# \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1. 2019 and ending JUN 30.

Open to Public Inspection

OMB No. 1545-0047

	10.110101			•
<u>A</u> F	or the	2019 calendar year, or tax year beginning JUL 1, 2019 and ending	JUN 30, 2020	
<b>B</b> (	Check if applicable	C Name of organization  AMERICAN ASSOCIATION OF UNIVERSITY	D Employer identifi	cation number
	Addres			
H	□Name		52-60373	88
	change □Ini̞tial	3	<del></del>	
	return Final return/	Number and street (or P.0. box if mail is not delivered to street address)  1310 L STREET, NW  Room/si 1000		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	94,722,943.
	Amend return		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: KIMBERLY CHURCHES	for subordinates	
	pendin	SAME AS C ABOVE	<b>H(b)</b> Are all subordinates in	
T 1	Гах-ехе	mpt status: X 501(c)(3)		list. (see instructions)
		e: ► WWW.AAUW.ORG	H(c) Group exemptio	
			ear of formation: 1958	
	_	Summary	out of formations	- Clair or logal dollinoid
		Briefly describe the organization's mission or most significant activities: AAUW ADV	ANCES GENDER	EOUITY FOR
Governance		WOMEN AND GIRLS THROUGH RESEARCH, EDUCATION,		
ı.	-	Check this box if the organization discontinued its operations or disposed of n		
Ve	1	Number of voting members of the governing body (Part VI, line 1a)	1	15
ၓ	1	Number of voting members of the governing body (rart vi, line 1a)		15
٥ŏ		Fotal number of individuals employed in calendar year 2019 (Part V, line 1a)		80
ij				950
Activities		Fotal number of volunteers (estimate if necessary)	·····	11,497.
Ac	1	Total unrelated business revenue from Part VIII, column (C), line 12		8,916.
	l b	Net unrelated business taxable income from Form 990-T, line 39		
			Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)	15,841,278.	9,170,120.
/en	1	Program service revenue (Part VIII, line 2g)	475,644.	161,578.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	3,882,621.	4,472,888.
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	581,039.	528,704.
	_	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,780,582.	14,333,290.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,363,083.	3,845,078.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,141,928.	5,612,548.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)	83,719.	62,500.
ă	b -	Total fundraising expenses (Part IX, column (D), line 25)   1,764,626.		
Ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,462,622.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,051,352.	14,209,207.
	19	Revenue less expenses. Subtract line 18 from line 12	1,729,230.	124,083.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	135,869,362.	133,886,312.
ASS	21	Total liabilities (Part X, line 26)	14,684,403.	15,119,106.
캺	22	Net assets or fund balances. Subtract line 21 from line 20	121,184,959.	118,767,206.
	art II	Signature Block	•	
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		<u> </u>		
Sig	n	Signature of officer	Date	
Her	- 1	■ KIMBERLY CHURCHES, CEO		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	d I	MARK THOMAS MARK THOMAS	02/16/21 if self-employ	P00362982
	- +	Firm's name COUNCILOR, BUCHANAN & MITCHELL, P.C	· · · · · · · · · · · · · · · · · · ·	52-1711839
	Only	Firm's address 7910 WOODMONT AVE. STE. 500		
_	1	BETHESDA, MD 20814	Phone no. (3	01) 986-0600
May	/ the IF	S discuss this return with the preparer shown above? (see instructions)	11 110110 1101 ( 0	X Yes No
	, 1			

Form 990 (2019)

52-6037388 Page **2** 

Form **990** (2019)

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  AAUW ADVANCES GENDER EQUITY FOR WOMEN AND GIRLS THROUGH RESEARCH,
	EDUCATION, AND ADVOCACY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No  If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 2,485,470 • including grants of \$ 547,615 • ) (Revenue \$ )
<del>-</del> a	RESEARCH AND PROJECTS EXIST TO HELP ADVANCE EQUITY FOR WOMEN AND GIRLS;
	PROTECT THEM FROM DISCRIMINATION AND ABUSE; PROMOTE EDUCATIONAL AND
	WORKPLACE OPPORTUNITY AND ACHIEVEMENT; ADVOCATE FOR PUBLIC POLICIES
	THAT BENEFIT THEM AND THEIR FAMILIES; AND, BREAK THROUGH BARRIERS THAT
	PREVENT THEM FROM ATTAINING THEIR PERSONAL GOALS AND FULL POTENTIAL;
	AAUW FUNDS RESEARCH THROUGH WIDELY DISSEMINATED RESEARCH REPORTS AND
	UPDATES, INCLUDING: THE SIMPLE TRUTH: ANALYZES THE GENDER PAY GAP;
	DEEPER IN DEBT: ADDRESSES THE FACT THAT STUDENT LOAN DEBT
	DISPROPORTIONATELY AFFECTS WOMEN; BROKEN LADDERS: DESCRIBES BARRIERS TO
	WOMEN'S REPRESENTATION IN NONPROFIT LEADERSHIP. AAUW ALSO CONDUCTS
	MEMBER PROGRAMS AND DIRECT SUPPORT PROGRAMS INCLUDING START SMART AND
	WORK SMART.
4b	(Code: ) (Expenses \$ 2,612,695. including grants of \$ 2,086,592.) (Revenue \$
	AMERICAN FELLOWSHIPS - ARE AWARDED TO WOMEN WHO ARE U.S. CITIZENS OR
	PERMANENT RESIDENTS PURSUING FULL-TIME STUDY TO COMPLETE DISSERTATIONS,
	TO CONDUCT POSTDOCTORAL RESEARCH FULL TIME, OR TO PREPARE RESEARCH FOR
	PUBLICATION. SELECTED PROFESSIONAL FELLOWSHIPS ARE AWARDED TO WOMEN
	PURSUING FULL-TIME STUDY IN A MASTER'S OR PROFESSIONAL DEGREE PROGRAM
	IN WHICH WOMEN ARE UNDERREPRESENTED, INCLUDING STEM, LAW, BUSINESS, AND
	MEDICINE.
	1 105 020
4c	(Code: ) (Expenses \$ 1,127,830 · including grants of \$ ) (Revenue \$ )
	COMMUNICATIONS AND EXTERNAL RELATIONS - INCLUDES ALL ACTIVITIES RELATED
	TO SERVING, ENGAGING, AND COMMUNICATING WITH MEMBERS AND THE GENERAL
	PUBLIC.
4d	Other program services (Describe on Schedule O.)
<del>-</del> u	(Expenses \$ 3,136,566 • including grants of \$ 1,210,871 •) (Revenue \$ 281,245 •)
40	Total program service expenses 9.362.561.

