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DLN: 93493184005193

Department of the Treasury

Governance

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012 D Employer identification number B Check if applicable ASSOCIATED UNIVERSITIES INC 1-1630900 Address change E Telephone number Doing Business As Name change (202)462-1676 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 1400 16TH STREET NW NO 730 **G** Gross receipts \$ 122,514,067 Terminated City or town, state or country, and ZIP + 4 WASHINGTON, DC 200362252 Amended return Application pending Name and address of principal officer H(a) Is this a group return for ETHAN SCHREIER ┌ Yes ┌ No affiliates? 203 W LANVILLE STREET BALTIMORE, MD 21217 ┌ Yes ┌ No H(b) Are all affiliates included? If "No," attach a list (see instructions) **▽** 501(c)(3) **□** 501(c) () **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status Group exemption number 🕨 H(c)Website: ► WWW AUI EDU M State of legal domicile NY L Year of formation 1946 Summary Part I 1 Briefly describe the organization's mission or most significant activities AUI UNITES THE RESOURCES OF UNIVERSITIES, RESEARCH ORGANIZATIONS AND THE FEDERAL GOVERNMENT IN THE

PLANNING, CONSTRUCTION, AND OPERATION OF FOREFRONT SCIENTIFIC FACILITIES THAT PROMOTE DISCOVERY

Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets

AND EDUCATION WHILE EXPANDING OUR KNOWLEDGE OF THE PHYSICAL WORLD

න් ර	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	22
ţi.	4 N	lumber of independent voting members of the governing body (Part VI, line 1b) $$.		4	21
Activities &	5 T	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	686
Ac	6 T	otal number of volunteers (estimate if necessary)		6	161
	7a ⊤	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0
	ьΝ	let unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Year		Current Year
_	8	Contributions and grants (Part VIII, line 1h)	137,836,	155	121,234,232
nue	9	Program service revenue (Part VIII, line 2g)	2,222,	533	1,183,537
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	451,8	332	96,298
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	140,510,	520	122,514,067
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	403,	535	416,967
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	457	67,478,577	
⊕	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0			
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	72,617,	152	54,623,593
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	140,804,	144	122,519,137
	19	Revenue less expenses Subtract line 18 from line 12	524	-5,070	
Net Assets or Fund Balances			Beginning of Curre Year	nt	End of Year
esse Bak	20	Total assets (Part X, line 16)	10,830,	301	13,151,370
er Pd∃	21	Total liabilities (Part X, line 26)	1,130,	531	2,075,652
zZ	22	Net assets or fund balances Subtract line 21 from line 20	9,699,7	770	11,075,718

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

Sign	Signature of officer		20 Da	13-07-03 te			
Here	PATRICK W DONAHOE AUI VICE PRESIDENT Type or print name and title						
Paid	Preparer's signature JOYCE M UNDERWOOD	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions) P00022361			
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 BDO USA LLP 7101 WISCONSIN AVE SUITE 800						
	BETHESDA, MD 208144827			Phone no 🕨 (301) 654-4900			
May the IR	S discuss this return with the preparer shown above? (see instructions) .		▼Yes 「No			

Pari	1111	Statement of Program S Check if Schedule O contains a			ıı	
1	Brief	y describe the organization's mi	ssion			
PLAN	NING	S THE RESOURCES OF UNIVE , CONSTRUCTION, AND OPER N WHILE EXPANDING OUR KN	ATION OF THE FO	REFRONT SCIENTI	FIC FACILITIES THAT PRO	
	Did th	ie organization undertake any sig	unificant program s	ervices during the ve	ar which were not listed on	
	the pr	or Form 990 or 990-EZ?				┌ Yes ┌ No
		s," describe these new services				
3	servi	ne organization cease conducting ces?			conducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these changes on S	chedule O			
4	exper	ribe the organization's program s uses Section 501(c)(3) and 501 s and allocations to others, the t	(c)(4) organization	s and section 4947 (a	a)(1) trusts are required to r	eport the amount of
4a	(Code	e) (Expenses \$	77,392,022	ıncludıng grants of \$) (Revenue \$)
	TELES BANK	ONOMY AND ASTROPHYSICS RESEARCH SCOPES FOR RESEARCH CONDUCTED B' TELESCOPE, EXPANDED VERY LARGE A UCATION AND PUBLIC OUTREACH FOR	Y THE INTERNATIONAL RRAY AND THE VERY LA	SCIENTIFIC COMMUNITY ARGE BASELINE ARRAY TH	THE SUITE OF TELESCOPES INCLUIE ORGANIZATION ALSO PROVIDES	IDE THE ROBERT C BYRD GREEN
4b	(Code	e) (Expenses \$	41,165,732	ıncludıng grants of \$	416,967) (Revenue s	1,183,537)
	ENHA	ONOMY AND ASTROPHYSICS RESEARCH NCE ASTRONOMERS' RESEARCH CAPAB LARGE ARRAY WHICH WILL PROVIDE A	ILITIES AND OPEN NEW	SCIENTIFIC FRONTIERS	ATACAMA LARGE MILLIMETER/SUE	MILLIMETER ARRAY AND EXPANDED
4 c	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
	Otha	er program services (Describe ii	Schedule O)			
		enses \$	including grants o	f\$) (Revenue \$)
4e	Tota	l program service expenses►\$	118,557,7!	54		

