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Form **990**

Department of the Treasury

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)

2012

OMB No 1545-0047

Open to Public

Internal			· -	requirem	01110	Inspection
		2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30 C Name of organization	-2013			
		ASSOCIATED UNIVERSITIES INC		D Emplo	yer ider	itification number
	ress cha	Doing Business As		11-16	30900)
	ne char	nge				
Init	al retur	Number and street (of FO box if mail is not delivered to street address) Room/suit	e	E Telepho	ne numl	per
Ten	mınated	1400 16TH STREET NW NO 730		(202)	462-1	676
☐ Am	ended r	eturn City or town, state or country, and ZIP + 4 WASHINGTON, DC 200362252		(202)	102 2	<u> </u>
☐ App	lication	pending		G Gross r	eceıpts \$	101,738,119
		F Name and address of principal officer	H(a) Is this	s a group	return	
		ETHAN SCHREIER 1400 16TH STREET NW NO 730	affilia	tes?		┌ Yes 🗸 No
		WASHINGTON,DC 200362252	H(b) Δre a	ll affiliate	s inclu	ded?
						(see instructions)
I Tax	r-exem	pt status	Grou	n avamnt	ion nun	ahar 🌬
J W	ebsite	: WWW AUI EDU	H(c) Grou	p exempt	ion nun	iber 🗜
K Forn	n of org	anization	L Year of for	mation 19	46 M	State of legal domicile NY
	rt I	Summary				<u> </u>
	1 E	Briefly describe the organization's mission or most significant activities				
	4	AUI UNITES THE RESOURCES OF UNIVERSITIES, RESEARCH ORGANIZATI				
		THE PLANNING, CONSTRUCTION, AND OPERATION OF FOREFRONT SCIEN				ROMOTE
Š.	느	DISCOVERY AND EDUCATION WHILE EXPANDING OUR KNOWLEDGE OF TH	1E PHYSICA	L WORLL		
뗊	_					
E E	_					
Governance	2 (Check this box 🔭 if the organization discontinued its operations or disposed of	more than 2	5% of its	net as:	sets
	3 N	Number of voting members of the governing body (Part VI, line 1a)			з	2.0
Activities &		Number of independent voting members of the governing body (Part VI, line 1b)			4	19
₽		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5	649
¥c		otal number of volunteers (estimate if necessary)			6	159
		otal unrelated business revenue from Part VIII, column (C), line 12			7a	C
		Net unrelated business taxable income from Form 990-T, line 34			7b	(
			Prio	r Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)	1	21,234,2	232	99,448,552
Revenue	9	Program service revenue (Part VIII, line 2g)		1,183,	537	2,164,072
ie Ae	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		96,	298	125,495
ď	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		22,514,0	367	101 739 110
	12	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	 	416,9	-	101,738,119
	13 14	Benefits paid to or for members (Part IX, column (A), line 4)		410,	0	1,603,498
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines			\dashv	0
8	15	5-10)		67,478,	577	64,809,472
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
ੜੀ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0				
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		54,623,	593	36,334,697
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		22,519,	137	102,747,667
	19	Revenue less expenses Subtract line 18 from line 12			070	-1,009,548
Not Assets or Fund Balances			Beginning	of Curre ear	nt	End of Year
Set afar	20	Total assets (Part X, line 16)		13,151,	370	13,009,063
g AB	21	Total liabilities (Part X, line 26)		2,075,6	-	1,759,566
ž	22	Net assets or fund balances Subtract line 21 from line 20		11,075,		11,249,497
Par	t II	Signature Block				
my kr	owled	lties of perjury, I declare that I have examined this return, including accompany ge and belief, it is true, correct, and complete Declaration of preparer (other tha s any knowledge				
			120	14-08-07		
Sign		Signature of officer	Da			
Here		KIM O'FARRELL CHIEF FINANCIAL OFFICER				
		Type or print name and title				

✓ Yes No May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Preparer's signature

Firm's address F 7101 WISCONSIN AVE SUITE 800

BETHESDA, MD 208144827

Print/Type preparer's name JOYCE M UNDERWOOD

Firm's name 🕨 BDO USA LLP

Paid

Preparer

Use Only

Date

PTIN P00022361

Check If self-employed

Firm's EIN 🟲 13-5381590

Phone no (301) 654-4900

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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^{\bullet}	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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II" Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		No
	complete Schedule D, Part III 🕏	8		INO
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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, line 10? 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? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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	
	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, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		N o
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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	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? <i>If</i> "Yes," complete Schedule M	30		N o
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		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "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, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
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 11b and 19?	20	Yes	

Par	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V		 Yes	l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 130		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	, ,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		NO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶CI	_		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
E	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	F		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No
		5b		NO
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		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		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		1	
_		8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a 9b		
О	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
	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	- -		
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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		
.1a	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 this Form 990			
.2a	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	
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	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)			
.6a	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	ction C. Disclosure			
.7	List the States with which a copy of this Form 990 is required to be filed▶AZ,CA,NH,NM,NY,WV			
.8	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			

- 1
 - Own website Another's website Vipon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►KIM O'FARRELL AUI CFO 1400 16TH STREET NW SUITE 730 WASHINGTON, DC (202)462-1676

Form	990	(2012)	
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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 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 organization nor any related organization compensated any current officer, director, or trustee