Page **3** 

# 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)?		х	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		21	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		+
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		7.7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8		8		x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			╁┈
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	Х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	21	Х
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		<del> </del> -
~	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	27	<u> </u>

WOMEN, INC.

D 11/	Observation of Description   Oslandriles /
Dart IV	I CINACKIIST AT HAMIIITAM SCHAMIIIAS (continued
I GILIV	Checklist of Required Schedules (continued

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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		Х	
	Schedule J	23	Λ	
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			X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
<b>2</b> 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
D	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
25-	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	22	
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
33	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
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	2a	80			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	unt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
				5C		
оа				60		Х
h	•			0a		
D	and the second s			6h		
7				OD		
		rvices	provided to the payor?	7a		Х
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit continuous	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g	N/	
h				7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th				
_			N/A	8		
9	Sponsoring organizations maintaining donor advised funds.		NT / Z	0-		
			37/3			
10				90		
		102				
		$\vdash$				
11	Section 501(c)(12) organizations. Enter:	100				
		11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	າ 1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N}{A}$ .	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		27./2			
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b		بود ا	I			
_		try notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 b  6 c  7 b, did the organization file Form 8888-T?  5 c  6 on have annual gross receipts that are normally greater than \$100,000, and did the organization solicit hat were not tax deductible as charitable contributions?  9 panization include with every solicitation an express statement that such contributions or gifts tible?  1 the apyreceive deductible contributions under section 170(c).  2 the apyrectin excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?  3 aparization notify the donor of the value of the goods or services provided?  4 n sell, exchange, or otherwise dispose of tangible personal property for which it was required  5 n sell, exchange, or otherwise dispose of tangible personal property for which it was required  7 to sell, exchange, or otherwise dispose of tangible personal property for which it was required  7 to sell, exchange, or otherwise dispose of tangible personal property for which it was required  7 to sell, exchange, or otherwise dispose of tangible personal penefit contract?  7 to sell, exchange, or otherwise dispose of tangible personal property for which it was required  7 to sell, exchange, or otherwise dispose of tangible personal property for which it was required  7 to sell, exchange, or otherwise dispose of tangible personal property for which it was required  7 to sell, exchange, or otherwise dispose of tangible personal property for which it was required?  7 to sell, exchange, or otherwise dispose of tangible personal property for which it was required?  7 to sell, exchange, or otherwise dispose of tangible personal property for which it was required?  7 to sell, exchange for the sell parallel property, did the organization file a form 10s				
				1/10		X
						<del></del>
15				טדו		
				15		х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	ome?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
				Г	000	(0010)

Form **990** (2019)

Page **5** 

Form 990 (2019)

52-6037388

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 15			
	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 on Schedule O.			
b	Enter the number of voting members included on 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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
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	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			77.0
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THOMAS CHAPPELL - (202) 785-7700			
	1310 L STREET NORTHWEST, SUITE 1000, WASHINGTON, DC 20005		000	/O =
932006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2019

6

Form **990** (2019)

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A)  Name and title	(B)			((				(D)	(E)	<b>(F)</b> Estimated
rvame and title	Average hours per week	box	not c	heck ss pe	more rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JULIA BROWN	20.00	,,		7.7					0	0
CHAIR	1.00	Х		Х				0.	0.	0.
(2) MALINDA GAUL	10.00	٠,,		37					0	0
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(3) PEGGY CABANISS	10.00	Ι,,		37					0	0
FINANCE VICE CHAIR	1.00	Х		Х				0.	0.	0.
(4) CHERYL SOROKIN	10.00	Ι,,		7.7				0.	0	0
SECRETARY (5) WINDERS OF STREET	1.00 44.64	Х		Х				0.	0.	0.
(5) KIMBERLY CHURCHES	44.04	Х		х				365,143.	0.	50,051.
CHIEF EXECUTIVE OFFICER  (6) JOSEPH BERTOLINO	5.00	^		Λ		-		303,143.	0.	30,031.
DIRECTOR	1.00	Х						0.	0.	0.
(7) ANDREA CIRILLO	5.00	^						0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(8) LYNN GANGONE	5.00							0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) ELIZABETH HAYNES	5.00									
DIRECTOR	3100	x						0.	0.	0.
(10) JENNA HOWARD	5.00							•		•
DIRECTOR		х						0.	0.	0.
(11) KAREN KIRKWOOD	5.00									
DIRECTOR		Х						0.	0.	0.
(12) EDWINA FRANCES MARTIN	5.00									
DIRECTOR		Х						0.	0.	0.
(13) EILEEN MENTON	5.00									
DIRECTOR		Х						0.	0.	0.
(14) LEE ROPER-BATKER	5.00									
DIRECTOR		Х						0.	0.	0.
(15) MARDY STEVENS	5.00									
DIRECTOR		Х			L	L	L	0.	0.	0.
(16) MARY ZUPANC	5.00									
DIRECTOR		Х						0.	0.	0.
(17) SHANNON WOLFE	45.29									
CHIEF OF STAFF				Х				216,553.	0.	33,538.