	Part TV	Check	list of	Peguired	Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	•1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 144			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	165	
.a	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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 or securities	4a	Yes	
L	account)?		res	
b	If "Yes," enter the name of the foreign country			
	See instructions for fining requirements for Form 1D F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	טכ		
С	TI TES TO THE Sa OF SD, and the organization me Form 6000-17	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		<u> No</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
•	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.	-		
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
h	Enter the aggregate 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 aggregate amount of reserves on hand 13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	:		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	•		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►AZ, CA, NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	_	_	_

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website V Upon request
- 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 KIM O'FARRELL AUI CONTROLLER 1400 16TH STREET NW SUITE 730 WASHINGTON, DC 200362252 (202)462-1676

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

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

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

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(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
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title Average hours more than one box, compensation per unless person is both week (B) Position (do not check Reportable compensation compensation from related organization (W- organizations						(F) Estimated amount of oth compensatio from the							
		(describe hours for related organizations in Schedule O)		e Institutional Trustee	/trus	tee	Highest compensat	Former		9-MISC)	(W- 2/1099- MISC)	organizat relat organiza	on and ed	
See A	dditional Data Table		ď;	î e			at ed					4		
												_		
												+		
												1		
												_		
1b c	Sub-Total				•	•		*						
d					•	•		F		2,433,753		0		625,073
2	Total number of individuals (incli \$100,000 of reportable compens					ted	above) who	receive	ed more tha	n			
3	Did the organization list any forr	ner officer direc	tor or t	truste	e k	ev e	mnlov	ee c	r highes	t compens	ated employee		Yes	No
	on line 1a? If "Yes," complete Sch	edule J for such	ındıvıd	ual		•	•	•				3		No
4	organization and related organization											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz									janization o	r individual for	5		No
<u> </u>	ction B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio												
	-	(A) ne and business add	Iress							Descr	(B) ription of services		(C Comper	
2600	RAL DYNAMICS SATCOM NLONGVIEW ST RE, TX 756626842									CONTRACTO	R SERVICES		11	,724,135
GENERAL DYNAMICS INST OBRAS DE INGENIERIA 1474 VITACURA SANTIAGO CI CONTRACTOR SERVICES							3,503,901							
VIRGINIA DIODES INC 979 2ND STREET SE STE 309 CHARLOYTSVILLE, VA 229026172 ASSEMBLY/BAND 9 SEXTUPLERS							1	,784,175						
RUTA	NGENIERIA Y CONSTRUCCION LTDA DEL COBRE 320 PLAZA DE LA NEG FAGASTA									SERVICE/PAR	RTS			981,898
MODJ 100 S	ESKI AND MASTERS INC FERLING PARKWAY STE 302 ANICSBURG, PA 17050									CONTRACTO	R SERVICES			380,030
2	Total number of independent cont \$100,000 of compensation from t			ot lır	nited	l to 1	those	liste	d above)	who receiv	ed more than			

Part \	<i>_</i>	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
\$ \$	1a	Federated campaigns 1a				
등등	Ь	Membership dues 1b				
ಕ್ಟ	c	Fundraising events 1c				
£ 0.00						
<u>5,₹</u>	d	Related organizations 1d				
ية E	е	Government grants (contributions) 1e 120,092,936				
5 જ	l f	All other contributions, gifts, grants, and 1f 1,141,296	i			
5 2		similar amounts not included above				
물등	g	Noncash contributions included in				
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$				
क ठं	h	Total. Add lines 1a-1f	121,234,232			
an a		Business Code				
Ě	2a	CAFE,GUESTHSE,GIFTSHOP 900099	1,183,537	1,183,537		
ē.		300033	1,103,337	1,103,337		
22	Ь					
e G	C					
5 30	d					
Q,	e					
Program Service Revenue		All other program convice reverse				
Š	f	All other program service revenue				
Δ	g	Total. Add lines 2a−2f	1,183,537			
	3	Investment income (including dividends, interest	, , :			
		and other similar amounts)	96,100			96,100
	,	Income from investment of tax-exempt bond proceeds	,			,
	4					
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income				
		or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ii) Other				
	7a	Gross amount 198 from sales of				
		assets other				
	١.	than inventory Less cost or 0				
	b	other basis and				
		sales expenses Gain or (loss) 198				
	C	` '				
	d	Net gain or (loss)	198			198
	8a	Gross income from fundraising				
÷		events (not including				
듄		\$ of contributions reported on line 1c)				
<u> </u>		See Part IV, line 18				
LE.		а				
<u>a</u>	b	Less direct expenses b				
Other Revenue	c	Net income or (loss) from fundraising events •				
_	9a	Gross income from gaming activities				
	-	See Part IV, line 19				
		a				
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
	Juan	returns and allowances .				
		a				
	ь	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
	<u> </u>	Miscellaneous Revenue Business Code				
	44	Priscendieous Revenue Dusifiess Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
		•				
	12	Total revenue. See Instructions				
	1		122,514,067	1,183,537	0	96,298