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,1033 HI3C)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) Average hours per week (list any hours	more t	tion (han d n is	one I both	box, an	heck unless officer stee)	į	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	c	ted fother ation he	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		ganizati relate organiza	d
1b	Sub-Total			•	-			▶ -					
c d	Total from continuation sheet Total (add lines 1b and 1c) .	s to Part VII, S	ection A	۱. 	٠.	٠.		•	2,408,784	1	0		519,581
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho received more th	an	•		
												Yes	No
3	Did the organization list any f ood on line 1a? <i>If</i> " <i>Yes," complete S</i>					key •	emplo	yee, •	, or highest compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual										4	Yes	
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
Se	ection B. Independent Co	ntractors											
1	Complete this table for your five compensation from the organization											ax year	

(A)	(B)	(C)
Name and business address	Description of services	Compensation
GENERAL DYNAMICS SATCOM 2600 NLONGVIEW ST KILGORE TX 756626842	CONTRACTOR SERVICES	7,252,972
GENERAL DYNAMICS INST OBRAS DE INGENIERIA 1474 VITACURASANTIAGOCI	CONTRACTOR SERVICES	3,331,961
VIRGINIA DIODES INC 979 2ND STREET SE STE 309 CHARLOTTESVILLE VA 229026172	ASSEMBLY/BAND 9 SEXTUPLERS	1,960,350
SILICA NETWORKS CHILE SANCHEZ FONTECILLA 310 OFICINA 201COMUNA LASCI	CONTRACTOR SERVICES	963,900
MODJESKI AND MASTERS INC 100 STERLING PARKWAY STE 302 MECHANICSBURG PA 17050	CONTRACTOR SERVICES	380,030
Tabal months of Condense double and a boundary beautiful and both and boundary beautiful and a b	\	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►14

		Check if Schedule O contains a response to any q	uestion i	(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					
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues 1b					
Contributions, Giffs, Grants and Other Similar Amounts	c	Fundraising events 1c					
igs,	d	Related organizations 1d					
ا ≝.ق	e	Government grants (contributions) 1e 94,	041,820				
Sir	f	All other contributions, gifts, grants, and 1f 5,	406,732	ł			
he ti	•	sımılar amounts not ıncluded above		ļ			
<u> </u>	g	Noncash contributions included in lines 1a-1f \$					
and Co	h	Total. Add lines 1a-1f	▶	99,448,552			
		Business	Code				
Program Serwce Revenue	2a	CAFE,GUESTHSE,GIFTSHOP	900099	2,164,072	2,164,072		
<u>₽</u>	b						
926	C						
<u> </u>	d						
Ē	e						
5	f	All other program service revenue					
<u>*</u>	g	Total. Add lines 2a-2f	. 🕨	2,164,072			
	3	Investment income (including dividends, interest and other similar amounts)	. ▶	125,495			125,49
	4	Income from investment of tax-exempt bond proceeds	. ▶				
	5	Royalties	•				
		(ı) Real (ıı) Pers	onal				
	6a b	Gross rents Less rental					
	_	expenses Rental income					
	С	or (loss)					
	d	Net rental income or (loss)					
	7a	(I) Securities (II) Oth	ier				
	b	than inventory Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
ine ine	8a	Gross income from fundraising events (not including					
Other Kevenue		s of contributions reported on line 1c) See Part IV, line 18					
를	ь	Less direct expenses b					
5	c	Net income or (loss) from fundraising events .	. 🕨				
	9a	Gross income from gaming activities See Part IV, line 19					
	h	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
1	L0a	Gross sales of inventory, less returns and allowances .					
	h	Less cost of goods sold b					
		Net income or (loss) from sales of inventory .	. 🛌				
F		Miscellaneous Revenue Business					
1	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶				
1	L 2	Total revenue. See Instructions	▶	101,738,119	2,164,072	0	125,49

