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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1100 WAYNE AVENUERoom/suite
1000

City or town, state or country, and ZIP + 4

SILVER SPRING, MD 20910**F** Name and address of principal officer **GEORGE JESIEN**
SAME AS C ABOVE**D** Employer identification number**23-7189098****E** Telephone number**(301) 588-8252****G** Gross receipts \$**8,458,583.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included?☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.AUCD.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1971** **M** State of legal domicile: **DE****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities. SEE PART III, LINE 1.							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets							
3 Number of voting members of the governing body (Part VI, line 1a)		3		18			
4 Number of independent voting members of the governing body (Part VI, line 1b)		4		18			
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5		29			
6 Total number of volunteers (estimate if necessary)		6		18			
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a		0.			
7b Net unrelated business taxable income from Form 990-T, line 34		7b		0.			
8 Contributions and grants (Part VIII, line 1h)		8		6,833,605.		7,534,670.	
9 Program service revenue (Part VIII, line 2g)		9		848,045.		863,839.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10		6,728.		7,679.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11		2,897.		4,704.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12		7,691,275.		8,410,892.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13		3,713,287.		4,116,918.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		14		0.		0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15		2,075,704.		2,212,723.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		16a		0.		0.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		b		0.		0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		17		1,637,577.		1,806,186.	
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)		18		7,426,568.		8,135,827.	
19 Revenue less expenses - Subtract line 18 from line 12		19		264,707.		275,065.	
20 Total assets (Part X, line 16)		20		3,248,127.		3,526,999.	
21 Total liabilities (Part X, line 26)		21		1,735,204.		1,734,675.	
22 Net assets or fund balances - Subtract line 21 from line 20		22		1,512,923.		1,792,324.	

Part II Signature Block

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

Sign Here	Signature of officer	Date 4/23/13	
	GEORGE JESIEN, EXECUTIVE DIRECTOR Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 4/12/13
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008	Check if self-employed <input type="checkbox"/> PTIN P00543022
	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930	Phone no. (301) 951-9090	

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

☒ Yes ☐ No

File-19 19

SCANNED MAY 13 2013

**ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES**

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Part III Statement of Program Service Accomplishments

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

☒ **X**

1 Briefly describe the organization's mission

AUCD'S MISSION IS TO ADVANCE POLICY AND PRACTICE FOR/WITH PEOPLE WITH DEVELOPMENTAL AND OTHER DISABILITIES, THEIR FAMILIES, AND THEIR COMMUNITIES BY SUPPORTING OUR MEMBERS AS THEY ENGAGE IN RESEARCH, POLICY DEVELOPMENT, EDUCATION, AND SERVICE. THE AUCD NETWORK PROMOTES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ **No**

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ **No**

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 3,818,847. including grants of \$ 2,882,856.) (Revenue \$ 3,063.)

CDC/NCBDDD - NATIONAL PROFESSIONAL ORGANIZATION FOR PERSONS WITH DEVELOPMENTAL DISABILITIES: A PROJECT OF AUCD, IN PARTNERSHIP WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), TO STRENGTHEN THE NATION'S CAPACITY TO CARRY OUT PUBLIC HEALTH ACTIVITIES IN THE AREAS OF BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, AND HEALTH PROMOTION FOR PEOPLE LIVING WITH DISABILITIES THROUGH FACILITATING RESEARCH, STRENGTHENING EXPERTISE THROUGH TRAINING OF PROFESSIONALS, SUPPORTING THE DEVELOPMENT OF EDUCATIONAL RESOURCES AND CURRICULA, DISSEMINATING MATERIALS AND INFORMATION, AND PROVIDING TECHNICAL ASSISTANCE.

4b (Code _____) (Expenses \$ 751,504. including grants of \$ _____) (Revenue \$ 75.)

MCHB - INTERDISCIPLINARY TECHNICAL ASSISTANCE CENTER (ITAC) ON AUTISM AND DEVELOPMENTAL DISABILITIES AT AUCD: A PROJECT OF AUCD, IN PARTNERSHIP WITH THE MATERNAL AND CHILD HEALTH BUREAU (MCHB), TO IMPROVE THE HEALTH OF INFANTS, CHILDREN, AND ADOLESCENTS WHO HAVE/ARE AT RISK FOR DEVELOPING AUTISM SPECTRUM DISORDERS (ASD) AND OTHER DEVELOPMENTAL DISABILITIES BY PROVIDING TECHNICAL ASSISTANCE TO THE LEADERSHIP EDUCATION IN NEURODEVELOPMENTAL AND RELATED DISABILITIES (LEND) AND DEVELOPMENTAL-BEHAVIORAL PEDIATRICS (DBP) TRAINING PROGRAMS; HELPING TRAINING PROGRAMS DEVELOP AND SHARE TRAINING MODELS AND INNOVATIONS; BUILDING AND SUSTAINING PARTNERSHIPS WITH COMBATING AUTISM ACT INITIATIVE PARTNERS AND SERVICE SYSTEMS SERVING CHILDREN WITH ASD AND OTHER DEVELOPMENTAL DISABILITIES; HELPING TRANSLATE RESEARCH INTO