Part IX Statement of Functional Expenses

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

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

Do no	heck if Schedule O contains a response to any question in this Part IX ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.	Total expelises	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	416,967	416,967		
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	2,490,560	1,444,141	1,046,419	
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	47,549,923	46,946,413	603,510	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,809,785	3,749,434	60,351	
9	Other employee benefits	10,778,479	10,573,512	204,967	
10	Payroll taxes	2,849,830	2,849,830		
11	Fees for services (non-employees)				
а	Management	8,831		8,831	
b	Legal	297,666	171,028	126,638	
C	Accounting	184,850		184,850	
d	Lobbying	25,800		25,800	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	23,946,525	23,533,793	412,732	
12	Advertising and promotion				
13	Office expenses	552,036	512,181	39,855	
14	Information technology	3,196,788	3,195,269	1,519	
15	Royalties				
16	Occupancy	5,155,785	4,983,302	172,483	
17	Travel	6,108,476	5,469,977	638,499	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	583,058	475,930	107,128	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,653		38,653	
23	Insurance	537,257	375,676	161,581	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	UTIL/FUEL CONSUM/COMMUN	7,330,427	7,287,142	43,285	
b	EQUIP/BLDG/LEASEHOLD	4,347,970	4,347,863	107	
c	FREIGHT/POSTAGE	1,047,708	1,041,004	6,704	
d	MEMBERSHIP/PUBLICATIONS	722,539	693,681	28,858	
е					
f	All other expenses	539,224	490,611	48,613	
25	Total functional expenses. Add lines 1 through 24f	122,519,137	118,557,754	3,961,383	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

_ Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	900,183	2	1,541,805
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	761,113	4	1,061,255
	5	Receivables from current and former officers, directors, trustees, key employees, highest compensated employees Complete Part II of	and		
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) persons described in section $4958(c)(3)(B)$ Complete Part II of	and		
66		Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
8	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	71,527	9	70,481
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 50	11,760		
	b	Less accumulated depreciation 10b 40	03,865 126,792	10c	107,895
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	8,970,686	12	10,369,934
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,830,301	16	13,151,370
	17	Accounts payable and accrued expenses .	517,875	17	1,393,717
	18	Grants payable		18	
	19	Deferred revenue	203,827	19	274,248
	20	Tax-exempt bond liabilities		20	
ø.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	408,829	25	407,687
	26	D	1,130,531		2,075,652
	26	Total liabilities. Add lines 17 through 25	1,130,331	26	2,075,052
φ		Organizations that follow SFAS 117, check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	9,685,900	27	11,062,786
<u></u>	28	Temporarily restricted net assets	13,870	28	12,932
	29	Permanently restricted net assets	,	29	<u> </u>
Fund Balance		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
25.5	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	9,699,770		11,075,718
Ź	34	Total liabilities and net assets/fund balances	10 830 301	-	13 151 370

14:11	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		122,5	514,067
2	Total expenses (must equal Part IX, column (A), line 25)	2			519,137
3	Revenue less expenses Subtract line 2 from line 1	3			-5,070
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,6	599,770
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,3	881,018
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		11,0	75,718
Par	Check If Schedule O contains a response to any question in this Part XII		•	F	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to 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		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ 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?	е	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

Software ID: Software Version:

EIN: 11-1630900

Name: ASSOCIATED UNIVERSITIES INC

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

	ent Co) r S						
(B) Average hours		tion	(che		II		(D) Reportable compensation	Reportable compensation	(F) Estimated amount of other	
per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
6 00	Х		х				0	0	0	
2 00	Х						0	0	0	
5 00	Х						0	0	0	
2 00	Х						0	0	0	
3 00	Х						0	0	0	
3 00	Х						0	0	0	
5 00	Х						0	0	0	
3 00	Х						0	0	0	
2 00	Х						0	0	0	
2 00	Х						0	0	0	
6 00	Х						0	0	0	
5 00	Х						0	0	0	
3 00	Х						0	0	0	
5 00	Х						0	0	0	
4 00	Х						0	0	0	
1 00	Х						0	0	0	
2 00	Х						0	0	0	
5 00	Х						0	0	0	
3 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
40 00	Х		×				303,972	0	85,008	
40 00			×				210,783	0	55,893	
40 00			×				161,977	0	41,177	
40 00			х				117,232	0	17,291	
	(B) Average hours per week 6 00 2 00 5 00 3 00 3 00 5 00 3 00 5 00 3 00 5 00 4 00 1 00 2 00 1 00 4 00 1 00 4 00 4 00 4 00	(B) A verage hours per week Possible 6 00 X 2 00 X 5 00 X 3 00 X 3 00 X 5 00 X 3 00 X 2 00 X 3 00 X 2 00 X 5 00 X 5 00 X 5 00 X 4 00 X 1 00 X 1 00 X 1 00 X 1 00 X 4 0 00 X 4 0 00 X	(B) Average hours per week Position that a per week 6 00 X Individual trustee 2 00 X X 3 00 X X 3 00 X X 3 00 X X 2 00 X X 3 00 X X 2 00 X X 3 00 X X 5 00 X X 5 00 X X 5 00 X X 4 00 X X 1 00 X X 1 00 X X 1 00 X X 1 00 X X 4 0 00 X X 1 00 X X 4 0 00 X	(B) A verage hours per week Position (che that apply or linguistion) and institutional frusties apply or director week Position (che that apply or linguistic) and institutional frusties apply or director wheek Position (che that apply or linguistic) and institutional frusties apply or director and institutional frusties apply or direc	Average hours per week Position (check a that apply) Rep employee	C	Co	C	Compensation	