		Statement of Functional Expenses				
ectio		L(c)(3) and $501(c)(4)$ organizations must complete all columns All				
	(Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
		ude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		ts and other assistance to governments and organizations e United States See Part IV, line 21				
2		ts and other assistance to individuals in the ed States See Part IV, line 22	1,603,498	1,603,498		
3	orgar	ts and other assistance to governments, nizations, and individuals outside the United es See Part IV, lines 15 and 16	1,000,100	2,000,130		
4	Bene	fits paid to or for members				
5		pensation of current officers, directors, trustees, and employees	2,369,578	1,270,922	1,098,656	
6	(as d	pensation not included above, to disqualified persons efined under section 4958(f)(1)) and persons ribed in section 4958(c)(3)(B)				
7	Othe	r salarıes and wages	47,752,514	46,534,320	1,218,194	
8		ion plan accruals and contributions (include section 401(k) 403(b) employer contributions)	3,661,438	3,539,619	121,819	
9	Othe	r employee benefits	8,561,308	8,000,576	560,732	
10	Payro	oll taxes	2,464,634	2,367,304	97,330	
11	Fees	for services (non-employees)				
а	Mana	ngement				
b	Legal		243,765	212,024	31,741	
c	Acco	ounting	208,303		208,303	
d	Lobb	yıng	26,058		26,058	
e	Profe	essional fundraising services See Part IV, line 17				
f		stment management fees				
g	O the colun	r (If line 11g amount exceeds 10% of line 25, nn (A) amount, list line 11g expenses on				
		dule O)	9,491,530	8,826,729	664,801	
12		rtising and promotion				
		e expenses	356,031	292,033	63,998	
14		mation technology	2,091,105	2,086,808	4,297	
15	Roya	lties				
16	Occu	upancy	3,295,781	2,999,418	296,363	
17		el	5,655,180	5,022,806	632,374	
18		nents of travel or entertainment expenses for any federal, e, or local public officials				
19		erences, conventions, and meetings	636,703	474,266	162,437	
20	Inter	est				
21	Paym	nents to affiliates				
22	Depr	ecıatıon, depletıon, and amortızatıon	34,259		34,259	
23	Insur	rance	371,933	202,060	169,873	
24	misc	r expenses Itemize expenses not covered above (List ellaneous expenses in line 24e If line 24e amount exceeds 10% e 25, column (A) amount, list line 24e expenses on Schedule O)				
а		IP/BLDG/LEASEHOLD	6,389,497	6,389,238	259	
ь	UTIL	./FUEL CONSUM/COMMUN	6,381,487	6,338,204	43,283	
c		GHT/POSTAGE	537,591	529,528	8,063	
d		BERSHIP/PUBLICATIONS	112,412	102,917	9,495	
e		ther expenses	503,062	260,810	242,252	
25		I functional expenses. Add lines 1 through 24e	102,747,667	97,053,080	5,694,587	(
26	Joint repor educa	costs. Complete this line only if the organization ted in column (B) joint costs from a combined ational campaign and fundraising solicitation. Check	102,747,007	27,033,000	3,034,307	U

Part X Balance Sheet

Len	tΧ	Check if Schedule O contains a response to any question in this	Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		1,541,805	2	861,218
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,061,255	4	690,572
	5	Loans and other receivables from current and former officers, defined and highest compensated employees. Complete Paschedule L			5	
Assets	6	Loans and other receivables from other disqualified persons (as section $4958(f)(1)$), persons described in section $4958(c)(3)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)$	B), and contributing oluntary employees'		6	
ž.	7	Notes and loans receivable, net			7	
₫	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		70,481	9	74,680
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 520,109			74,000
	Ь	Less accumulated depreciation	10b 438,122	107,895	10c	81,987
	11	Investments—publicly traded securities	,		11	
	12	Investments—other securities See Part IV, line 11		10,369,934	12	11,300,606
	13	Investments—program-related See Part IV, line 11		10,000,001	13	11,000,000
	14				14	
		Intangible assets				
	15	Other assets See Part IV, line 11		42 454 270	15	12.000.003
	16	Total assets. Add lines 1 through 15 (must equal line 34)		13,151,370	16	13,009,063
	17	Accounts payable and accrued expenses		1,393,717	17	858,029
	18	Grants payable		27/2/2	18	170.000
	19	Deferred revenue		274,248	19	478,938
	20	Tax-exempt bond liabilities			20	
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Sche			21	
Liabilitie	22	Loans and other payables to current and former officers, directors, employees, highest compensated employees, and disqualif	ied			
हिं		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties	S		23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pai		407,687	25	422,599
	26	D		2,075,652	26	1,759,566
S do	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ 5		2,073,002	20	1,733,300
or Fund Balance	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets		11,062,786	27	11,249,497
<u>ଟ</u>	28	Temporarily restricted net assets		12,932	28	0
<u>~</u>	29	Permanently restricted net assets		12,552	29	
Ĭ	29	•			23	
正		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere 🕶 and			
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
\$ S	32	Retained earnings, endowment, accumulated income, or other fu			32	
	33	Total net assets or fund balances		11,075,718	33	11,249,497
Ř	34	Total liabilities and net assets/fund balances		13,151,370		
	34	i otal navinties and net assets/fulld Dalances		13, 151,370	34	13,009,063

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)			101.3	738,119
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses Subtract line 2 from line 1	2		102,	747,667
		3		-1,0	009,548
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11,0	075,718
5	Net unrealized gains (losses) on investments	5		1 -	156,083
6	Donated services and use of facilities				
-	Tavasahasah synansas	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			27,244
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	10		11.	249,497
Dar	t XII Financial Statements and Reporting	10		11,4	149,497
Г	Check if Schedule O contains a response to any question in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
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?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	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