932007 01-20-20

Form 990 (2019) WOMEN, II									52-6037	388	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			(0	<b>C</b> )			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	am	ount	of
	week	_	er an	nd a d	recio	ir/trus	(ee)	from	from related		other	
	(list any hours for	director						the	organizations		pensa	
	related	5	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the anizat	
	organizations	truste	al trus		ee/	mpen		(** 27 1033 141100)			d relat	
	below	Individual trustee	Institutional trustee	<u></u>	Key employee	est co oyee	er				nizati	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former					
(18) THOMAS CHAPPELL	43.54								_			
VP OF FINANCE				Х				160,534.	0.	2'	7,3	59
(19) SHEILA AMO-GOTTFRIED	41.45								_	_		
CHIEF ADMINISTRATIVE OFFICER					Х			186,684.	0.	2	4,4	09
(20) GLORIA BLACKWELL	39.78							154 006				1 0
SVP, FELLOWSHIPS & PROGRAMS	11 15				Х			174,806.	0.	۷.	9,8	19
(21) KENDRA DAVIS	41.15				Х			197,048.	0.	3	0,2	03
SVP, ADVANCEMENT & PARTNERSHIPS (22) LAURA SEGAL	43.67				^			137,040.	0.	3	0,4	03
SVP, COMM. & EXTERNAL RELATIONS	43.07				Х			193,445.	0.	3.	1,9	76
(23) DEBORAH VAGINS	50.68							173,443.	•		± , ,	70
SVP, PUBLIC POLICY & RESEARCH	1.57				Х			184,696.	5,712.	2.	4,8	99
(24) IULIAN SFECLA	37.58								377223			
DIRECTOR, IT						х		161,156.	0.	2	0,6	78
(25) MARY HICKEY	39.38							-			_	
SR. DIRECTOR, COMMUNCIATION						Х		145,354.	0.	18	8,9	98
(26) DEBORAH LUCCI	37.59											
VP, STRATEGIC PARTNERSHIPS						Х		135,225.	0.		6,0	
1b Subtotal								2,120,644.	5,712.		8,0	
c Total from continuation sheets to Part V	II, Section A							254,615.	0.		7,4	
d Total (add lines 1b and 1c)								2,375,259.	5,712.	34	5,4	87
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable			
compensation from the organization											1	10
									1		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	•		сеу с	emp	loye	e, o	r hig	hest compensated emp	oloyee on			77
line 1a? If "Yes," complete Schedule J for s										3		Х
4 For any individual listed on line 1a, is the su											v	
and related organizations greater than \$15										4	Х	
5 Did any person listed on line 1a receive or a	-				-			_				X
rendered to the organization? If "Yes," com	ipiete Schedul	e J f	or si	ucn	pers	on .				5		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(B) Description of services	(C) Compensation
LEGAL SERVICES	101,658.
	Description of services

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

52-6037388 WOMEN, INC. Form 990

	NC.								52-603	1300
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	npl	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average			<b>))</b> Pos	<b>C)</b> ition			( <b>D</b> ) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week (list any hours for related organizations below line)	stee or director	lnstitutional trustee	Officer Officer	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensatior from the organization and related organizations
27) SEOK NG	40.74							425.462		45 640
SSOCIATE DIRECTOR, IT	27 50					Х		135,163.	0.	17,619
28) CHRISTINA FOLZ	37.50					х		110 /52	0.	0 013
ENIOR WRITER						Δ		119,452.	0.	9,813
otal to Part VII, Section A, line 1c								254,615.		27,432

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues ..... 1b 2,744,972 c Fundraising events ..... 1c d Related organizations ..... 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 6,425,148 1f 54,214 g Noncash contributions included in lines 1a-1f 1g |\$ 9,170,120 h Total. Add lines 1a-1f **Business Code** 2 a CONFERENCE REVENUE 161,578. 161,578 Program Service Revenue 900099 b С f All other program service revenue 161,578. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,578,067 2,578,067 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 397,540 6 a Gross rents **b** Less: rental expenses ... 6b 397,540. c Rental income or (loss) 397,540. 397,540 d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 82,121,574 162,900. assets other than inventory b Less: cost or other basis Other Revenue 80,389,653 7b and sales expenses 1,731,921. 162,900 c Gain or (loss) 1,894,821 1,894,821. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses \_\_\_\_\_ c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a OTHER INCOME 900099 119,667 119,667 b ADVERTISING REVENUE 541800 11,497 11,497 С d All other revenue 131,164 e Total. Add lines 11a-11d 14,333,290, 281,245 11,497. 4,870,428. Total revenue. See instructions 12

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respor	nse or note to any line in	this Part IX				
Do i	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)		
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	280,763.	280,763.				
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	3,056,315.	3,056,315.				
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16	508,000.	508,000.				
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	1,823,631.	1,047,322.	661,178.	115,131		
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	2,951,775.	1,867,964.	406,623.	677,188		
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	253,179.	161,173.	32,552.	59,454		
9	Other employee benefits	239,856.	149,077.	41,362.	49,417		
10	Payroll taxes	344,107.	210,675.	74,571.	58,861		
11	Fees for services (nonemployees):						
а	Management						
b	Legal	47,139.	2,478.	13,677.	30,984		
С	Accounting	49,006.		49,006.			
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17	62,500.			62,500		
f	Investment management fees	91,090.		91,090.			
g	Other. (If line 11g amount exceeds 10% of line 25,						
	column (A) amount, list line 11g expenses on Sch O.)	191,417.	184,246.	3,151.	4,020		
12	Advertising and promotion	26,121.	26,046.		75		
13	Office expenses	158,925.	69,744.	35,379.	53,802		
14	Information technology	347,528.	224,749.	70,966.	51,813		
15	Royalties						
16	Occupancy	2,313,624.	964,274.	1,079,952.	269,398		
17	Travel	56,054.	31,739.	11,499.	12,816		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	20,042.	15,087.	3,683.	1,272		
20	Interest	15,845.	9,829.	3,270.	2,746		
21	Payments to affiliates	, , , , , , , ,	100 000	006 01-	F4		
22	Depreciation, depletion, and amortization	486,570.	198,389.	236,245.	51,936		
23	Insurance	68,676.	17,091.	50,389.	1,196		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column (A)						
	amount, list line 24e expenses on Schedule 0.)	0 EC4		0.004			
а	UBIT TAX	2,764.	0.	2,764.	120 010		
b	ART & PRODUCTION	198,693.	66,543.	3,132.	129,018		
С	POSTAGE & MAILING	189,931.	69,609.	2,207.	118,115		
d	DATA PROCESSING FEES	189,572.	94,250.	95,322.	14 004		
е	All other expenses	236,084.	107,198.	114,002.	14,884		
25	Total functional expenses. Add lines 1 through 24e	14,209,207.	9,362,561.	3,082,020.	1,764,626		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						