4c (Code _____) (Expenses \$ 680,848. including grants of \$ 471,445.) (Revenue \$ _____)

AIDD - UCEDD TRAINING AND TECHNICAL ASSISTANCE: A PROJECT OF AUCD, IN PARTNERSHIP WITH THE ADMINISTRATION ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (AIDD), TO STRENGTHEN AND SUPPORT THE NETWORK OF UNIVERSITY CENTERS ON DISABILITIES (UCEDDS) THROUGH TRAINING AND TECHNICAL ASSISTANCE (TA). AUCD PROVIDES A BROAD ARRAY OF TA ACTIVITIES, WHICH INCLUDE BUT ARE NOT LIMITED TO: CONVENING EXPERTS, SERVING AS A RESEARCH-BASED RESOURCE FOR FEDERAL AND STATE POLICYMAKERS, PROVIDING CONSULTATION AND TRAINING, SUPPORTING COMMUNITIES OF PRACTICES, AND DISSEMINATING AND PROMOTING RESOURCES AND INFORMATION.

4d Other program services (Describe in Schedule O)

(Expenses \$ 2,219,998. including grants of \$ 762,618.) (Revenue \$ 860,701.)

4e Total program service expenses **7,471,197.**

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02-09-12

SEE SCHEDULE O FOR CONTINUATION(S)

2

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**ASSOCIATION OF UNIVERSITY CENTERS ON
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	30		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	29		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			
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)?			X
b	If "Yes," enter the name of the foreign country: 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?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
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?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?	N/A		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12.	N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders.	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	N/A		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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.	N/A		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
c	Enter the amount of reserves on hand.			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

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

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

☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	18	
b Enter the number of voting members included in line 1a, above, who are independent	18	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	X
13 Did the organization have a written whistleblower policy?	14	X
14 Did the organization have a written document retention and destruction policy?		
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
GEORGE JESIEN - (301) 588-8252
1100 WAYNE AVENUE, NO. 1000, SILVER SPRING, MD 20910

**ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES**

Form 990 (2011)

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) A. ANTHONY ANTOSH PRESIDENT (BEG. 11/11)	1.00	X		X				0.	0.	0.
(2) DANIEL B. CRIMMINS PRESIDENT (THROUGH 11/11)	1.00	X		X				0.	0.	0.
(3) JULIE ANNE FODOR PRESIDENT-ELECT (BEG. 11/11)	1.00	X		X				0.	0.	0.
(4) TAMAR HELLER PAST PRESIDENT	1.00	X		X				0.	0.	0.
(5) KAREN EDWARDS SECRETARY (BEG. 11/11)	1.00	X		X				0.	0.	0.
(6) MICHAEL GAMEL-MCCORMICK PAST-PAST PRESIDENT (THROUGH 11/11)	1.00	X		X				0.	0.	0.
(7) LESLIE COHEN TREASURER	1.00	X		X				0.	0.	0.
(8) AMY HEWITT BOARD MEMBER	1.00	X						0.	0.	0.
(9) DAWN OLSON BOARD MEMBER	1.00	X						0.	0.	0.
(10) SHANNON CALDWELL BOARD MEMBER (BEG. 11/11)	1.00	X						0.	0.	0.
(11) MARGO IZZO BOARD MEMBER	1.00	X						0.	0.	0.
(12) BARBARA WHEELER BOARD MEMBER	1.00	X						0.	0.	0.
(13) AMY SHARP BOARD MEMBER (BEG. 11/11)	1.00	X						0.	0.	0.
(14) TOBY LONG BOARD MEMBER	1.00	X						0.	0.	0.
(15) KENDALL CORBETT BOARD MEMBER (THROUGH 11/11)	1.00	X						0.	0.	0.
(16) MARY MERCER BOARD MEMBER (THROUGH 11/11)	1.00	X						0.	0.	0.
(17) BRENT ASKVIG MEMBER-AT-LARGE (BEG. 11/11)	1.00	X						0.	0.	0.

