota	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B,	), line	10(c).,	)					126,792
	· · · · · · · · · · · · · · · · · · ·								Schedule D (	Form 9	

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(B)Book Value	Cost or end-of	- year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other			
(A)TIFF MULTI-ASSET FUND	8,970,686		F
(A) THE MODELL ASSET TOND	0,570,000		<u> </u>
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	8,970,686		
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
	, ,	Cost or end-of	-year market value
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		
(a) Descrip			(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 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
TRUSTEES' SCHOLARSHIPS PAYABLE	100 240		
	106,249		
FUNDS HELD FOR OTHERS	11,273		
POST-RETIREMENT BENEFIT OBLIGATION	291,307		
	, ,		
· ·			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	408,829		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	140,510,520
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	140,804,144
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-293,624
4	Net unrealized gains (losses) on investments	4	-476,997
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-289,909
9	Total adjustments (net) Add lines 4 - 8	9	-766,906
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,060,530
Par	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	139,743,614
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	-766,906
3	Subtract line <b>2e</b> from line <b>1</b>	3	140,510,520
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	140,510,520
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	s per	140,804,144
-	statements	1	140,004,144
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		
е	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	140,804,144
4	Amounts 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)		
С	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	140,804,144

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 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		UNDER ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AUI MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED ON EXAMINATION AUI DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECORDED FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF ACTIVITIES HOWEVER, TAX YEARS ENDED SEPTEMBER 30, 2008-2010 REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH AUI IS SUBJECT, AND THEY HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF LIMITATIONS
PART XI, LINE 8 - OTHER ADJUSTMENTS		PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS -289,909
PART XII, LINE 2D - OTHER ADJUSTMENTS		PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS -289,909

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As Filed Data -

DLN: 93493219012092

OMB No 1545-0047

# SCHEDULE F (Form 990)

Department of the Treasury

to Part I

c Totals (add lines 3a and 3b)

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

Statement of Activities Outside the United States

Open to Public **Inspection** 

Internal Revenue Service Name of the organization

Employer identification number

550	CIATED UNIVERSITIES INC					
	S SILLED SHITTENSTITES INC				11-1630900	
a	Tt I General Information			he United States. C		ation answered
	"Yes" to Form 990, Pa					
	For grantmakers. Does the					
	assistance, the grantees' elig		_			
	the grants or assistance?					✓ Yes
	<b>For grantmakers.</b> Describe in Pa United States	rt V the organiz	zatıon's procedu	res for monitoring the us	e of grant funds outside t	he
	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region/investments in region
_	SOUTH AMERICA	3	307	PROGRAM SERVICES	TELESCOPE OPERATION	14,817,352
	Sub-total	3	307			14,817,352
b	Total from continuation sheets	l _	.]			l

14,817,352

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> 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 nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber 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. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> 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, appraisal, other)
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# 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	굣	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	굣	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	্	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	্	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	굣	Νo

Schedule F (Form 990) 2010

### **Additional Data**

Software ID: Software Version:

**EIN:** 11-1630900

Name: ASSOCIATED UNIVERSITIES INC

Schedule F (Form 990) 2010

Page **5** 

### Part V Supplemental Information

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

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Schedule I

(Form 990)

DLN: 93493219012092 OMB No 1545-0047

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number ASSOCIATED UNIVERSITIES INC 11-1630900 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash or government ıf applicable (book, FMV, assistance appraisal, other)

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>b)</b> Number of recipients	<b>(c)</b> 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) SUMMER STUDENT RESEARCH ASSISTANCE PROGRAM	30	214,489			
(2) AUI TRUSTEE SCHOLARSHIP	20	75,755			
(3) SUMMER EDUCATIONAL PROGRAMS	143	113,290			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 NRAO ENGAGES STUDENTS IN SCIENTIFIC RESEARCH THROUGH THE SUMMER STUDENT RESEARCH ASSISTANTSHIP PROGRAM AND HAS CONDUCTED THE PROGRAM SINCE 1959 EACH SUMMER STUDENT CONDUCTS RESEARCH UNDER THE SUPERVISION OF AN NRAO STAFF MEMBER AT ONE OF THREE NRAO SITES SUPERVISORS CHOOSE THE CANDIDATES FROM ALL APPLICATIONS RECEIVED AND MONITOR THE RESEARCH CONDUCTED OVER THE 10 - 12 WEEK PERIOD EACH SUMMER QUALIFYING STUDENTS
		ARE PAID A FIXED STIPEND PER WEEK BASED ON WHETHER AN UNDERGRADUATE OR GRADUATE LEVEL THE NRAO FISCAL DEPARTMENT PROCESSES STIPEND PAYMENTS BASED ON SUPERVISOR APPROVED PAY ORDERS THE AUI TRUSTEE SCHOLARSHIPS ARE AVAILABLE ON A COMPETITIVE BASIS TO THE CHILDREN OF REGULAR FULL-TIME AND ELIGIBLE PART-TIME NRAO EMPLOYEES THREE PRIMARY SCHOLARSHIPS ARE AWARDED ANNUALLY BASED ON A CRITERIA OF HIGH SCHOOL ACADEMIC ACHIEVEMENT, STANDARDIZED COLLEGE TEST
		SCORES, AND RECOMMENDATIONS OF THE HIGH SCHOOL IN ADDITION, UP TO TWO ADDITIONAL SCHOLARSHIPS MAY BE AWARDED TO NRAO EMPLOYEES' CHILDREN WHO ARE AFRICAN AMERICAN, HISPANIC, OR NATIVE AMERICAN AN INDEPENDENT SCHOLARSHIP COMMITTEE, REPORTING TO SRP, WILL SELECT THE WINNERS OF THE AUI TRUSTEE SCHOLARSHIPS