Form **990** (2019)

Part X | Balance Sheet

Par	τχ	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,213,817.	1	4,805,183		
	2	Savings and temporary cash investments			373,837.	2	374,396
	3	Pledges and grants receivable, net			8,155,274.	3	4,726,413
	4	Accounts receivable, net			208,852.	4	177,944
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			356,934.	9	1,052,967
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	5,443,389.			
	b	Less: accumulated depreciation	10b	1,801,121.			3,642,268
	11	Investments - publicly traded securities			120,640,165.	11	119,107,141
	12	Investments - other securities. See Part IV, line	11		133,105.	12	0
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			10-010-010	15	
_	16	Total assets. Add lines 1 through 15 (must equal line 33)			135,869,362.	16	133,886,312
	17	Accounts payable and accrued expenses			990,300.	17	833,524
	18	Grants payable			4,138,436.	18	3,634,091
	19	Deferred revenue			1,764,601.	19	1,829,251
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
<u> </u>		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of these persons				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	). Complete Part X	7,791,066.		8,822,240
		of Schedule D			14,684,403.		15,119,106
$\dashv$	26	Total liabilities. Add lines 17 through 25			14,004,403.	26	13,119,100
S		Organizations that follow FASB ASC 958, che	eck ner	e 🖊 🔼			
ž	07	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions			2,001,821.	27	856,621
33	27	***************************************			119,183,138.	28	117,910,585
<u> </u>	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC 9			110,100,100	20	117,510,505
ᆵ			56, CH	eck nere			
ō	20	and complete lines 29 through 33.				20	
ets	29 20	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed				29 30	
Ass	30					31	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			121,184,959.	32	118,767,206
z	32	Total liabilities and not assets/fund balances			135,869,362.		133,886,312
	33	Total liabilities and net assets/fund balances			133,003,302.	აა	Form <b>990</b> (201)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
	Tatal variance (much acual Dark VIII. ashuran (A). line 10)	1	1 /	22	3,2	9.0
1	Total revenue (must equal Part VIII, column (A), line 12)	2				07.
2	Total expenses (must equal Part IX, column (A), line 25)	3	14,		$\frac{9,2}{4,0}$	
3	Revenue less expenses. Subtract line 2 from line 1		121			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				
5	Net unrealized gains (losses) on investments	5	-т,	42	0,0	52.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		44	4 0	~ _
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,	. 11	4,9	84.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	118,	76	7,2	06.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O	. [			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

AMERICAN ASSOCIATION OF UNIVERSITY

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

WOMEN, INC. 52-6037388 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

# 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10072649.	8802016.	7351949.	15841278.	9170120.	51238012.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	10072649.	8802016.	7351949.	15841278.	9170120.	51238012.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6652546.
6	Public support. Subtract line 5 from line 4.						44585466.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	10072649.	8802016.	7351949.	15841278.	9170120.	51238012.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5155323.	2064922.	2369950.	3391345.	2975607.	15957147.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	26,516.	22,272.	114,876.	4,977.	8,916.	177,557.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						67372716.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12 3	,388,962.
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	_
	organization, check this box and stop						<b></b>
Sec	ction C. Computation of Publ	lic Support Pe	rcentage				
	Public support percentage for 2019 (					14	66.18 %
15	Public support percentage from 2018	3 Schedule A, Part	II, line 14			15	65.02 %
16a	33 1/3% support test - 2019. If the	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the						
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	<b>t - 2019.</b> If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	nere. Explain in Par	t VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2018.</b> If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or <sup>1</sup>	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-cir	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	ns ▶□
					Scho	dule A (Form 990	or 990-F7) 2019

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

(Complete only if you checked the box on line 10 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.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2015	(b) 2010	(6) 2017	(u) 2016	(e) 2019	(I) TOTAL
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first second this	d fourth or fifth t	av voar as a soctio	n 501(c)(3) organi	zation
		· ·	•		-	. , . ,	Lation,
Sec	ction C. Computation of Publi						
	Public support percentage for 2019 (li			column (f))		15	%
	Public support percentage from 2018					16	
	ction D. Computation of Inves					10	70
	•					17	04
17						18	<u>%</u>
18	Investment income percentage from 2						% 17 is not
198	33 1/3% support tests - 2019. If the						I / IS NOT
	more than 33 1/3%, check this box ar						P L
k	33 1/3% support tests - 2018. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	20 nox on line 14, 19	a, or 19b, check t	nis box and see in	structions	<b>&gt;</b>

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		\ <u>'</u>	
		Yes	No
	1		
	'		
	2		
	3a		
	OI-		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
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	8		
	9a		
	٥.		
	9b		
	9c		
	30		
	10a		
	10b		
~ O	00 05 00	00 E7	2010