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

(A) Name and Title	(B) Average hours		(tion that a			ıll		(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
KWOK YUNG LO DIRECTOR	40 00				х			269,206	0	64,420
MARK MCKINNON ASSISTANT DIRECTOR/NA ALMA PROJECT	40 00				х			181,596	0	28,875
PHILLIP JEWELL DEPUTY DIRECTOR	40 00				х			178,588	0	45,261
MARILYN KEATING HEAD OF HR INTERNAL COMM - ALMA	40 00					х		233,234	0	90,384
RICHARD SIMON SCIENTIST/CS	40 00					х		207,101	0	69,178
ROBERT DICKMAN ASSISTANT DIRECTOR	40 00					х		203,031	0	46,349
ANTHONY PERFETTO DEPUTY DIVISION HEAD	40 00					Х		192,382	0	40,104
MARK CLARK SOFTWARE ENGINEER I	40 00					Х		174,651	0	41,133

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As Filed Data -

DLN: 93493184005193

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection

Name of the organization ASSOCIATED UNIVERSITIES INC

Employer identification number

-JJUC1	AILD	ONIVERSITIES INC	11-1630900							
Par	tΙ	Reason for Public Charity Status (All organizations must complete this p		ctions						
		ization is not a private foundation because it is (For lines 1 through 11, check only one b		00110		-				
1	$\overline{\Box}$	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).	•							
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)	(A)(iii).							
4	Γ	A medical research organization operated in conjunction with a hospital described in se hospital's name, city, and state	ction 170(b)(1)(A))(iii). Ente	r the					
5	Γ	An organization operated for the benefit of a college or university owned or operated by	a governmental un	ıt describe	_ ed in					
		section 170(b)(1)(A)(iv). (Complete Part II)								
6	\sqcap	A federal, state, or local government or governmental unit described in section 170(b)	L)(A)(v).							
7		An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	ental unit or from th	ne general	public					
8	\sqcap	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross								
		receipts from activities related to its exempt functions—subject to certain exceptions, a	and (2) no more tha	an 331/3%	of					
		its support from gross investment income and unrelated business taxable income (less	section 511 tax) f	rom busin	esses					
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Pa	rt III)							
10	\sqcap	An organization organized and operated exclusively to test for public safety See section	509(a)(4).							
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the fun one or more publicly supported organizations described in section 509(a)(1) or section the box that describes the type of supporting organization and complete lines 11e throwall Type I b Type II c Type III - Functionally integrate	509(a)(2) See se egh 11h		a)(3).	Check				
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirect other than foundation managers and other than one or more publicly supported organiza section 509(a)(2)								
f		If the organization received a written determination from the IRS that it is a Type I, Typ check this box	e II or Type III su	pporting o	rganız	ation,				
g		Since August 17, 2006, has the organization accepted any gift or contribution from any following persons?	of the							
		(i) a person who directly or indirectly controls, either alone or together with persons des	scribed in (ii)		Yes	No				
		and (III) below, the governing body of the the supported organization?		11g(i)						
		(ii) a family member of a person described in (i) above?		11g(ii)						
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)						
h		Provide the following information about the supported organization(s)								

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

-	ection A. Public Support	ne organization	rano to quanty t	ander the tests	noted below, pie	sase comp	1000	dit III.
		. 1					$\overline{}$	
Care	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	.	(f) Total
	ın) Gıfts, grants, contributions, and						\dashv	
1	membership fees received (Do							
	not include any "unusual	144,811,93	9 148,815,289	136,121,181	137,836,155	121,234	1,232	688,818,796
	grants ")							
2	Tax revenues levied for the						-+	
2	organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities						$\neg +$	
,	furnished by a governmental unit							
	to the organization without							
	charge							
4	Total. Add lines 1 through 3	144,811,93	9 148,815,289	136,121,181	137,836,155	121,234	1.232	688,818,796
	The portion of total contributions	111,011,50	110/013/203	155/121/151	101,000,100	121,23	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5	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						-+	
О	from line 4							688,818,796
-	ection B. Total Support							
		Ī					$\overline{}$	
Care		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011		(f) Total
_	beginning in)	144,811,939	148,815,289	136,121,181	137,836,155	121,234	222	688,818,796
7	A mounts from line 4	144,011,939	140,013,209	130,121,101	137,030,133	121,234	,232	000,010,790
8	Gross income from interest,							
	dividends, payments received	047.453	172 207	200.074	451 000	0.6	100	1.000.400
	on securities loans, rents,	947,453	172,207	298,874	451,832	96	,100	1,966,466
	royalties and income from							
	similar sources						$-\!\!+$	
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
	carried on						$-\!\!+$	
10	Other income (Explain in Part							
	IV) Do not include gain or loss							
	from the sale of capital							
	assets						$-\!\!+$	
11	Total support (Add lines 7							690,785,262
	through 10)							
12	Gross receipts from related activi	ities, etc. (See ins	structions)			12		7,005,778
13	First Five Years If the Form 990 i	s for the organiza	tion's first, second	, third, fourth, or f	fifth tax year as a	501(c)(3) o	rganız	ation,
	check this box and stop here							▶┌
S	ection C. Computation of Pu	ublic Support	Percentage					
14	Public Support Percentage for 20	11 (line 6 column	(f) divided by line	11 column (f))		14		99 720 %
15	Public Support Percentage for 20	10 Schedule A P	art II line 14			15		98 990 %
		•						
16a	33 1/3% support test—2011. If th				line 14 is 33 1/3%	or more, ch	ieck t	
_	and stop here. The organization q	•	· · · · · ·					► ✓
b	33 1/3% support test—2010. If the	_			oa, and line 15 is :	33 1/3% orr	nore,	
	box and stop here. The organizati							▶
17a	10%-facts-and-circumstances tes							
	is 10% or more, and if the organiz							
	in Part IV how the organization m	eets the "facts ar	id circumstances"	test The organiz	ation qualifies as	a publicly st	pport	- -
-	organization							►
b	10%-facts-and-circumstances tes							
	15 is 10% or more, and if the org							
	Explain in Part IV how the organiz	zation meets the '	tacts and circums	tances" test The	e organization qual	lifies as a pu	blicly	
	supported organization				4-1 1 1 1 1			► □
18	Private Foundation If the organization	ation did not chec	k a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see		▶ □
	ınstructions							