Form 990, Part VII - Compensation of Compensated Employees, and Indepen	Officers, Dir ndent Contra	ectors ictors	,Trı	ıste	es,	Key	En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than	onot one on i er an trust	box s bo d a tee)	th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
MALCOLM BEASLEY TRUSTEE/CHAIRMAN	8 00	Х		х				0	0	0
ROGER-MAURICE BONNET TRUSTEE	2 00	×						0	0	0
BARRY S COOPERMAN TRUSTEE	4 00	Х						0	0	0
DEAN W CURRIE TRUSTEE	3 00	Х						0	0	0
PAUL H GILBERT TRUSTEE	3 00	х						0	0	0
ROSCOE C GILES TRUSTEE	6 00	х						0	0	0
MARTHA P HAYNES TRUSTEE	7 00	Х						0	0	0
DONALD K HESS TRUSTEE	1 00	Х						0	0	0
JACQUELINE N HEWITT TRUSTEE	1 00	Х						0	0	0
E SCOTT KIRKPATRICK TRUSTEE	2 00	Х						0	0	0
EUGENE H LEW TRUSTEE	7 00	Х						0	0	0
JOHN J LIVELY TRUSTEE	5 00	Х						0	0	0
GEORGE K MILEY TRUSTEE	3 00	Х						0	0	0
H WARREN MOOS TRUSTEE	5 00	х						0	0	0
JAMES M MORAN TRUSTEE	4 00	Х						0	0	0
LYMAN A PAGE JR TRUSTEE	2 00	Х						0	0	0
ROBERT C RICHARDSON TRUSTEE	0 00	Х						0	0	0
ANNELIA I SARGENT TRUSTEE	3 00	Х						0	0	0
WILLIAM J WELCH TRUSTEE	2 00	Х						0	0	0
ERIC M WILCOTS TRUSTEE	2 00	Х						0	0	0
CHRISTINE D WILSON TRUSTEE	2 00	Х						0	0	0
ETHAN J SCHREIER PRESIDENT, TRUSTEE	40 00	Х		х				313,753	0	86,179
PATRICK W DONAHOE VICE PRESIDENT	40 00			х				239,410	0	56,509
KWOK YUNG LO DIRECTOR (FORMER)	40 00				х			282,551	0	66,906
MARK MCKINNON ASSISTANT DIR/NA ALMA PROJECT	40 00				х			181,387	0	30,068

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

40 00

40 00

(B)

(A)

MARILYN KEATING

JOHH MESTER

STEVEN GEIGER

HEAD OF HR INTERNAL COMM

VICE PRESIDENT SCIENCE/PROGRAMS

ASSOCIATE DIRECTOR OF ADMINISTRATION

(~)	(5)		, -	-,				(5)	(-/	(',
Name and Title	Average hours per week	1	on (do than pers office	not one son i er an	box s bot d a	,		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	or director	to Institutional Trustee		Ke) e	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
PHILLIP JEWELL DEPUTY DIRECTOR	40 00				x			184,412	0	44,651
ANTHONY BEASLEY DIRECTOR	40 00				х			175,200	0	32,174
MICHAEL THORBURN HEAD OF ALMA DEPT OF ENGINEERING	40 00					х		236,336	0	26,629
RICHARD SIMON SCIENTIST/CS	40 00					х		219,002	0	73,243
MARTIYN KEATING	40 00								_	

Χ

Χ

(C)

(D)

214,747

185,821

176,165

(E)

0

0

0

41,996

27,709

33,517

(F)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493219003364

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Inspection

		ne organ							Employer	ident if icat	tion numb	er
ASSO	CIATED	UNIVERSI	TIES INC						11-1630	900		
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All or	nanizations	s must com	nlete this			ns.	
				te foundation becaus				•				
1	Ē			on of churches, or a			-					
2	Г			in section 170(b)(1				•				
3	Ē			perative hospital se				n 170(b)(1)(A)(iii).			
4	Ė	A medi	cal researc	h organization opera						(1)(A)(iii)	. Enter the	:
_	_			ity, and state							1 1	
5	ı	_	•	erated for the benefi	_	e or universi	ty owned or o	perated by	a governmer	itai unit de	scribed in	
_	_			(A)(iv). (Complete P	•							
6	<u> </u>			· local government or	=					_		
7	✓	_		at normally receives		•	support from	a governm	ental unit or i	from the ge	eneral pub	lic
8	\vdash			on 170(b)(1)(A)(vi). : described in sectio i			nnlete Part II	۲)				
9	, T			at normally receives			-	-	hutions mem	nhershin fe	es and or	nss
_	,			rities related to its e								
				oss investment inco								s
		-	-	ganızatıon after June				-		•		
10	Г	-	-	ganized and operate	•			-	-			
11	Γ	one or the box	more public	ganized and operated ly supported organiz ibes the type of supp b Type II c	ations descr orting organ	ibed in sect iization and	ion 509(a)(1 complete line) or section s 11e th <u>ro</u> i	509(a)(2) S ugh 11h	See section	1 509(a)(3). Check
e	Γ	other t	_	ox, I certify that the ion managers and ot	organization	ıs not cont	rolled directly	or indirect	ly by one or	more dısqu	ıalıfıed per	sons
f g		If the c	organization this box	received a written d 2006, has the organ						III suppo	rting orga	nization,
•			ng persons?		,	, 3		,				
		(i) A p	erson who d	irectly or indirectly o	controls, eith	er alone or	together with	persons de	scribed in (ii)	Ye	s No
		and (111) below, the	governing body of th	ne supported	organizatio	n?			1	1g(i)	
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				1:	1g(ii)	
				lled entity of a perso						11	lg(iii)	
h		Provide	e the followi	ng information about	the support	ed organızat	ion(s)					
	i) Nam suppor rganiza	rted	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is organizat col (i) lis your gove docume	ion in ted in erning	(v) Did you the organi in col (i) o suppor	zation of your	(vi) Is organizat col (i) org in the U	tion in ganized	mo	mount of netary pport
				instructions))	Yes	No	Yes	No	Yes	No		
Tota	ı		I			1		1	1			

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 148,815,289 136,121,181 137,836,155 121,234,232 99,448,552 643,455,409 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 148,815,289 136,121,181 137,836,155 121,234,232 99,448,552 643,455,409 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 643,455,409 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total beginning in) 🟲 148,815,289 136,121,181 121,234,232 Amounts from line 4 137,836,155 99,448,552 643,455,409 Gross income from interest, dividends, payments received on securities loans, rents, 172,207 298,874 451,832 96,100 125,495 1,144,508 rovalties and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 644,599,917 through 10) 12 Gross receipts from related activities, etc (see instructions) 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 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 99 820 % Public support percentage for 2011 Schedule A, Part II, line 14 15 99 720 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▼ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			12		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493219003364

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** ASSOCIATED UNIVERSITIES INC 11-1630900 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No 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 function 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? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (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-

section 4911 tax for this year?