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
	(VOLINIA VOLINIA VILLE)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		. 1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	Ć —	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
<b>L</b>	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2h		
2	activities but for the organization's involvement.  Parent of Supported Organizations Answer (a) and (b) holow	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
d	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lv integrat	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)			
Section	on D -	Distributions		(	Current Year		
1	Amou						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns			
4	Amou	nts paid to acquire exempt-use assets					
5	Qualif	ied set-aside amounts (prior IRS approval required)					
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.					
7	Total	annual distributions. Add lines 1 through 6.					
8	Distrib	outions to attentive supported organizations to which the	he organization is responsiv	e			
	(provi	de details in <b>Part VI</b> ). See instructions.					
9	Distrib	outable amount for 2019 from Section C, line 6					
10	Line 8	amount divided by line 9 amount					
		-	(i)	(ii)	(iii)		
Section	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019		
1	Distrib	outable amount for 2019 from Section C, line 6					
2	Under	rdistributions, if any, for years prior to 2019 (reason-					
	able c	ause required- explain in <b>Part VI</b> ). See instructions.					
3	Exces	s distributions carryover, if any, to 2019					
а	From	2014					
b	From	2015					
С	From	2016					
d	From	2017					
е	From	2018					
f	Total	of lines 3a through e					
g	Applie	ed to underdistributions of prior years					
h	Applie	ed to 2019 distributable amount					
i	Carry	over from 2014 not applied (see instructions)					
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distrib	outions for 2019 from Section D,					
	line 7:	\$					
а	Applie	ed to underdistributions of prior years					
b	Applie	ed to 2019 distributable amount					
С	Rema	inder. Subtract lines 4a and 4b from 4.					
5	Rema	ining underdistributions for years prior to 2019, if					
	any. S	Subtract lines 3g and 4a from line 2. For result greater					
	than z	rero, explain in <b>Part VI.</b> See instructions.					
6	Rema	ining underdistributions for 2019. Subtract lines 3h					
	and 4	b from line 1. For result greater than zero, explain in					
	Part \	/I. See instructions.					
7	Exces	ss distributions carryover to 2020. Add lines 3j					
	and 4	c.					
8	Break	down of line 7:					
а	Exces	s from 2015					
b	Exces	s from 2016					
С	Exces	s from 2017					
d	Exces	s from 2018					
е	Fxces	s from 2019					

Schedule A (Form 990 or 990-EZ) 2019

#### AMERICAN ASSOCIATION OF UNIVERSITY

Schedule A	(Form 990 or 990-EZ) 2019 WOMEN,	INC.	52-6037388 Page 8
Part VI	<b>Supplemental Information.</b> Pro Part IV, Section A, lines 1, 2, 3b, 3c, 4b line 1; Part IV, Section D, lines 2 and 3;	ovide the explanations required by Part II, line 10; Part II, line 17: , 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa , Section E, lines 2, 5, and 6. Also complete this part for any add	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.

Employer identification number

52-6037388

Organization type (check one):						
Filers of	<b>:</b>	Section:				
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year				
but it <b>m</b> u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.

Employer identification number

52-6037388

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, audress, and ZiF + 4	\$ 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number AMERICAN ASSOCIATION OF UNIVERSITY 52-6037388 WOMEN, INC.

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.

Employer identification number

52-6037388

Part II	Noncash Property (see instructions). Use duplicate copies of Part II is	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - -	

**Employer identification number** 

Name of organization

AMERICAN ASSOCIATION OF UNIVERSITY 52-6037388 WOMEN, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

	s) (see separate instructions), then Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
		N ASSOCIATION OF	UNIVERSITY	En	nployer identification number
	WOMEN,	INC.			52-6037388
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527	' organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campa	tures		······•	*\$
Pá	art I-B Complete if the ord	ganization is exempt un	der section 501(c)	(3)	
	Enter the amount of any excise tax				<u> </u>
2	Enter the amount of any excise tax	incurred by organization manage	pers under section 4955	5	· \$
	If the organization incurred a section				
	Was a correction made?				
	If "Yes." describe in Part IV.				
Pá	art I-C Complete if the org	ganization is exempt und	der section 501(c)	, except section 50	)1(c)(3).
1	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt fund	tion activities	\$
	Enter the amount of the filing organ				
	exempt function activities			<b>&gt;</b>	<b>\$</b>
3	Total exempt function expenditures			•	
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and er				
	made payments. For each organiza	· ·			•
	contributions received that were pr political action committee (PAC). If				arate segregated fund or a
		· · · · · · · · · · · · · · · · · · ·		1	( ) ) ( ) ( ) ( ) ( )
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid fror filing organization's funds. If none, enter -	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2019

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Part II-A   Complete if the organ			n 501(a)(3) and fil		oction under
section 501(h)).	nzation is exe	inpi under sectio	ii 50 i(c)(s) aliu iii	ieu Politi 3706 (ei	ection under
A Check if the filing organization	n belongs to an aff	iliated group (and list ir	Part IV each affiliated	d group member's nam	e, address, EIN,
expenses, and share o					, ,
3 Check ▶ ☐ if the filing organization		•	visions apply.		
	on Lobbying Expe res" means amou	nditures unts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion	(grassroots lobbying)		17,050.	
<b>b</b> Total lobbying expenditures to influen	• •			75,611.	
c Total lobbying expenditures (add lines	•	, , , , , , , , , , , , , , , , , , , ,		92,661.	
d Other exempt purpose expenditures				14,179,046.	
e Total exempt purpose expenditures (a				14,271,707.	
f Lobbying nontaxable amount. Enter the				863,585.	
If the amount on line 1e, column (a) or (b	) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,00	00 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,	,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000	0,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter	25% of line 1f)			215,896.	
h Subtract line 1g from line 1a. If zero o	r less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero or	less, enter -0-			0.	
j If there is an amount other than zero of	on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this yea	ar?				Yes No
(Some organizations that	made a section 5	eraging Period Under i01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year	(-) 001C	(h) 0017	(-) 0010	(4) 0010	(a) Tatal

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) Total			
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	863,585.	3,863,585.			
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,795,378.			
c Total lobbying expenditures	180,509.	255,588.	293,744.	92,661.	822,502.			
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	215,896.	965,896.			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,448,844.			
f Grassroots lobbying expenditures	17,049.	40,500.	34,597.	17,050.	109,196.			