DLN: 93493219012092

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of the organization ASSOCIATED UNIVERSITIES INC **Employer identification number** 

11-1630900

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	▼ Travel for companions			
	▼ Tax idemnification and gross-up payments ▼ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			<u> </u>
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	▼ Compensation committee     ▼ Written employment contract			
	Form 990 of other organizations  A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			<u> </u>
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) ETHAN SCHREIER	(I) (II)	297,128 0	0	2,271 0	45,400 0	60,269 0	405,068 0	
(2) PATRICK DONAHOE	(1) (11)	208,485 0	0 0	774 0	21,156 0	50,676 0	281,091 0	(
(3) CYNTHIA ALLEN	(ı) (ıı)	151,750 0	0 0	530 0	15,175 0	34,144 0	201,599 0	(
(4) KWOK YUNG LO	(1) (11)	265,638 0	0 0	1,188 0	27,369 0	69,628 0	363,823 0	(
(5) MARK MCKINNON	(1) (11)	167,695 0	0 0	32,385 0	17,182 0	42,781 0	260,043 0	(
(6) PHILLIP JEWELL	(1) (11)	177,378 0	0	702 0	18,500 0	49,247 0	245,827 0	(
(7) LORY WINGATE	(I) (II)	157,778 0	0	305 0	16,000 0	38,222	212,305 0	(
(8) ROBERT DICKMAN	(I) (II)	154,780 0	0	895 0	16,265 0	<b>44,4</b> 66 0	216,406 0	(
(9) RICHARD SIMON	(1) (11)	113,674 0	0	75,428 0	11,780 0	30,626 0	231,508 0	(
(10) RICHARD PRESTAGE	(1) (11)	131,438 0	0 0	46,005 0	13,556 0	34,623 0	225,622 0	(
(11) EDUARDO HARDY	(I) (II)	124,114 0	3,000 0	49,405 0	17,652 0	39,717 0	233,888	(
(12) JEFFREY ZIVICK	(I) (II)	144,937 0	0	15,475 0	15,050 0	39,425 0	214,887 0	(
(13) GEORGE CLARK	(I) (II)	181,630 0	0	373 0	18,500 0	<b>44,</b> 995 0	245,498 0	(
( 14 )								
( 15 )								
( 16 )								