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

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

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493184005193

OMB No 1545-0047

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.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities). Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ 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, line 35c (Proxy Tax), then

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

Name	of the	organ	ızatıon
ASSOCI	ATED U	NIVERS:	ITIES INC

Employer identification number

11-1630900

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

- in opposition to candidates for public office in Part IV Political expenditures
- 3 Volunteer hours

art I-B	Complete if	the organ	<u>ization is</u>	exempt und	er section	501(c)(<u>3).</u>

1 Enter the amount of any excise tax incurred by the organization under section 4955

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

- 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?
- Was a correction made?
- If "Yes," describe in Part IV

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Yes	No
to which the filing	J
	i

☐ Yes

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations 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

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

Sch	nedule C (Form 990 or 990-EZ) 2011			Page
Pä	crt II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) an	d filed Form 5768	
	expenses, and share of excess lobb	in affiliated group (and list in Part IV each affiliate lying expenditures) x A and "limited control" provisions apply	d group member's name	, address, EIN
	Limits on Lobbying E (The term "expenditures" means ar	_	(a) Filing O rganization's Totals	(b) Affiliated Group Totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	25,800	
c	Total lobbying expenditures (add lines 1a and 1	25,800		
d	Other exempt purpose expenditures		122,493,337	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	122,519,137	
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -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?

\Box	Yes	No

250,000

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 non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000		
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000		
c	Total lobbying expenditures	25,500	25,500	25,500	25,800	102,300		
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000		
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000		
f	Grassroots lobbying expenditures				11.075			

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)	(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
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, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

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

DLN: 93493184005193

OMB No 1545-0047

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization	•	Emp	loyer ident if icat	ion numbe	er
۸۵۵	OCIATED UNIVERSITIES INC		11-:	1630900		
Pa	organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds	or Accounts.	Complet	te if the
		(a) Donor advised funds	((b) Funds and ot	her accou	nts
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 advifunds are the organization's property, subject to the		or advı	sed	┌ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben				┌ Yes	□ Na
D-	conferring impermissible private benefit	£ the community of the community of the		- 000 Paut IV	•	No No
	rt II Conservation Easements. Complete		o Forn	n 990, Part IV	, line 7.	
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of a c	certifie	d historic struct		a
_	easement on the last day of the tax year		or a cc	Held at the	End of the	Year
а	Total number of conservation easements		2a	riola ac circ	ina or the	
ь	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d			
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	ie organization d	uring	
4	Number of states where property subject to conserva	ation easement is located 🛌				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents d	uring the year 🛌		
7	A mount of expenses incurred in monitoring, inspectings \$	ng, and enforcing conservation easements	s durinç	g the year		
В	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial				
Par	t III Organizations Maintaining Collectio Complete if the organization answered "	ns of Art, Historical Treasures,	or Otl	her Similar <i>A</i>	ssets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or research	ch ın fu			2,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ii				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r finan			
а	Revenues included in Form 990, Part VIII, line 1			► \$		

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>llections of Art</u>	<u>:, His</u>	<u>tori</u>	<u>cal Tre</u>	<u>asu</u>	res, or Ot	<u>her</u>	<u>Similar Asse</u>	ets (c	ontinued)
	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	าe foll	owing th	at are	e a significar	nt us	e of its collectio	n	
а	Public exhibition		d	Γ	Loan or	rexch	nange progra	ms			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
	Provide a description of the organization's co Part XIV	ollections and expla	ıın hov	w they	y further	the o	rganızatıon's	exe	empt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Part	Part IV, line 9, or reported an an						answered	"Ye	es" to Form 99	0,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	forc	ontributi	ons o	r other asse	ts n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ving ta	able				Ama		
_	Danis and Indonesia						-	-	Amo	unt	
c d	Beginning balance						<u> </u>	lc ld			
	Additions during the year						<u> </u>	.a .e			
e f	Distributions during the year							le lf			
f 2-	Ending balance	000 B- : X :	- 345				L3	LT		V = -	
	Did the organization include an amount on Fo		e 217						ı	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV				!!\/	<u> </u>		D =t	TV 1 10		
Par	t V Endowment Funds. Complete	(a)Current Year)Prior \						•) Four Y	ears Back
1a	Beginning of year balance	(a)carrent rear		<i>y</i>	, cai	(6)	o reals back	(4.).	Thee reals back (.,. oa	cars back
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as						_		
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment ▶										
	Are there endowment funds not in the posses organization by	ssion of the organiz	ation t	that a	are held a	and a	dmınıstered	for t	he	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)	1	<u> </u>
	If "Yes" to 3a(II), are the related organization	•						•	<u>3b</u>		<u> </u>
	Describe in Part XIV the intended uses of th										
Part	VI Land, Buildings, and Equipme	int. See Form 99	<u>и, Ра</u>				T	. 1			
	Description of property				i) Cost or o		(b)Cost or ot basis (other		(c) Accumulated depreciation	(d) B	ook value
	and		•					_			
	uildings		•	<u> </u>							
	easehold improvements		•	<u> </u>			132,9	\rightarrow	46,425		86,482
	quipment		•				97,0	090	80,325		16,765
	ther				10())		281,7		277,115		4,648 107,895