┌ Yes ┌ No

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

Check	▶	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EI	ίΝ,
		expenses	and share of excess lobbying expenditures)	

B Check ► If the filing organization checked box A and "limited control" provisions apply

		(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	26,058	
Total lobbying expenditures (add lines 1a and 1i	o)	26,058	
Other exempt purpose expenditures		102,721,609	
Total exempt purpose expenditures (add lines 1	c and 1d)	102,747,667	
Lobbying nontaxable amount Enter the amount f	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		
Graceroote poptavable amount (optor 25% of lin	0.16	350,000	
·		230,000	
,			
		0	
	(The term "expenditures" means are Total lobbying expenditures to influence public of Total lobbying expenditures to influence a legislar Total lobbying expenditures (add lines 1a and 1st O ther exempt purpose expenditures Total exempt purpose expenditures (add lines 1st Lobbying nontaxable amount Enter the amount foolumns If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter 25% of line Subtract line 1g from line 1a If zero or less, enter Subtract line 1f from line 1c If zero or less, enter the subtract line 1f from line 1c If zero or less, enter the subtract line 1f from line 1c If zero or less, enter the subtract line 1f from line 1c If zero or less, enter the subtract line 1f from line 1c If zero or less, enter the subtract line 1g from line 1c If zero or l	Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000	Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) 26,058 Total lobbying expenditures (add lines 1a and 1b) 26,058 Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$17,000,000 Over \$17,000,000 but not over \$17,000,000 S175,000 plus 10% of the excess over \$1,000,000 Over \$17,000,000 but not over \$17,000,000 Over \$17,000,

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 (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) Total beginning in) 1,000,000 1,000,000 1,000,000 1,000,000 4,000,000 Lobbying nontaxable amount Lobbying ceiling amount 6,000,000 (150% of line 2a, column(e)) 25,500 25,800 26,058 Total lobbying expenditures 25,500 102,858 Grassroots nontaxable amount 250,000 250,000 250,000 250,000 1,000,000 Grassroots ceiling amount 1,500,000 (150% of line 2d, column (e)) Grassroots lobbying expenditures

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Notice filed Form 5768 (election under section 501(h)).	ОТ			7 0	ge S
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)		(b)	
activ		Yes	No	1	Amoun	t
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?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 505(c)(6).	01(c))(5), (or s		
_			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over 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 505(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93493219003364

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Supplemental Financial Statements

Open to Public

ema	Revenue Service	► Attach to For	m 990. ► See separate instructions.		Inspection
Na	me of the organ	ization		Emp	loyer identification number
٦SS	OCIATED UNIVERSI	HES INC		11-1	1630900
Pa	rt I Organ	izations Maintaining Donor Adv	vised Funds or Other Similar Fu		
		zation answered "Yes" to Form 990	, Part IV, line 6.	_	·
			(a) Donor advised funds	,	(b) Funds and other accounts
	Total number a				
	33 3	tributions to (during year)			
		nts from (during year)			
		ie at end of year			
		zation inform all donors and donor adviso organization's property, subject to the or	ors in writing that the assets held in dono ganization's exclusive legal control?	or advi	sed Yes No
	used only for c	haritable purposes and not for the benef	onor advisors in writing that grant funds it of the donor or donor advisor, or for an		
22		ermissible private benefit?	the organization answered "Yes" to	Form	
	Preservation Preservation Complete lines	of natural habitat on of open space	anization (check all that apply) or education) Preservation of an Preservation of a c qualified conservation contribution in th	ertified	d historic structure
		ne last day of the tax year	Γ		Held at the End of the Year
а	Total number o	of conservation easements		2a	
b	Total acreage	restricted by conservation easements		2b	
C	Number of con	servation easements on a certified histo	ric structure included in (a)	2c	
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d	
	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminated	d by th	ie organization during
	the tax year ►				
	Number of stat	tes where property subject to conservati	on easement is located 🕨		
	Does the organ		the periodic monitoring, inspection, hand	— ling of	violations, and
	Staff and volur	teer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents d	luring the year
	-				
	A mount of exp ► \$	enses incurred in monitoring, inspecting	, and enforcing conservation easements	durıng	g the year
		nservation easement reported on line 2(o '0(h)(4)(B)(ii)?	d) above satisfy the requirements of sect	tion 17	70(h)(4)(B)(i)
	balance sheet,		nservation easements in its revenue and e footnote to the organization's financial nts		
ar	t IIII Organ		s of Art, Historical Treasures, o	or Oth	ner Similar Assets.
a	works of art, hi	storical treasures, or other similar asse	16 (ASC 958), not to report in its reven ts held for public exhibition, education, c o its financial statements that describes	r rese	arch in furtherance of public
b	works of art, hi		16 (ASC 958), to report in its revenue s ts held for public exhibition, education, c e items		
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$
	(ii) Assets inc	luded in Form 990, Part X			▶ \$
,	If the organiza	,	ical treasures, or other similar assets fo 116 (ASC 958) relating to these items	r finan	cial gain, provide the
а	_	uded in Form 990, Part VIII, line 1			► \$
		·			