**ASSOCIATION OF UNIVERSITY CENTERS ON
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SANDRA FRIEDMAN MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(19) TAWARA GOODE MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(20) HAROLD KLEINERT MEMBER-AT-LARGE (BEG. 11/11)	1.00	X						0.	0.	0.
(21) OLIVIA RAYNOR MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(22) ROBERT W. MARION MEMBER-AT-LARGE (THROUGH 11/11)	1.00	X						0.	0.	0.
(23) GEORGE S. JESIEN EXECUTIVE DIRECTOR	40.00			X				207,511.	0.	33,256.
(24) JAMIE PERRY MCHB TECHNICAL ASSISTANCE DIRECTOR	40.00					X		100,776.	0.	16,040.
1b Sub-total								308,287.	0.	49,296.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								308,287.	0.	49,296.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
VERIS CONSULTING, INC., 11710 PLAZA AMERICA DRIVE, SUITE 300, RESTON, VA 20190	ACCOUNTING CONSULTING	143,290.
CORNERSTONE GOVERNMENT AFFAIRS, 300 INDEPENDENCE AVE., SE, WASHINGTON, DC 20003	LEGISLATIVE CONSULTING	126,000.

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

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	7534670.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			7534670.			
Program Service Revenue	2 a MEMBERSHIP DUES	Business Code	900099	600,779.	600,779.		
	b ANNUAL MEETING		900099	206,086.	206,086.		
	c NYLN CONTRACT		900099	34,468.	34,468.		
	d OTHER MEETINGS		900099	22,506.	22,506.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			863,839.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			11,665.			11,665.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			-3,986.			-3,986.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less. cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS		900099	4,704.			4,704.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			4,704.				
12 Total revenue. See instructions.			8410892.	863,839.	0.	12,383.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	4,116,918.	4,116,918.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	237,503.	142,502.	95,001.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,624,845.	1,478,887.	145,958.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	74,962.	71,778.	3,184.	
9 Other employee benefits	129,733.	116,366.	13,367.	
10 Payroll taxes	145,680.	127,531.	18,149.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	160,719.	59,827.	100,892.	
d Lobbying	126,000.	126,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	371,633.	337,222.	34,411.	
12 Advertising and promotion				
13 Office expenses	80,389.	43,188.	37,201.	
14 Information technology	7,110.	3,197.	3,913.	
15 Royalties				
16 Occupancy	223,964.	194,652.	29,312.	
17 Travel	486,394.	446,876.	39,518.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,225.	21,662.	4,563.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,525.		11,525.	
23 Insurance	9,536.		9,536.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING AND PRODUCTION	158,742.	136,800.	21,942.	
b MISCELLANEOUS EXPENSE	99,774.	29,047.	70,727.	
c DUES AND SUBSCRIPTIONS	23,240.	7,934.	15,306.	
d EQUIPMENT RENTAL/MAINT.	13,062.	10,810.	2,252.	
e All other expenses	7,873.		7,873.	
25 Total functional expenses. Add lines 1 through 24e	8,135,827.	7,471,197.	664,630.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**ASSOCIATION OF UNIVERSITY CENTERS ON
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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,851.	1	5,606.
	2 Savings and temporary cash investments	324,741.	2	1,429,041.
	3 Pledges and grants receivable, net	2,388,035.	3	1,555,202.
	4 Accounts receivable, net	34,119.	4	10,834.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	58,109.	9	41,758.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	205,963.		
	b Less accumulated depreciation	190,412.		
	11 Investments - publicly traded securities	22,513.	10c	15,551.
	12 Investments - other securities See Part IV, line 11	377,638.	11	443,314.
	13 Investments - program-related See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11	37,121.	14	25,693.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,248,127.	15	3,526,999.	
Liabilities	17 Accounts payable and accrued expenses	1,606,244.	16	3,262,742.
	18 Grants payable		17	
	19 Deferred revenue	10,245.	18	243,904.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	118,715.	24	228,029.
	26 Total liabilities. Add lines 17 through 25	1,735,204.	25	1,734,675.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,488,025.	26	1,768,174.
	28 Temporarily restricted net assets	24,898.	27	24,150.
	29 Permanently restricted net assets		28	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		29	
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
	33 Total net assets or fund balances	1,512,923.	32	1,792,324.
34 Total liabilities and net assets/fund balances	3,248,127.	33	3,526,999.	

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**ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES**

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Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,410,892.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,135,827.
3	Revenue less expenses. Subtract line 2 from line 1	3	275,065.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,512,923.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,336.
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	1,792,324.