Schedule C (Form 990 or 990-EZ) 2019

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

During the year, did the filing organization attempt to influence foreign, national, state, or		1	_	•	b)
	Yes	No	,	Am	ount
local logiclation, including any attempt to influence public enision on a logiclative matter					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
a 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? art III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)	\ <u>(5)</u>	r sa	ction	
501(c)(6).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,	1 30	Clion	
				Yes	N
Were substantially all (90% or more) dues received nondeductible by members?		[	1		
			2		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
Did the organization agree to carry over lobbying and political campaign activity expenditures from the lart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	n 501(c)	)(5), o			e 3, i
Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	on 501(c) "No" OF	)(5), o R (b) F	r se		ne 3, i
Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	on 501(c) "No" OF	)(5), o R (b) F	r se Part		ne 3,
Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	on 501(c) "No" OF	)(5), o R (b) F	r se Part		l ne 3,
Did the organization agree to carry over lobbying and political campaign activity expenditures from the lart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	on 501(c) "No" OF	)(5), o R (b) F	r se Part		ne 3, i
Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year	on 501(c) "No" OF	)(5), o R (b) F	r se Part		ne 3, i
Did the organization agree to carry over lobbying and political campaign activity expenditures from the lart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	on 501(c) "No" OF	)(5), o	r se Part 1		ne 3, i
Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year	on 501(c) "No" OF	)(5), o R (b) F	r se Part 1 2a 2b		 ne 3, i
Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	en 501(c) "No" OF	)(5), o R (b) F	r se Part 1 2a 2b 2c		ne 3,
Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	en 501(c) "No" OF	)(5), o R (b) F	r se Part 1 2a 2b 2c		ne 3,
Did the organization agree to carry over lobbying and political campaign activity expenditures from the last III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ess olitical	)(5), o ₹ (b) F	r se Part 1 2a 2b 2c		ne 3,

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.

**Employer identification number** 52-6037388

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	ferring
_			
Pai			IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conserva	ation easements during the year
-	Amount of our areas in a word in months in a local state in a	dina af cialatiana and antausian anna antaus	and a second and a second
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	to patient the requirements of section 170/b)//	VPV:)
8		• • • • • • • • • • • • • • • • • • • •	
9	and section 170(h)(4)(B)(ii)?		
9	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	lote to the organization's imanolal statements	that describes the
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		palance sheet works
	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	*	•
b	If the organization elected, as permitted under FASB ASC 95		nce sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2019

932051 10-02-19

Pai	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	ner Similar As	sets(continued)	_
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significant use o	fits	
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exc	hange program			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	empt purpose in	Part XIII.	
5	During the year, did the organization solicit o						
	to be sold to raise funds rather than to be ma					Yes	No
Pai	t IV Escrow and Custodial Arran	_	ete if the organizatio	n answered "Yes" o	on Form 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par						
1a	Is the organization an agent, trustee, custodi						
	on Form 990, Part X?					└── Yes └──	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:				
						Amount	
	Beginning balance						
	Additions during the year						
е	Distributions during the year				1e		
f	Ending balance						
	Did the organization include an amount on Fe				•	└ Yes	No
b	If "Yes," explain the arrangement in Part XIII.					Ц	
Pai	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba		
	Beginning of year balance	105,753,761.	104,406,070.	100,905,481.	93,919,0	96,408,2	92.
b	Contributions	1,217,275.	624,436.	1,018,181.	1,048,6	52. 1,951,8	99.
	Net investment earnings, gains, and losses	3,024,691.	5,801,515.	7,528,473.	. 11,312,83	28478,6	51.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	5,152,983.	5,078,260.	5,046,065.	5,375,0	3,962,4	87.
f	Administrative expenses						
	End of year balance	104,842,744.	105,753,761.	104,406,070.	100,905,48	93,919,0	53.
2	Provide the estimated percentage of the curr					, ,	
а	Board designated or quasi-endowment	,	%	,,			
	Permanent endowment ► 70.35	%					
	Term endowment ▶ 29.65						
·	The percentages on lines 2a, 2b, and 2c sho						
32	Are there endowment funds not in the posse	-	ation that are held a	nd administered for	the organization		
Ja		331011 Of the organize	ation that are neid a	na administered for	the organization	Yes I	No
	by: (i) Unrelated organizations					<del>- 1 1</del>	X
							X
	(ii) Related organizations	#! P-# II					
	If "Yes" on line 3a(ii), are the related organiza					3b	—
Dai	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment tunas.				
ı aı	Complete if the organization answere		) Part IV line 11a S	Coo Form 000 Part	V line 10		
	Description of property	1	1		Accumulated	(d) Dook volue	—
	Description of property	(a) Cost or of basis (investm		1	epreciation	(d) Book value	
	Land	<del>-   ` `</del>	, , , , ,	` /   -			
	Buildings						
	Leasehold improvements		2,84	4,397.	753,107.	2,091,29	0.
d	Equipment			3,295.	959,451.	1,123,84	
	Other			5,697.	88,563.	427,13	
	. Add lines 1a through 1e. (Column (d) must e				<b>.</b>	3,642,26	
		-,	, , , , , , , , , , , , , , , , , , , ,	/		, ,	