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	toric	al Tr	easur	es, or O	the	r Similar As	sets	(cor	tinued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other reco	rds, cl	neck a	ny of t	the follo	wing that a	re a	significant use	ofits		
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams				
b	Scholarly research		e	Γ	Other	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	llections and expla	ain hov	w they	furthe	er the or	rganızatıon	's ex	empt purpose	ın		
5	During the year, did the organization solicit o								ılar	_		_
	assets to be sold to raise funds rather than to								"	Ye	5	No_
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an am						answered	J "Y	es" to Form s	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	ets r	not	┌ Ye:	5	┌ No
b	If "Yes," explain the arrangement in Part XII $$	I and complete the	e follov	ving ta	able		_					
							<u> </u>		Ar	nount		
C	Beginning balance						<u> </u>	1 c				
d	Additions during the year						<u> </u>	1d				
е	Distributions during the year						⊢	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, lin	ne 21?							┌ Ye	5	∏ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the	e expla	anatio	n has	been pr	ovided in P	art X	III			Γ
Pai	t V Endowment Funds. Complete											
4	Danimin of war halana	(a)Current year	(b) Prior y	ear	b (c) Tw	o years back	(d)	Three years back	(e) Fo	ır ye	ars back
1a L	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gams, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end balan	ce (lır	ie 1g,	colum	ın (a)) h	eld as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	ıld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiz	zatıon	that a	re held	d and ac	dministered	for	the			
	organization by (i) unrelated organizations		-			_		_	3a	-	es	No
	(ii) related organizations			· •	٠				3a(\dashv	
b	If "Yes" to 3a(II), are the related organization		d on S	ched	ıle R?				3	b	ij	
4	Describe in Part XIII the intended uses of th	e organızatıon's er	ndowm	ent fu	nds					•		
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa	_			I a sa .		l			
	Description of property					or other estment)	(b)Cost or o basis (oth		(c) Accumulate depreciation	ed (c	1) Bo	ok value
1a	_and		•									
b	Buildings		•									
	_easehold improvements		•					2,906	72,	078		60,828
	Equipment		•	<u> </u>			222	2,605	201,	_		21,159
	Other					10())		1,598	<u> </u>	598		0
ıota	. Add lines 1a through 1e <i>(Column (d) must e</i>	quai Form 990, Part	x, colu	ımn (E), line	10(c).)		•	► Schedule I			81,987

Part VIII Investments—Other Securities. See	<u>: Form 990, Part X, line 1</u>	<u>2. </u>	
(a) Description of security or category	(b) Book value	(c) Metho	od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
(3)Other	11 200 606		_
(A) TIFF MULTI-ASSET FUND	11,300,606		F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	11,300,606		
Part VIII Investments—Program Related. Se	e Form 990. Part X. line	13.	
(a) Description of investment type	(b) Book value		od of valuation
(a) Description of investment type	(b) Book value		f-year market value
		Cost of elia-o	i-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	p-		
Part IX Other Assets. See Form 990, Part X, I	uno 1E		
(a) Descr	iption		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part			
1 (a) Description of liability	(b) Book value		
Enderel income toward	 		
Federal income taxes	+		
TRUSTEES' SCHOLARSHIPS PAYABLE	108,500		
FUNDS HELD FOR OTHERS	10,276		
POST-RETIREMENT BENEFIT OBLIGATION	297,080		
CAPITAL LEASES	6,743		
	3,, 13		
	+		
	ļ.		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	422,599		

Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	leturn
1	Total revenue, gains, and other support per audited financial statements	1	102,921,446
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d 27,244		
e	Add lines 2a through 2d	2e	1,183,327
3	Subtract line 2e from line 1	3	101,738,119
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 XIII)		
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	101,738,119
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	102,747,667
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	102,747,667
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 XIII)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	102,747,667

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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	PART X, LINE 2	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, 2013 AND 2012, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF ACTIVITIES HOWEVER, TAX YEARS ENDED SEPTEMBER 30, 2010-2012 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 2D - OTHER ADJUSTMENTS		PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS 27,244

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493219003364

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

	e of the organization OCIATED UNIVERSITIES INC				Employer ident	ification number				
					11-1630900					
Pa				ne United States. C	omplete if the organiz	ation answered				
 General Information on Activities Outside the United States. Complete if the organization answer "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 the grants or assistance?										
2		n Part V the or	ganızatıon's p	rocedures for monitor	ing the use of grant fu	ınds outsıde				
3	Activites per Region (The follow	ving Part I, line 3	3 table can be d	uplicated if additional sp	ace is needed)					
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region				
	SOUTH AMERICA	3	300	PROGRAM SERVICES	TELESCOPE OPERATIONS	17,154,35				
	Sub-total	3	300			17,154,35				
	Total from continuation sheets to Part I Totals (add lines 3a and 3b)	0	300			17 154 35				
C	. I viais (auu illes sa aliu 30)			1		1 17.134.33				