Part XII Financial Statements and Reporting

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

☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2011)

ASSOCIATION OF UNIVERSITY CENTERS ON

Schedule A (Form 990 or 990-EZ) 2011 **DISABILITIES**

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,666,860.	3,818,744.	5,967,559.	6,833,605.	7,534,670.	30,821,438.
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	6,666,860.	3,818,744.	5,967,559.	6,833,605.	7,534,670.	30,821,438.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						30,821,438.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6,666,860.	3,818,744.	5,967,559.	6,833,605.	7,534,670.	30,821,438.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,823.	14,618.	5,014.	5,756.	11,665.	57,876.
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)	30,600.	25,803.	9,315.	2,897.	4,704.	73,319.
11 Total support. Add lines 7 through 10						30,952,633.
12 Gross receipts from related activities, etc. (see instructions)					12	3,379,443.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.58 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.32 %
16a 33 1/3% support test - 2011. 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 ► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES	Employer identification number	23-7189098
----------------------	--------------------------------------------------------------	--------------------------------	-------------------

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
☐ Yes ☐ No
- 4a Was a correction made?
☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 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) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

132041
01-27-12

ASSOCIATION OF UNIVERSITY CENTERS ON

Schedule C (Form 990 or 990-EZ) 2011 **DISABILITIES**

23-7189098 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		199,674.													
c Total lobbying expenditures (add lines 1a and 1b)		199,674.													
d Other exempt purpose expenditures		7,936,153.													
e Total exempt purpose expenditures (add lines 1c and 1d)		8,135,827.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		556,791.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		139,198.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	375,192.	478,964.	521,328.	556,791.	1,932,275.
b Lobbying ceiling amount (150% of line 2a, column (e))					2,898,413.
c Total lobbying expenditures	203,665.	190,550.	199,851.	199,674.	793,740.
d Grassroots nontaxable amount	93,798.	119,741.	130,332.	139,198.	483,069.
e Grassroots ceiling amount (150% of line 2d, column (e))					724,604.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

ASSOCIATION OF UNIVERSITY CENTERS ON

Schedule C (Form 990 or 990-EZ) 2011 **DISABILITIES**

23-7189098 Page 3

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a 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	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011Open to Public
InspectionName of the organization **ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES**Employer identification number
23-7189098**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- | | Amount |
|----------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV.

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c Temporarily restricted endowment ► _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | | |
| (ii) related organizations | | |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		205,963.	190,412.	15,551.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				15,551.

Schedule D (Form 990) 2011

**ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES**

Schedule D (Form 990) 2011

23-7189098 Page **3**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	128,029.
(3) REFUNDABLE ADVANCE	100,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

2. FIN 48 (ASC 740)

132053
01-23-12

Schedule D (Form 990) 2011

**ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES**

Schedule D (Form 990) 2011

23-7189098 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,410,892.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,135,827.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	275,065.
4	Net unrealized gains (losses) on investments	4	4,336.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	4,336.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	279,401.

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

1	Total revenue, gains, and other support per audited financial statements	1	8,415,228.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,336.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	4,336.
3	Subtract line 2e from line 1	3	8,410,892.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,410,892.

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

1	Total expenses and losses per audited financial statements	1	8,135,827.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,135,827.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,135,827.

Part XIV Supplemental Information

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

PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD

(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED JUNE 30, 2012,

AUCD HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM

990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO

EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS

Schedule D (Form 990) 2011

ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES

Schedule D (Form 990) 2011

23-7189098 Page 5

Part XIV Supplemental Information (continued)

AFTER IT IS FILED.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES	Employer identification number 23-7189098
Part I General Information on Grants and Assistance	

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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 duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ASSOCIATION OF COLLEGES OF TEACHER EDUCATION - 1307 NEW YORK AVE., NW STE 300 - WASHINGTON, DC 20005	37-1500750	501(C)(3)	10,000.	0.			TECHNICAL ASSISTANCE SUBAWARD
BOARD OF REGENTS-UNIVERSITY OF WISCONSIN - DRAWER # 538 - MILWAUKEE, WI 53278-0538	39-6006492	GOVERNMENT	378,702.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
CENTER FOR DISABILITIES-UNIVERSITY OF SOUTH DAKOTA - 1400 W 22ND ST. - SIOUX FALLS, SD 57105-1570	46-6018891	501(C)(3)	77,045.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
CENTER FOR PERSONS WITH DISABILITIES- UTAH STATE UNIVERSITY - 6800 OLD MAIN HILL - LOGAN, UT 84322-6880	87-6000528	501(C)(3)	68,957.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
CHILDREN'S HOSPITAL BOSTON 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	61,353.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	52-1640402	501(C)(3)	79,071.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