Part VII Investments—Other Securities. See	<u>Form 990, Part X, line 12.</u>	
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A)TIFF MULTI-ASSET FUND	10,369,934	ı
(A) HIFF MOLH-ASSLI FOND	10,309,934	<u> </u>
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	20/000/00	
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation
	-	Cost or end-of-year market value
	 	
	1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	• • • • • • • • • • • • • • • • • • • •	
	107.71	
TRUSTEES' SCHOLARSHIPS PAYABLE	106,249	
FUNDS HELD FOR OTHERS	10,275	
POST-RETIREMENT BENEFIT OBLIGATION	276,746	
CAPITAL LEASES	14,417	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	407,687	

	l otal revenue (Form 990, Part VIII, column (A), line 12)		122,514,06
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	122,519,13
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-5,07
4	Net unrealized gains (losses) on investments	4	1,305,20
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	75,81
9	Total adjustments (net) Add lines 4 - 8	9	1,381,01
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,375,94
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	
1	Total revenue, gains, and other support per audited financial statements	1	123,895,08
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	1,381,01
3	Subtract line 2e from line 1	3	122,514,06
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	122,514,06
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	122,519,13
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	122,519,13
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	122,519,13
Da	t XIV Supplemental Information		

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

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		UNDER ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AUI MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED ON EXAMINATION AUI DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECORDED FOR THE YEARS ENDED SEPTEMBER 30, 2011 AND 2010, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF ACTIVITIES HOWEVER, TAX YEARS ENDED SEPTEMBER 30, 2008-2010 REMAIN OPEN TO EXAMINATION BY THE TAXING JURISDICTIONS TO WHICH AUI IS SUBJECT, AND THEY HAVE NOT BEEN EXTENDED BEYOND THE APPLICABLE STATUTE OF LIMITATIONS
PART XI, LINE 8 - OTHER ADJUSTMENTS		PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS 75,818
PART XII, LINE 2D - OTHER ADJUSTMENTS		PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS 75,818

DLN: 93493184005193

OMB No 1545-0047

SCHEDULE F (Form 990)

3a Sub-total

to Part I

b Total from continuation sheets

c Totals (add lines 3a and 3b)

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

► Attach to Form 990. ► See separate instructions.

Statement of Activities Outside the United States

Open to Public

Department of the Treasury Internal Revenue Service **Inspection Employer identification number** Name of the organization ASSOCIATED UNIVERSITIES INC 11-1630900 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Part V if additional space is needed) (b) Number of (c) Number of (a) Region (d) Activities conducted in (e) If activity listed in (d) is a (f) Total region (by type) (e.g., offices in the employees or program service, describe expenditures for region agents in region or fundraising, program specific type of region/investments ındependent services, investments, grants service(s) in region in region to recipients located in the contractors region) SOUTH AMERICA 3 302 PROGRAM SERVICES TELESCOPE 17,002,000 OPERATIONS

302

302

17,002,000

17,002,000

Par	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur 000. Check this box	nited States. Composite of the composite	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ ┌
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		+							
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Г	Yes	<u> </u>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	<u> </u>	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	<u>তি</u>	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	<u>তি</u>	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	굣	Νo

Schedule F (Form 990) 2011

Additional Data

Software ID: Software Version:

EIN: 11-1630900

Name: ASSOCIATED UNIVERSITIES INC

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information

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

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(Form 990)

Schedule I

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.

OMB No 1545-0047

DLN: 93493184005193

Department of the Treasury Internal Revenue Service	comple		Attach to Form 990	1 330, 1 are 14, mic 21 or	-2.		pen to Public Inspection
Name of the organization ASSOCIATED UNIVERSITIES INC						Employer identificati	on number
						11-1630900	
Part I General Information							
Does the organization maintain the selection criteria used to a							▼Yes 「
2 Describe in Part IV the organiz							
Part II Grants and Other A Form 990, Part IV, lir Part IV and Schedule	ne 21 for any recip	pient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 5	01(c)(3) and govern	ment organizations list	ted in the line 1 table				
3 Enter total number of other org						_	

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SUMMER STUDENT RESEARCH ASSISTANCE PROGRAM	34	248,295			
(2) AUI TRUSTEE SCHOLARSHIP	20	76,489			
(3) EINSTEIN FELLOWSHIP	1	65,333			
(4) SUMMER EDUCATIONAL PROGRAMS	76	26,850			

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

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

DLN: 93493184005193

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

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Employer identification number