### 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
	1A	FIRST CLASS TRAVEL - AUI EMPLOYEES ARE REQUIRED TO TRAVEL ECONOMY CLASS UNLESS A SPECIAL EXCEPTION IS APPROVED PRIOR TO TRAVEL TRAVEL FOR COMPANIONS - GUESTS OF THE AUI BOARD OF TRUSTEES ARE INVITED TO ATTEND ON AUI BOARD OF DIRECTORS MEETINGS DURING THE FISCAL YEAR TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - AUI PROVIDED TAX GROSS-UP PAYMENTS PERTAINING TO SUPPLEMENTAL PAYMENTS FOR TWO EMPLOYEE'S SUPPLEMENTAL RETIREMENT CONTRIBUTIONS THAT WERE LIMITED BY RESTRICTIONS IMPOSED BY OBRA 1993 THE PROCEDURE FOLLOWED WAS TO CALCULATE THE GROSS-UP AMOUNT TO ENSURE THESE TWO EMPLOYEES RECEIVED AN AFTER TAX PAYMENT EQUAL TO THE AMOUNT WHICH WOULD HAVE BEEN CONTRIBUTED ON THEIR BEHALF IF NOT FOR THE ABRA RESTRICTION HOUSING ALLOWANCE - AUI FOLLOWS ESTABLISHED POLICY PERTAINING TO TEMPORARY HOUSING ALLOWANCES PROVIDED TO EMPLOYEES WHO HAVE ACCEPTED A CHANGE OF DUTY STATION IF THE EMPLOYEE HAS RENTED OR PURCHASED LIVING QUARTERS AND IS MAKING A GOOD FAITH EFFORT TO SELL HIS/HER PRIMARY RESIDENCE HEALTH OR SOCIAL CLUB DUES - AUI PAID THE ANNUAL DUES FOR MEMBERSHIP TO AN ACADEMICALLY-ORIENTED SOCIAL CLUB, WHICH IS USED FOR BUSINESS PURPOSES TRAVEL FOR COMPANIONS- THE AUI BOARD OF TRUSTEES NORMALLY HOLDS ONE BOARD MEETING A YEAR THAT IS DESIGNATED AS A SPECIAL MEETING TO WHICH SPOUSES (OR GUESTS) OF TRUSTEES ARE INVITED TO ATTEND PERSONAL SERVICES - A DRIVER WAS HIRED FOR ONE EMPLOYEE TRANSPORTATION AND THE
		COST IS OFFSET BY THE IRS MILEAGE ALLOWANCE, ANY COST ABOVE THE IRS MILEAGE ALLOWANCE IS CONSIDERED UNALLOWABLE COST
		AUI ESTABLISHED A 457(B) SUPPLEMENTAL RETIREMENT PLAN FOR A SELECT GROUP OF MANAGEMENT AND HIGHLY COMPENSATED EMPLOYEES DURING FISCAL YEAR ENDED SEPTEMBER 30, 2011, ONE EMPLOYEE PARTICIPATED IN THE PLAN

Schedule J (Form 990) 2010

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DLN: 93493219012092

OMB No 1545-0047 2010

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**SCHEDULE 0** (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 ASSOCIATED UNIVERSITIES INC **Employer identification number** 

11-1630900

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		ASSOCIATED UNIVERSITIES, INC HAS ITS EXTERNAL AUDIT FIRM REVIEW THE DRAFT FORM 990 PRIOR TO SUBMITTING IT TO THE AUI AUDIT COMMITTEE FOR REVIEW ON BEHALF OF THE AUI BOARD OF TRUSTEES, THE AUDIT COMMITTEE REVIEWS THE FORM 990 AND REPORTS THE FINDINGS OF THEIR REVIEW TO THE FULL BOARD THE FINAL DRAFT OF THE FORM 990 IS MADE AVAILABLE TO THE AUI BOARD OF TRUSTEES PRIOR TO SUBMISSION TO THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ASSOCIATED UNIVERSITIES, INC HAS A CONFLICT OF INTEREST POLICY WHICH ADDRESSES FINANCIAL DISCLOSURE TO ENSURE THAT AUI TRUSTEES, OFFICERS, AND EMPLOYEES DO NOT HAVE SIGNIFICANT FINANCIAL INTERESTS THAT WOULD REASONABLY APPEAR TO DIRECTLY AND SIGNIFICANTLY AFFECT THEIR WORK WITH AUI OR ONE OF ITS RESEARCH CENTERS AUI TRUSTEES, OFFICERS, AND EMPLOYEES MUST DISCLOSE THEIR SIGNIFICANT FINANCIAL INTERESTS, AS WELL AS THEIR SPOUSES OR DEPENDENT CHILDREN, WHEN THAT INTEREST WOULD REASONABLY APPEAR TO DIRECTLY OR SIGNIFICANTLY AFFECT THEIR WORK THESE DISCLOSURES ARE TO BE UPDATED ANNUALLY OR AS NEW REPORTABLE FINANCIAL INTERESTS ARE OBTAINED AUI TRUSTEES, OFFICERS, AND KEY EMPLOYEES ARE REMINDED TO REVIEW AND UPDATE, IF NECESSARY, THEIR FINANCIAL DISCLOSURES EACH YEAR

Identifier Return Referen	· ·
FORM 990 PART VI, SECTION LINE 15	PRESIDENT, OFFICERS, AND RESEARCH CENTER DIRECTORS ARE APPROVED BY AUI'S BOARD OF TRUSTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ASSOCIATED UNIVERSITIES, INC RESPONDS TO WRITTEN REQUESTS FOR THESE DOCUMENTS ON A CASE-BY-CASE BASIS

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -476,997 PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS -289,909 TOTAL TO FORM 990, PART XI, LINE 5 -766,906

ldentifier	Return Reference	Explanation
OVERSIGHT OF AUDIT	FORM 990, PART XI, LINE 2C	THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

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DLN: 93493219012092

SCHEDULE R (Form 990)