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) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

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. Part III can be duplicated 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)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
					<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
			1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Y	'es	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Y	'es	্য	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Y	'es	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Υ	'es	<u> </u>	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Υ	'es	<u> -</u>	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	Γ	Υ	'es	<u> </u>	No

Schedule F (Form 990) 2012

Part V	Supplementa	al Information
Part v	Supplementa	ai intormatio

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation

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

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

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

OMB No 1545-0047

DLN: 93493219003364

Open to Public

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Name of the organization						Employer identificati	on number
ASSOCIATED UNIVERSITIES INC						11-1630900	
Part I General Information	n on Grants and	d Assistance				•	
Does the organization maintain the selection criteria used to av							ר Yes רוּ
2 Describe in Part IV the organiza							
Part II Grants and Other A Form 990, Part IV, lin							es" to
(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 gran or assistance
						1	
2 Enter total number of section 50						_	
3 Enter total number of other orga	mizations listed in tr	ie iilie i table				<u> </u>	

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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	28	235,768			
(2) AUI TRUSTEE SCHOLARSHIP	5	76,075			
(3) EINSTEIN FELLOWSHIP	1	66,500			
(4) SUMMER EDUCATIONAL PROGRAMS	32	48,528			
(5) STUDENT OBSERVING SUPPORT	24	534,897			
(6) JANSKY FELLOWSHIPS	10	641,730			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 APPLICATIONS RECEIVED AND MONITOR
		THE RESEARCH CONDUCTED OVER THE 10-12 WEEK PERIOD EACH SUMMER QUALIFYING STUDENTS ARE PAID A
		FIXED STIPEND PER WEEK 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 AUI 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 AUI EMPLOYEES' CHILDREN WHO ARE AFRICAN
		AMERICAN, HISPANIC, OR NATIVE AMERICAN AN INDEPENDENT SCHOLARSHIP COMMITTEE, REPORTING TO
		INTERNATIONAL SCHOLARSHIP AND TUITION SERVICES, INC. (ISTS), WILL SELECT THE WINNERS OF THE AUI
		TRUSTEE SCHOLARSHIPS

DLN: 93493219003364

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

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

11-1630900

Pa	rt I Questions Regarding Compensation	on				
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	V	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	⊽	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the creimbursement or provision of all of the expenses			1b	Yes	
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Direct				V	
	uncetois, trastees, and the elegipheeditive birect	.or, regure	ang the items enceked in line 14	2	Yes	
3	Indicate which, if any, of the following the filing org organization's CEO/Executive Director Check all used by a related organization to establish comper	that apply				
	Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	nt?	4a		Νo
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only n	nust comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section of compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section a compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section a payments not described in lines 5 and 67 If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow t section 53 4958-6(c)?	he rebutta	able presumption procedure described in Regulations	9		

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Also complete this part for any additional information				
Identifier	Return Reference	Explanation		
	PART I, LINE 1A	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS - AUI PROVIDES SPECIAL TAXABLE PAYMENTS TO EMPLOYEES WHO DO NOT RECEIVE A 10% EMPLOYER RETIREMENT PLAN 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 INCOME TAXES DURING 2012 THE PERSONS RECEIVING THESE SPECIAL PAYMENTS WERE ETHAN SCHREIER, FRED YUNG LO, AND ANTHONY BEASLEY 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 AN UNALLOWABLE COST		
	PART I, LINE 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, 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)		
	PART I, LINE 4B	AUI ESTABLISHED A 457(B) SUPPLEMENTAL RETIREMENT PLAN FOR A SELECT GROUP OF KEY EMPLOYEES DURING FISCAL YEAR ENDED SEPTEMBER 30, 2013, ONE EMPLOYEE PARTICIPATED IN THE PLAN ETHAN SCHREIER - \$17,000		
SUPPLEMENTAL INFORMATION	PART III	PART II, COLUMN (B)(III) - CONTAINS REPORTABLE COMPENSATION FOR RELOCATION REIMBURSEMENTS AND LIVING ALLOWANCES		

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 11-1630900

Name: ASSOCIATED UNIVERSITIES INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Torm 550, Schedule 5, Fart II Officers, Directors, Trustees, Key Employees, and Highest compensated Employees								
(A) Name	(B) Breakdown of W-2 and/or 10		· · · · · · · · · · · · · · · · · · ·	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
ETHAN J SCHREIER	(I) (II)) 311,310) 0	153	2,290	64,500 0	21,679 0	399,932	0
PATRICK W DONAHOE	(ı) (ıı)) 238,218) 0	, o	1,192	44,700 0	11,809	295,919	0
KWOK YUNG LO	(I) (II)) 280,299) 0	, 0	2,252	47,500 0	19,406	349,457	0
MARK MCKINNON	(I) (II)	-	, 0	706	18,500 0	11,568 0	211,455	0
PHILLIP JEWELL	(ı) (ıı)	.	, o	732	31,050 0	13,601	229,063	0
ANTHONY BEASLEY	(I) (II)		, o	18,958	19,092	13,082	207,374	0
MICHAEL THORBURN	(I) (II)	: I	, o	79,343 0	16,000 0	10,629	262,965	0
RICHARD SIMON	(I) (II)) 109,419) 0	, 0	109,583	33,994 0	39,249 0	292,245	0
MARILYN KEATING	(ı) (ıı)	-	, 0	76,897 0	31,217 0	10,779 0	256,743	0
JOHH MESTER	(I) (II)		, 0	363	18,000	9,709	213,530	0
STEVEN GEIGER	(I) (II)) 165,211) 0	10,000	954	21,829	11,688	209,682	0

DLN: 93493219003364

Inspection

OMB No 1545-0047

Supplemental Information to Form 990 or 990-EZ

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

FAttach to Form 990 or 990-EZ.