ASSOCIATION OF UNIVERSITY CENTERS ON

23-7189098

Page 1

Schedule I (Form 990)

DISABILITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISABILITY RIGHTS ED. & DEFENSE FUND, INC. - 3075 ADELINE ST. STE 210 - BERKELEY, CA 94703	94-2620758	501(C)(3)	66,327.	0.			TECHNICAL ASSISTANCE SUBAWARD
GEORGIA STATE UNIVERSITY FOUNDATION - ONE PARK PLACE, STE 533 - ATLANTA, GA 30303-2904	58-1845423	501(C)(3)	299,080.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
OREGON HEALTH & SCIENCE UNIVERSITY 707 SW GAINES ST. PORTLAND, OR 97239	93-1176109	GOVERNMENT	210,910.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
REGENTS OF UNIVERSITY OF MINNESOTA 200 OAK STREET, STE 450 MINNEAPOLIS, MN 55455-2904	41-6007513	501(C)(3)	240,524.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC. - 150 BROADWAY, STE 301 - MENANDS, NY 12204	14-1410842	501(C)(3)	297,793.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
RHODE ISLAND COLLEGE 600 MOUNT PLEASANT DRIVE PROVIDENCE, RI 02908	05-6049721	501(C)(3)	10,000.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
THE REGENTS OF THE UNIVERSITY OF CA - 1125 MURPHY HALL, 405 HILGARD AVE. - LOS ANGELES, CA 90095-9000	95-6006143	501(C)(3)	15,000.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
THE UNIVERSITY OF SOUTHERN MISSISSIPPI - 118 COLLEGE DRIVE, #5174 - HATTIESBURG, MS 39406-5174	64-6000818	501(C)(3)	57,064.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
THE UNIVERSITY OF WYOMING DEPT. 3355, 1000 E. UNIVERSITY AVE. LARAMIE, WY 82071	83-6000331	GOVERNMENT	10,213.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD

Schedule I (Form 990)

ASSOCIATION OF UNIVERSITY CENTERS ON

DISABILITIES

23-7189098

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ARIZONA PO BOX 3520 TUCSON, AZ 85722-3520	74-2652689	GOVERNMENT	143,439.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF COLORADO-REGENTS PO BOX 910220 DENVER, CO 80291-0220	84-6000555	501(C)(3)	328,492.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF DELAWARE 116 STUDENT SERVICES BUILDING NEWARK, DE 19716	51-6000297	501(C)(3)	12,397.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF IDAHO 415 W. SIXTH ST. MOSCOW, ID 83844-4331	82-6000945	501(C)(3)	10,000.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF ILLINOIS PO BOX 20787 SPRINGFIELD, IL 62708-0787	37-6000511	501(C)(3)	48,911.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF KANSAS-CENTER FOR RESEARCH - 2385 IRVING HILL RD. WEST CAMPUS - LAWRENCE, KS 66045-7563	48-0680117	501(C)(3)	227,506.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF MASSACHUSETTS BOSTON -ICI - 100 MORISSEY BLVD. - BOSTON, MA 02125-3393	04-3167352	GOVERNMENT	96,748.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVE. - WORCESTER, MA 01655	04-3167352	GOVERNMENT	64,375.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 33102-5405	59-0624458	501(C)(3)	65,000.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD

Schedule I (Form 990)

ASSOCIATION OF UNIVERSITY CENTERS ON

Schedule I (Form 990) 23-7189098 Page 1

DISABILITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MONTANA 32 CAMPUS DR. UNIVERSITY HALL 207 MISSOULA, MT 59812	81-6001713	GOVERNMENT	298,185.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 985090 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-5045	47-0049123	501(C)(3)	19,273.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF NEW MEXICO 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131-5041	85-6000642	501(C)(3)	47,238.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE, CR 1350 CHAPEL HILL, NC 27599-1350	56-6001393	501(C)(3)	54,053.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - PO BOX 402420 - ATLANTA, GA 30384-5253	56-6001393	501(C)(3)	277,675.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF OREGON 901 EAST 18TH AVE. EUGENE, OR 94403-5253	48-1278531	GOVERNMENT	179,606.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF PITTSBURGH 3100 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501(C)(3)	19,701.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF SOUTH FLORIDA PO BOX 864568 ORLANDO, FL 32886-4568	59-3102112	GOVERNMENT	56,362.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DRIVE CHICAGO, IL 60693	91-6001537	501(C)(3)	74,344.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD

Schedule I (Form 990)

ASSOCIATION OF UNIVERSITY CENTERS ON

Schedule I (Form 990)

DISABILITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF GEORGIA RESEARCH FOUNDATION - 475 NORTH LUMPKIN STREET - ATHENS, GA 30602-5333	58-1353149	501(C)(3)	70,631.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
UNIVERSITY OF SOUTH CAROLINA FINANCIAL SERVICES OFFICE COLUMBIA, SC 29208	57-6001153	GOVERNMENT	15,007.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
VANDERBILT UNIVERSITY MEDICAL CENTER - DEPT. AT 40303 - ATLANTA, GA 31192-0303	62-0475822	GOVERNMENT	57,420.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD
WOMEN & INFANTS HOSPITAL 101 DUDLEY ST. PROVIDENCE, RI 02905	05-0258937	501(C)(3)	68,516.	0.			RESEARCH, EDUCATION, SERVICE SUBAWARD

Schedule I (Form 990)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: EACH YEAR, AUCD RECEIVES FUNDING THROUGH
VARIOUS FEDERAL PARTNERS (SUCH AS CDC, MCHB, AND ADD) TO PASS THROUGH TO
OUR NETWORK MEMBERS TO CONDUCT RESEARCH, TRAINING AND EDUCATION SERVICES.
AUCD CONDUCTS APPLICATION AND PEER REVIEW PROCESSES TO SELECT Awardees FOR
THE PARTICULAR INITIATIVES. UPON AWARD, SUBRECIPIENTS ARE REQUIRED TO
SUBMIT QUARTERLY INVOICES (SUB-Awardee EXPENDITURES ARE TRACKED AGAINST
BUDGETS AND VIA AUCD'S ACCOUNTING SYSTEM) AND PROGRESS REPORTS. AUCD
PROJECT STAFF ALSO COMMUNICATE ON A REGULAR BASIS WITH SUB-Awardees THROUGH
CONFERENCE CALLS, WEBINARS AND EMAIL TO CHECK THE PROGRESS OF PROJECTS.

ALSO, ALL SUB-RECIPIENTS ARE REQUIRED TO FOLLOW FINANCIAL GUIDELINES SET FORTH BY A-89, A-122, OR A-133, AS APPROPRIATE. AS REQUIRED, SUB-AWARDEE PROGRESS REPORTS AND FINANCIAL INFORMATION ARE PROVIDED BACK TO OUR FEDERAL FUNDERS TO MONITOR THE PROGRESS OF WORK PERFORMED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

**ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES**

Employer identification number

23-7189098

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

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

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

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

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?

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

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

**ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES**

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GEORGE S. JESIEN	(i) 207,511.	0.	0.	22,348.	10,908.	240,767.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011
Open to Public
Inspection

Name of the organization

ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES

Employer identification number
23-7189098

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

THE PRINCIPLES OF SELF-DETERMINATION, FAMILY-CENTERED CARE, AND
CULTURAL COMPETENCE IN DISABILITY SUPPORTS ACROSS THE LIFESPAN.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EVIDENCE-BASED PRACTICE; AND UTILIZING EXISTING AND DEVELOPING NEW DATA
SYSTEMS TO CAPTURE AND REPORT ON PROJECT OUTCOMES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PED AUDIOLOGY TRAINING

EXPENSES \$ 518,636. INCLUDING GRANTS OF \$ 494,883. REVENUE \$ 0.

ADD/TA

EXPENSES \$ 509,138. INCLUDING GRANTS OF \$ 12,397. REVENUE \$ 0.

MEMBERSHIP DUES

EXPENSES \$ 388,527. INCLUDING GRANTS OF \$ 0. REVENUE \$ 620,147.

ANNUAL MEETING

EXPENSES \$ 191,091. INCLUDING GRANTS OF \$ 0. REVENUE \$ 206,086.

NTI-PSE

EXPENSES \$ 146,273. INCLUDING GRANTS OF \$ 88,407. REVENUE \$ 0.

SELF ADVOCACY SUMMITS

EXPENSES \$ 136,854. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization **ASSOCIATION OF UNIVERSITY CENTERS ON
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USU SUBCONTRACT

EXPENSES \$ 111,931. INCLUDING GRANTS OF \$ 111,931. REVENUE \$ 0.

NATIONAL SERVICE INCLUSION

EXPENSES \$ 92,423. INCLUDING GRANTS OF \$ 55,000. REVENUE \$ 0.