Name of the organization

# **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.

2010

**Employer identification number** 

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

P Attach to Form 990. See separate

ASSOCIATED UNIVERSITIES INC				11-1630900			
Part I Identification of Disregarded Entities (Con	mplete if the organizat	ion answered "Yes"	on Form 990, Pa	•			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during		e if the organization	answered "Yes" (	on Form 990, Part	I IV, line 34 becau	ise 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))	<b>(f)</b> Direct controlling entity	cont	<b>(g)</b> 512(b)(13 trolled nızatıon
(1) VIRTUAL ASTRONOMICAL OBSERVATORY LLC					<del> </del>	Yes	No
1400 16TH STREET NW STE 730  WASHINGTON, DC 20036 26-2242071	MANAGING VIRTUAL OBSERVATORY	DC	501(C)(3)	LINE 7	N/A		No
						1	
For Privacy Act and Paperwork Reduction Act Notice, see the Instru	uctions for Form 990.	Cat No 50	135Y	1	Schedule R (	Form 990	) 2010

Part III Identifi because	ication of Relat it had one or mo	ed Organie	anizations Taxa ted organizations t	<b>ble as a Partner</b> reated as a partne	<b>ship</b> (Co ership du	mplete if ring the t	the org ax year	ganızatıon ( r.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lır	ne 34
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income		(g) Share of end-of-year assets		(h) Disproprtionate allocations?		e Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or f managing partner?		<b>(k)</b> Percentage ownership
									Yes	No			Yes	No	
Part IV Identifi	i <b>cation of Relat</b> because it had on	ed Orga e or mo	anizations Taxa ore related organiz	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	I omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "\	es" on	<u>I</u> Form	990,	Part IV,
(a) Name, address, and EIN of related organization			<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)		(d) (e) Direct controlling Type of er entity (C corp, S or trust		ntity Share of total income corp,		<b>(f)</b> f total income	(g) e Share of end-of-year assets			<b>(h)</b> Percentage ownership	

Part V Transactions With Related Organiza	ations (Complete if the organization answered "Ye	s" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)						
Note. Complete line 1 if any entity is listed in Parts I	I, 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 orga	nızatıons lısted ın Part	s II-IV?							
a Receipt of (i) interest (ii) annuities (iii) royalties (iv	r) rent from a controlled entity			1a		No				
<b>b</b> Gift, grant, or capital contribution to other organization	on(s)			1b		No				
f c Gift, grant, or capital contribution from other organiza	ation(s)			1c		No				
<b>d</b> Loans or loan guarantees to or for other organization	(s)			1d		No				
e Loans or loan guarantees by other organization(s)										
<b>f</b> Sale of assets to other organization(s)				1f		No				
<b>g</b> Purchase of assets from other organization(s)				<b>1</b> g		No				
<b>h</b> Exchange of assets										
i Lease of facilities, equipment, or other assets to othe	er organization(s)			<u> 1i</u>		No				
j Lease of facilities, equipment, or other assets from ot	ther organization(s)			1j	Yes					
k Performance of services or membership or fundraisin	ng solicitations for other organization(s)			1k		No				
I Performance of services or membership or fundraising	g solicitations by other organization(s)			11		No				
m Sharing of facilities, equipment, mailing lists, or other	rassets			1m	Yes					
n Sharing of paid employees				1n	Yes					
• Reimbursement paid to other organization for expens	ges			10		No				
<b>p</b> Reimbursement paid by other organization for expens	ses			1р	Yes					
<b>q</b> O ther transfer of cash or property to other organizati	ion(s)			<b>1</b> q		No				
r Other transfer of cash or property from other organiza	ation(s)			1r		No				
2 If the answer to any of the above is "Yes," see the ins	structions for information on who must complete this line, i	ncluding covered relat	onships and transact	ion thresholds						
(a) Name of other org	ganization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		ount				
(1)										
(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 Legal domicile (state or foreign country)		(d) (e) Are all Share of partners end-of-year section assets  501(c)(3) organizations?		<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
			+						+	-
			-				$\vdash$		+	╁
									+	-
										+
										┢
			+							
			<u> </u>							

# Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
IDENTIFICATION OF RELATED TAX- EXEMPT ORGANIZATIONS		VIRTUAL ASTRONOMICAL OBSERVATORY, LLC'S (VAO) OFFICE IS LOCATED IN THE ASSOCIATED UNIVERSITIES, INC 'S (AUI) OFFICE IN WASHINGTON, DC VAO SHARES 15% OF MISCELLANEOUS OFFICE EXPENSE WITH AUI AUI IS ALSO A SUB-AWARDEE WITH VAO

Schedule R (Form 990) 2010