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

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		
(1) ETHAN SCHREIER	(ı) (ıı)	301,699 0	0	2,273 0	63,000 0	22,008 0	388,980 0		
(2) PATRICK DONAHOE	(ı) (ıı)	209,595 0	0	1,188 0	43,417 0	12,476 0	266,676 0		
(3) CYNTHIA ALLEN	(ı) (ıı)	161,400 0	0	577 0	34,644 0	6,533 0	203,154 0		
(4) KWOK YUNG LO	(1) (11)	268,018 0	0	1,188 0	46,500 0	17,920 0	333,626 0		
(5) MARK MCKINNON	(ı) (ıı)	176,234 0	0	5,362 0	18,084 0	10,791 0	210,471 0		
(6) PHILLIP JEWELL	(ı) (ıı)	177,882 0	0	706 0	30,592 0	14,669 0	223,849		
(7) MARILYN KEATING	(ı) (ıı)	100,383	0	132,851 0	19,036 0	71,348 0	323,618 0	(
(8) RICHARD SIMON	(ı) (ıı)	109,555	0	97,546 0	11,399 0	57,779 0	276,279 0	(
(9) ROBERT DICKMAN	(1) (11)	154,563 0	0	48,468 0	30,615 0	15,734 0	249,380 0	(
(10)ANTHONY PERFETTO	(ı) (ıı)	192,111 0	0	271 0	30,928 0	9,176 0	232,486 0	(
(11) MARK CLARK	(I) (II)	171,735 0	2,500 0	416 0	30,413	10,720 0	215,784	(
	+								
				!	(I i		

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	1A	TRAVEL FOR COMPANIONS - GUESTS OF THE AUI BOARD OF TRUSTEES ARE INVITED TO ATTEND ON AUI BOARD OF DIRECTORS MEETINGS EACH FISCAL YEAR TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - AUI PROVIDES SPECIAL TAXABLE PAYMENTS TO EMPLOYEES WHO DO NOT RECEIVE A 10% RETIREMENT PLAN EMPLOYEE CONTRIBUTION, BECAUSE THEIR PLAN COMPENSATION EXCEEDS THE OBRA LIMIT AS SPECIFIED IN THE IRC 401(A)17 THE AMOUNT OF THE SPECIAL PAYMENT IS EQUIVALENT TO 10% OF THEIR BASE SALARY IN EXCESS OF THE OBRA LIMIT PLUS AN ALLOWANCE FOR THE INCOME TAXES DURING 2011 THE PERSONS RECEIVING THESE SPECIAL PAYMENTS WERE ETHAN SCHREIER AND FRED YUNG LO HOUSING ALLOWANCE - AUI FOLLOWS ESTABLISHED POLICY PERTAINING TO TEMPORARY HOUSING ALLOWANCES PROVIDED TO EMPLOYEES WHO HAVE ACCEPTED A CHANGE OF DUTY STATION IF THE EMPLOYEE HAS RENTED OR PURCHASED LIVING QUARTERS AND IS MAKING A GOOD FAITH EFFORT TO SELL HIS/HER PRIMARY RESIDENCE HEALTH OR SOCIAL CLUB DUES - AUI PAID THE ANNUAL DUES FOR MEMBERSHIP TO AN ACADEMICALLY-ORIENTED SOCIAL CLUB, WHICH IS USED FOR BUSINESS PURPOSES PERSONAL SERVICE - A DRIVER WAS HIRED AND THE COST IS OFFSET BY THE IRS MILEAGE ALLOWANCE, ANY COST ABOVE THE IRS MILEAGE ALLOWANCE IS CONSIDERED UNALLOWABLE COST
	3	THE CHAIR OF THE AUI BOARD OF TRUSTEES, IN CONSULTATION WITH THE AUI EXECUTIVE COMMITTEE AND AUI COMPENSATION SUBCOMMITTEE, ANNUALLY REVIEWS THE PRESIDENT'S WRITTEN SELF-EVALUATION AND MAKES A RECOMMENDATION FOR A SALARY ADJUSTMENT FOR THE AUI PRESIDENT, ADJUSTMENT FOR THE AUI PRESIDENT, WHICH IS RECORDED IN THE MINUTES IN ADDITION, AFTER REVIEWING THE COMPENSATION DECISIONS, THE AUI BOARD OF TRUSTEES DETERMINES THAT THE SALARY AND BENEFITS TO BE RECEIVED BY THE AUI PRESIDENT ARE REASONABLE AND DO NOT CONSTITUTE EXCESSIVE BENEFIT TRANSACTIONS AS DEFINED BY SECTION 4958 OF THE INTERNAL REVENUE CODE (IRC)
	LINES 4A-B	PART I, LINES 4A-B LINE 4A ONE EMPLOYEE RECEIVED A SEVERANCE PAYMENT, MARK CLARK - \$89,048 LINE 4B AUI ESTABLISHED A 457(B) SUPPLEMENTAL RETIREMENT PLAN FOR A SELECT GROUP OF KEY EMPLOYEES DURING FISCAL YEAR ENDED SEPTEMBER 30, 2012, ONE EMPLOYEE PARTICIPATED IN THE PLAN ETHAN SCHREIER - \$16,500
SUPPLEMENTAL INFORMATION	PART III	PART II, COLUMN (B)(III) - CONTAINS REPORTABLE COMPENSATION FOR RELOCATION REIMBURSEMENTS AND LIVING ALLOWANCES