52-6037388 Page 3

Part VII Investments - Other Securities.			J
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(F)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(Is) De alemaker
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)		+	
(5)			
<u>(6)</u> (7)			
(8)		<del>-</del>	
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>•</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) SECURITY DEPOSITS			144,427.
(3) SPLIT INTEREST AGREEMENTS			516,929.
(4) IRA SWEEPSTAKES			743.
(5) DEFERRED RENT AND LEASE I			4,703,929.
(6) DUE TO AAUW ACTION FUND,			227,850.
(7) DEFERRED SUBLEASE REVENUE			137,320.
(8) SUBLEASE LIABILITY			2,366,042.
(9) PAYCHECK PROTECTION LOAN			725,000.
Total. (Column (b) must equal Form 990, Part X, col. (B) line		-	8,822,240.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial statements the	nat reports the

Schedule D (Form 990) 2019

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
	Subtract line <b>2e</b> from line <b>1</b>			
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	<del> </del>		
	Add lines 4a and 4b		4c	
	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form</i> 990, <i>Part I, line 12.</i> )			
	t XII Reconciliation of Expenses per Audited Financial State		-	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		o por motarm	
1	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	· · · · · · · · · · · · · · · · · · ·	00		
	Donated services and use of facilities			
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d			
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F		V, line 4; Part X, line 2; I	⊃art XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
D 3 F	OT IT TAIT A			
PAR	RT V, LINE 4:			
mit	THE WATER THE WATER THE TOTAL			OD 10111111
THE	E ENDOWMENT FUNDS ARE MAINTAINED TO FUND	SCHOLARSHIPS A	AND GRANTS F	JR THE
7 M.T.	DICAN AND INMEDNAMIONAL BELLOWOUTDO CAL	NAMO TAMBA	ALL CDANIES	
AME	RICAN AND INTERNATIONAL FELLOWSHIPS, CAI	KEEK DEVELOPMEN	NT GRAINTS,	
CET	ECMED DDOEECCIONC CDANMC AND DECEADOU AN	NID DDATECHE XX	יוט שמה נהכצו	
SET	ECTED PROFESSIONS GRANTS AND RESEARCH A	ND PRODECTS, AL	ND INE DEGAL	
א בין ע	TOCACY FIND			
ADV	OCACY FUND.			
DNE	OT V ITNE 2.			
FAR	RT X, LINE 2:			
тиг	· ODCANTZATTON DECITTER THAT A TAY DOCTT	TON BE DECOGNIT	ZED OD	
Int	ORGANIZATION REQUIRES THAT A TAX POSIT	TON BE RECOGNIZ	ZED OK	
חסים	PECOCNITYED DACED ON A "MODE_ITERIV_MUAN_I	מטשבמחטו ש	שורכ אססודי	EG TO
<u>הקר</u>	RECOGNIZED BASED ON A "MORE-LIKELY-THAN-I	NOI IUVEDUOTD	· IUIS WEEDI	חז מה
DOC	יאד יאייעגה עס אח השהטשטעם פא אשעגה פארדהדי	א שאַע סבּשווטאי		<b>७</b> ∄ ∰ Т ∩ №
FUE	SITIONS TAKEN OR EXPECTED TO BE TAKEN IN	T TAV KEINKN.	IUP OKCANI	TATION
חסיי	O NOM DELTETTE THE CONTOLL TOWNED ETVINATED	г стапририте та	ACT TIDE OF	
אַטע	S NOT BELIEVE ITS CONSOLIDATED FINANCIA	n Simirmunio II	ACTORE, OK	

ANY UNCERTAIN TAX POSITIONS.

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# Statement of Activities Outside the United States

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

► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN ASSOCIATION OF UNIVERSITY

**Employer identification number** 

WOMEN, INC. 52-6037388 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region GRANTS TO RECIPIENTS AMERICAN FELLOWSHIPS SUB-SAHARAN AFRICA 0 LOCATED IN REGION FUND 35,000. GRANTS TO RECIPTENTS EAST ASTA AND THE INTERNATIONAL 68,000. PACIFIC 0 LOCATED IN REGION ELLOWSHIPS FUND EUROPE (INCLUDING GRANTS TO RECIPIENTS INTERNATIONAL LOCATED IN REGION FELLOWSHIPS FUND ICELAND & GREENLAND) 0 18,000. INTERNATIONAL FELLOWSHIPS MIDDLE EAST AND GRANTS TO RECIPIENTS FUNDINTERNATIONAL LOCATED IN REGION NORTH AFRICA 0 ELLOWSHIPS FUND 96,000. INTERNATIONAL FELLOWSHIPS GRANTS TO RECIPIENTS FUNDINTERNATIONAL LOCATED IN REGION SOUTH AMERICA 0 ELLOWSHIPS FUND 86,000. GRANTS TO RECIPTENTS TNTERNATIONAL SOUTH ASIA 0 LOCATED IN REGION FELLOWSHIPS FUND 38,000. GRANTS TO RECIPTENTS TNTERNATIONAL SUB-SAHARAN AFRICA 0 LOCATED IN REGION FELLOWSHIPS FUND 160,000. GRANTS TO RECIPIENTS HOME COUNTRY PROJECT 0 LOCATED IN REGION GRANT SUB-SAHARAN AFRICA 7,000. 3 a Subtotal 0 0 508,000. **b** Total from continuation 0 sheets to Part I ....... 0. c Totals (add lines 3a 0 508,000. and 3b)