SELF-DETERMINATION NTI

EXPENSES \$ 83,320. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NYLN

EXPENSES \$ 32,517. INCLUDING GRANTS OF \$ 0. REVENUE \$ 34,468.

NEC FOUNDATION

EXPENSES \$ 581. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

JPK

EXPENSES \$ 361. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

POST SECONDARY EDU NTI

EXPENSES \$ 8,346. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION OF UNIVERSITY
CENTERS ON DISABILITIES IS A MEMBERSHIP ORGANIZATION THAT SUPPORTS AND
PROMOTES A NATIONAL NETWORK OF UNIVERSITY-BASED INTERDISCIPLINARY PROGRAMS.
NETWORK MEMBERS CONSIST OF:

- UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES (UCEDD),

FUNDED BY THE ADMINISTRATION ON INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Name of the organization	ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES	Employer identification number 23-7189098
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(AIDD)

- LEADERSHIP EDUCATION IN NEURODEVELOPMENTAL DISABILITIES (LEND) PROGRAMS
FUNDED BY THE MATERNAL AND CHILD HEALTH BUREAU (MCHB)

- INTELLECTUAL AND DEVELOPMENTAL DISABILITY RESEARCH CENTERS (IDDRC), MOST
OF WHICH ARE FUNDED BY THE EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE FOR
CHILD HEALTH AND DEVELOPMENT (NICHD)

THESE PROGRAMS SERVE AND ARE LOCATED IN EVERY U.S. STATE AND TERRITORY AND
ARE ALL PART OF UNIVERSITIES OR MEDICAL CENTERS. THEY SERVE AS A BRIDGE
BETWEEN THE UNIVERSITY AND THE COMMUNITY, BRINGING TOGETHER THE RESOURCES
OF BOTH TO ACHIEVE MEANINGFUL CHANGE.

THEY PAY ANNUAL DUES TO AUCD, WHICH ARE DETERMINED BY THE TOTAL AMOUNT OF
CORE AIDD, MCHB, AND NIH FUNDING THEY RECEIVE.

AUCD SUPPORTS THIS NATIONAL NETWORK THROUGH:

- LEADERSHIP ON MAJOR SOCIAL PROBLEMS AFFECTING ALL PEOPLE LIVING WITH
DEVELOPMENTAL OR OTHER DISABILITIES OR SPECIAL HEALTH NEEDS

- ADVOCACY WITH CONGRESS AND EXECUTIVE BRANCH AGENCIES THAT FUND AND
REGULATE PROGRAMS USED BY PEOPLE WITH DISABILITIES

- NETWORKING AND PARTNERING WITH OTHER NATIONAL ORGANIZATIONS TO ADVANCE
THE NETWORK'S NATIONAL AGENDAS

- PROMOTING COMMUNICATION WITHIN THE NETWORK AND WITH OTHER GROUPS BY
COLLECTING, ORGANIZING, AND DISSEMINATING DATA ON NETWORK ACTIVITIES AND
ACCOMPLISHMENTS

- TECHNICAL ASSISTANCE PROVISION ON A BROAD RANGE OF TOPICS

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERSHIP OF THE AUCD ELECTS
THE FIVE AT-LARGE MEMBERS OF THE AUCD BOARD OF DIRECTORS AT THE END OF EACH
AT-LARGE MEMBER'S TERM, WHICH IS THREE YEARS. THESE ELECTIONS TAKE PLACE IN
THE FALL OF THE YEAR AS EACH BOARD MEMBER'S TERM ENDS. THE ELECTIONS TAKE

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PLACE VIA A SECURE ONLINE VOTING APPLICATION. THIS PROCESS IS OUTLINED IN
THE BOARD BY-LAWS.