Name of the organization ASSOCIATED UNIVERSITIES INC

Employer identification number

11-1630900

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	
	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 SITUATIONS WHICH COMPROMISE, OR COULD GIVE THE APPEARANCE OF COMPROMISI NG, THEIR JUDGMENT IN PERFORMING THEIR DUTIES THE CONFLICT OF INTEREST POLICY REQUIRES TR USTEES, OFFICERS, AND KEY MANAGEMENT EMPLOYEES TO EXECUTE ANNUAL WRITTEN CONFLICT OF INTER EST CERTIFICATIONS FOR THEMSELVES AND CLOSE FAMILY MEMBERS THESE WRITTEN CERTIFICATIONS A RE REVIEWED BY THE CORPORATE SECRETARY, AND IF REQUIRED, ADJUDICATED ACCORDING TO A WRITTE N PROCEDURE CONFLICTS OF INTEREST PERTAINING TO NON-KEY EMPLOYEES ARE SUBJECT TO A SEPARA TE IDENTIFICATION AND ADJUDICATION PROCESS
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION LEVELS INVOLVING THE HIRING, PROMOTION, AND SALARY ADJUSTMENTS FOR THE AUI PR ESIDENT, OFFICERS, AND RESEARCH CENTER DIRECTORS ARE APPROVED BY AUIS BOARD OF TRUSTEES B ASED ON RECOMMENDATIONS FROM THE AUI PRESIDENT AND AUI COMPENSATION SUBCOMMITTE. IN ALL C ASES, THE SALARY RECOMMENDATIONS ARE BASED ON ANNUAL PERFORMANCE EVALUATIONS OF THE EMPLOY EE BY THEIR SUPERVISOR THE AUI PRESIDENT AND AUI COMPENSATION SUBCOMMITTE REVIEW THIRD-P ARTY COMPARABILITY DATA ON SALARIES AND BENEFITS PROVIDED BY SIMILAR NONPROFIT SCIENTIFIC RESEARCH ORGANIZATIONS IN THE CASE OF THE AUI PRESIDENT (CEO), THE CHAIR OF THE AUI BOARD OF TRUSTES, IN CONSULTATION WITH THE AUI EXECUTIVE COMMITTEE AND AUI COMPENSATION SUBCOM MITTEE, ANNUALLY REVIEWS THE PRESIDENT'S WRITTEN SELF-EVALUATION AND MAKES A RECOMMENDATION TO THE BOARD FOR ITS APPROVAL IN THE CASE OF THE OFFICERS AND R ESEARCH CENTER DIRECTORS, THE AUI PRESIDENT ANNUALLY REVIEWS THE PREFORMANCE OF EACH OFFIC ER AND RESEARCH CENTER DIRECTORS, THE AUI PRESIDENT ANNUALLY REVIEWS THE PERFORMANCE OF EACH OFFIC ER AND RESEARCH CENTER DIRECTOR, WHICH IS BASED ON THE INDIVIDUAL'S SELF-EVALUATION BASED ON THE PREFORMANCE APPRAISAL, THE AUI PRESIDENT, IN CONSULTATION WITH THE AUI COMPENSATION SUBCOMMITTEE, MAKES A RECOMMENDATION FOR SALARY ADJUSTMENTS TO THE AUI BOARD OF TRUSTEES APPROVES SALARY ADJUSTMENT TO THE BOARD OF TRUSTEES AFTER REVIEWING THE RECOMMENDATIONS, THE AUI BOARD OF TRUSTEES AFTER REVIEWING THE RECOMMENDATIONS, THE AUI BOARD OF TRUSTEES AFTER SALARY ADJUSTMENT TO THE AUI BOARD OF TRUSTEES AFTER SALARY ADJUSTMENT TO THE BOARD OF TRUSTEES APPROVES SALARY ADJUSTMENT TO THE AUI BOARD OF TRUSTEES APPROVES CALARY ADJUSTMENT TO THE AUI BOARD OF TRUSTEES APPROVES CALARY ADJUSTMENT TO THE AUI BOARD OF TRUSTEES APPROVES CALARY ADJUSTMEN THE AUI PRESIDENT, OFFICERS, AND RESEARCH CENTER DIRECTORS, WHICH ARE RECORDED IN THE PERSONS CURRENTLY HOLDING THESE POSITIONS ARE REASONABLE AND DO NOT CONSTITUTE EXCESSIVE BENEFIT TRANSACTIONS AS DEFINITED ADD NOT CONSTITUTE EXCESSIV
	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 9	PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COSTS 27,244
OVERSIGHT OF AUDIT	FORM 990, PART XII, LINE 2C	THERE WERE NO CHANGES TO THE PROCESS FOR OVERSIGHT OF THE FINANCIAL STATEMENTS AUDIT