Schedule J (Form 990) 2011

OMB No 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Inspection

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

11-1630900

ldentifier	Return	Explanation
	Reference FORM 990, PART VI,	ASSOCIATED UNIVERSITIES, INC. HAS THEIR EXTERNAL AUDIT FIRM REVIEW THE DRAFT FORM 990 PRIOR TO SUBMITTING IT TO THE AUI AUDIT COMMITTEE FOR REVIEW. ON BEHALF OF THE AUI BOARD OF TRUSTEES,
	SECTION B, LINE 11	THE AUDIT COMMITTEE REVIEWS THE FORM 990 AND REPORTS THE FINDINGS OF THEIR REVIEW TO THE FULL BOARD THE FINAL DRAFT OF THE FORM 990 IS MADE AVAILABLE TO THE AUI BOARD OF TRUSTEES PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE (IRS)
	FORM 990, PART VI, SECTION B, LINE 12C	ASSOCIATED UNIVERSITIES, INC. HAS A CONFLICT OF INTEREST POLICY WHICH ADDRESSES FINANCIAL, RESEARCH AND ORGANIZATIONAL DISCLOSURES DESIGNED TO ENSURE THAT TRUSTEES, OFFICERS, AND EMPLOYEES IDENTIFY SITUATION WHICH COMPROMISE, OR COULD GIVE THE APPEARANCE OF COMPROMISING, THEIR JUDGEMENT IN PERFORMING THEIR DUTITES PART OF THE CONFLICT OF INTEREST POLICY REQUIRES TRUSTEES, OFFICERS AND KEY MANAGEMENT EMPLOYEES TO EXECUTE ANNUAL WRITTEN CONFLICT OF INTEREST CERTIFICATIONS FOR THEMSELVES AND CLOSE FAMILY MEMBERS THESE WRITTEN CERTIFICATIONS ARE REVIEWED BY THE COPORATE SECRETARY, AND IF REQUIRED, ADJUDICATED ACCORDING TO A WRITTEN PROCEDURE. CONFLICTS OF INTERESTS PERTAINING TO NON-KEY EMPLOYEES ARE SUBJECT TO A SEPARATE IDENTIFICATION AND ADJUDICATION PROCESS
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION LEVELS INVOLVING THE HIRING, PROMOTION, AND SALARY ADJUSTMENTS FOR THE AUI PRESIDENT, OFFICERS, AND RESEARCH CENTER DIRECTORS ARE APPROVED BY AUIS BOARD OF TRUSTEES BASED ON RECOMMENDATIONS FROM THE AUI PRESIDENT AND AUI COMPENSATION SUBCOMMITTEE. IN ALL CASES, THE SALARY RECOMMENDATIONS ARE BASED ON ANNUAL PERFORMANCE EVALUATIONS OF THE EMPLOYEE BY THEIR SUPERVISOR THE AUI PRESIDENT AND AUI COMPENSATION SUBCOMMITTEE REVIEW THIRD-PARTY COMPARABILITY DATA ON SALARIES AND BENEFITS PROVIDED BY SIMILAR OTHER NONPROFIT SCIENTIFIC RESEARCH ORGANIZATIONS. IN THE CASE OF THE AUI PRESIDENT (CEO), THE CHAIR OF THE AUI BOARD OF TRUSTEES, IN CONSULTATION WITH THE AUI EXECUTIVE COMMITTEE AND AUI COMPENSATION SUBCOMMITTEE, ANNUALLLY REVIEWS THE PRESIDENT'S WRITTEN SELF-EVALUATION AND MAKES A RECOMMENDATION FOR A SALARY ADJUSTMENT TO THE BOARD FOR APPROVAL. IN THE CASE OF THE OFFICERS AND RESEARCH CENTER DIRECTORS, THE AUI PRESIDENT ANNUALLLY REVIEWS THE PERFORMANCE OF EACH OFFICER AND RESEARCH CENTER DIRECTOR, WHICH IS BASED ON THE INDIVIDUAL'S SELF-EVALUATION BASED ON THE PERFORMANCE APPRAISAL, THE AUI PRESIDENT, IN CONSULTATION WITH THE AUI COMPENSATION SUBCOMMITTEE, MAKES A RECOMMENDATION FOR SALARY ADJUSTMENTS TO THE AUI BOARD OF TRUSTEES AFTER REVIEWING THE RECOMMENDATIONS, THE AUI BOARD OF TRUSTEES AFTER REVIEWING THE RECOMMENDATIONS, THE AUI BOARD OF TRUSTEES AFTER REVIEWING THE RECOMMENDATION, AFTER REVIEWING ALL COMPENSATION DECISIONS, THE AUI BOARD OF TRUSTEES DETERMINES THAT THE SALARIES AND BENEFITS TO BE RECEIVED BY THE PERSONS CURRENTLY HOLDING THESE POSITIONS ARE REASONABLE AND DO NOT CONSTITUTE EXCESSIVE BENEFIT TRANSACTIONS AS DEFINED BY SECTION 4958 OF THE INTERNAL REVENUE CODE (IRC)
	FORM 990, PART VI, SECTION C, LINE 19	ASSOCIATED UNIVERSITIES, INC RESPONDS TO WRITTEN REQUESTS FOR THESE DOCUMENTS ON A CASE-BY-CASE BASIS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,305,200 PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS 75,818 TOTAL TO FORM 990, PART XI, LINE 5 1,381,018
OVERSIGHT OF AUDIT	FORM 990, PART XI, LINE 2C	THERE WERE NO CHANGES IN FY 12 TO THE PROCESS FOR OVERSIGHT OF THE FINANCIAL STATEMENTS AUDIT