FORM 990, PART VI, SECTION B, LINE 11: THE ASSOCIATION'S BOARD FINANCE AND
AUDIT COMMITTEE HAS THE RESPONSIBILITY TO REVIEW THE 990 DURING ONE OF ITS
MONTHLY CONFERENCE CALLS. DURING THIS CALL, AUCD'S AUDIT/TAX CONSULTANT
PRESENTED THE RESULTS OF THE CURRENT YEAR 990. FOLLOWING THE REVIEW, THE
FINANCE AND AUDIT COMMITTEE VOTED TO ACCEPT THE 990 AND RECOMMEND THAT IT
BE PRESENTED TO AND ACCEPTED BY THE FULL BOARD. A COPY OF THE 990 WAS
PROVIDED TO AUCD'S GOVERNING BODY BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: AUCD HAS ADOPTED A SPECIFIC
CONFLICT OF INTEREST POLICY THAT ALL STAFF IS REQUIRED TO FILL OUT AND SIGN
UPON EMPLOYMENT AT AUCD, AS WELL AS EACH YEAR OF EMPLOYMENT THEREAFTER.
THIS POLICY IS SIMILAR TO THE BOARD OF DIRECTORS CONFLICT OF INTEREST
POLICY, WHICH BOARD MEMBERS ARE REQUIRED TO SIGN UPON JOINING THE BOARD,
AND ANNUALLY FOR EACH YEAR OF THEIR TERM ON THE BOARD. THE AUCD CONFLICT OF
INTEREST POLICY REQUIRES, AMONG OTHER THINGS, THAT ALL AUCD EMPLOYEES
ANNUALLY AS A PART OF THEIR ANNUAL PERFORMANCE REVIEW (AND AT THE TIME OF
THE BEGINNING OF EMPLOYMENT FOR ALL NEW AUCD EMPLOYEES) COMPLETE AND RETURN
TO AUCD THE CONFLICT OF INTEREST DISCLOSURE STATEMENT. INCLUDED IN THE
CONFLICT OF INTEREST STATEMENT IS A LISTING OF ALL OUTSIDE EMPLOYMENT BY
AUCD EMPLOYEES. NO EMPLOYEE MAY HOLD AN OUTSIDE POSITION WHICH IS IN
CONFLICT WITH HIS/HER AUCD EMPLOYMENT OR WHICH UTILIZES AUCD RESOURCES
UNLESS AUTHORIZED IN WRITING BY THE EXECUTIVE DIRECTOR. THE BOARD CONFLICT
OF INTEREST POLICY STATES THAT IN THEIR CAPACITY AS DIRECTORS, THE MEMBERS
OF THE BOARD OF DIRECTORS OF AUCD MUST ACT AT ALL TIMES IN THE BEST
INTERESTS OF AUCD. THE PURPOSE OF THIS POLICY IS TO HELP INFORM THE BOARD

Name of the organization **ASSOCIATION OF UNIVERSITY CENTERS ON
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ABOUT WHAT CONSTITUTES A CONFLICT OF INTEREST, ASSIST THE BOARD IN IDENTIFYING AND DISCLOSING ACTUAL AND POTENTIAL CONFLICTS, AND HELP ENSURE THE AVOIDANCE OF CONFLICTS OF INTEREST WHERE NECESSARY.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD, WITH INPUT FROM THE FINANCE AND AUDIT COMMITTEE, DETERMINES THE EXECUTIVE DIRECTOR'S SALARY, BENEFITS, AND ANNUAL INCREASES. THE BOARD PREPARES A MEMO SUMMARIZING THE EXECUTIVE DIRECTOR'S COMPENSATION DELIBERATIONS AND DECISIONS WHICH IS FILED IN HIS PERSONNEL FILE.

AUCD USES OBJECTIVE AND COMPARABILITY DATA TO DETERMINE COMPENSATION. COMPENSATION IS BASED ON THE ROLES AND RESPONSIBILITIES OF THE POSITION IN ADDITION TO THE EDUCATIONAL LEVEL AND TYPE AND LENGTH OF EXPERIENCE OF THE INDIVIDUAL. ALSO, AUCD USES COMPENSATION DATA FROM OTHER COMPARABLE NONPROFIT ORGANIZATIONS TO DETERMINE SALARY AND BENEFITS. IT IS IMPORTANT TO NOTE THAT MANY OF AUCD'S POSITIONS ARE GRANT FUNDED. THEREFORE, COMPENSATION IS, IN PART, ALSO DEPENDENT ON THE APPROVED SALARY LEVEL IN GRANT BUDGETS. AUCD EMPLOYEES TYPICALLY RECEIVE A COST-OF-LIVING (COL) ADJUSTMENT EACH YEAR. IN ADDITION TO THE COL ADJUSTMENT, THE EXECUTIVE DIRECTOR CAN RECOMMEND A PERFORMANCE-BASED INCREASE FOR STAFF THAT HAVE DONE EXEMPLARY WORK. PERFORMANCE-BASED INCREASES ARE BASED UPON AVAILABLE FUNDS AND STAFF ANNUAL PERFORMANCE REVIEWS. THE COST-OF-LIVING ADJUSTMENT AND PERFORMANCE INCREASES ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

THE LAST COMPENSATION REVIEW TOOK PLACE IN JULY 2011.

FORM 990, PART VI, SECTION C, LINE 19: AUCD'S GOVERNING DOCUMENTS,

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CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS (INCLUDING ANNUAL
AUDITS) ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 4,336.