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Schedule F (Form 990) 2019

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
by the IRS, or for whi	ch the grantee or cou	insel has provided a sec	recognized as charities by the tion 501(c)(3) equivalency lett	er		<b>&gt;</b> .		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	SUB-SAHARAN						
AMERICAN FELLOWSHIPS FUND	AFRICA	1	35,000.	ELECTRONIC WIRE TRANSFER	0.		
INTERNATIONAL FELLOWSHIPS	EAST ASIA AND THE						
FUND	PACIFIC	3	68,000.	ELECTRONIC WIRE TRANSFER	0.		
	EUROPE (INCLUDING						
INTERNATIONAL FELLOWSHIPS	ICELAND &						
FUND	GREENLAND)	1	18 000.	ELECTRONIC WIRE TRANSFER	0.		
	,	_					
INTERNATIONAL FELLOWSHIPS	MIDDLE EAST AND						
FUND	NORTH AFRICA	4	96,000.	ELECTRONIC WIRE TRANSFER	0.		
INTERNATIONAL FELLOWSHIPS	GOVERN 11/27 T.G.		06.000				
FUND	SOUTH AMERICA	4	86,000.	ELECTRONIC WIRE TRANSFER	0.		
INTERNATIONAL FELLOWSHIPS							
FUND	SOUTH ASIA	2	38,000.	ELECTRONIC WIRE TRANSFER	0.		
INTERNATIONAL FELLOWSHIPS	SUB-SAHARAN						
FUND	AFRICA	8	160,000.	ELECTRONIC WIRE TRANSFER	0.		
	SUB-SAHARAN						
HOME COUNTRY PROJECT GRANT	AFRICA	1	7.000.	ELECTRONIC WIRE TRANSFER	0.		
		_	. ,				

Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990) Yes X 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)

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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes X No

77		

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)

Ves	$\mathbf{X}$	N

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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2019

6

# Part V | Supplemental Information

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.

PART I, LINE 2:
FOR FUNDS AWARDED THROUGH AAUW INC'S. INTERNATIONAL PROJECT GRANT/HOME
COUNTRY GRANT, FELLOWS ARE REQUIRED TO GIVE AN ACCOUNTING TWICE DURING
THE FELLOWSHIP YEAR. SUCH ACCOUNTING MAY INCLUDE PROJECT PROGRESS,
INSTITUTIONAL CERTIFICATION OF GOOD STANDING, TRANSCRIPTS AND BUDGET
EXPENDITURES. FELLOWS ARE ALSO REQUIRED TO REQUEST, IN ADVANCE, ANY
CHANGES TO THEIR PROJECT PLAN AND BUDGET, WHICH ARE APPROVED BY THE
PROGRAM OFFICER TO ENSURE THEY MEET FELLOWSHIP GUIDELINES.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN. INC.

Employer identification number 52-6037388

•						
Part I Fundraising Activities required to complete this part	Complete if the organization answers	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-Ez	I filers are not
<ul> <li>Indicate whether the organization raise</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e X Solicita f Solicita g Special  or oral agreement with any individual Part VII) or entity in connection with position or entities (fundraisers) pursuit	tion of the tion o	non-g gover ising o ling o onal f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
AB DATA - 600 A B DATE DRIVE,		Yes	No			
IILWAUKEE, WI 53217	FUNDRAISING CONSULTANTS		Х	0.	125,000.	-125,000.
			<b>&gt;</b>		125,000.	-125,000.
3 List all states in which the organization or licensing. AL, AK, AR, CA, CO, CT, DC, NY, NM, NJ, OR, OK, OH, PA, NY	FL,GA,HI,IL,KS,KY,	WI,	MA,	MD,ME,LA,N	H,MO,MS,MN	,MI,ND,NC

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Schedule G (Form 990 or 990-EZ) 2019

52-6037388 Page 2

	irt i	of fundraising event contributions and gro	-		The state of the s	
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	001. <b>(0</b> ))
Revenue	1	Gross receipts				
Ä	•	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Ø	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ቯ	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through		•	<b></b>	
	11					
Pa	ırt I		answered "Yes" on For	m 990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.		Dollar by Euratout	T	l.n=
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				zge,pregreesive zge		001. ( <b>a)</b> through 001. ( <b>b)</b>
æ	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
	Ω	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	<u> </u>	Not garning income sufficiely. Subtract line /	nomine i, column (u)			1
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	e states?		Yes No
b	If "	No," explain:				
10-	14/6	are any of the expenientian's coming licenses w	wakad ayanandad ar	tarminatad during tha ta	v voor?	Yes No
		ere any of the organization's gaming licenses re Yes," explain:	•		^ y <del>c</del> ai :	L. Tes L. NO

Schedule G (Form 990 or 990-EZ) 2019

# AMERICAN ASSOCIATION OF UNIVERSITY

Sch	nedule G (Form 990 or 990-EZ) 2019 WOMEN, INC. 52-6	037	388	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•	
	Name ▶			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲	Yes	☐ No
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
•	of gaming revenue retained by the third party \(\bigs\) \(\bigs\)			
	of garning revende retained by the time party $\triangleright$ \$			
,	on Tes, enter harne and address of the tillid party.			
	Name >			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	Description of services provided P			
	Director/officer Employee Independent contractor			
4-				
	Mandatory distributions:			
ć	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		Vaa	□ No
	retain the state gaming license?  Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	Yes	□□ NO
	organization's own exempt activities during the tax year  \$\$\$			
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III li	nec 0	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	1103 0,	55, 105,
	100, 100, 10, and 170, as applicable. Also provide any additional information. Occ instructions.			
		-		

# AMERICAN ASSOCIATION OF UNIVERSITY

Schedule G (Form 990 or 990	O-EZ) WOMEN, INC.	52-6037388 Page 4
Part IV Supplement	O-EZ) WOMEN , INC . al Information (continued)	<u> </u>
-		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

AMERICAN ASSOCIATION OF UNIVERSITY Name of the organization **Employer identification number** WOMEN, INC. 52-6037388 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) CASE WESTERN RESERVE UNIVERSITY 11038 BELLFLOWER ROAD, TVUC 248 CLEVELAND, OH 44106 34-1018992 501 (C3) 7,000 COMMUNITY ACTION GRANTS 0 COLORADO STATE CHESS ASSOCIATION 748 CARDINAL STREET COLORADO SPRINGS, CO 80911 501 (C3) 84-1165853 5,700 COMMUNITY ACTION GRANTS FOUNDATION FOR CALIFORNIA UNIVERSITY OF PENNSYLVANIA - 250 UNIVERSITY AVE. BOX 59 -CALIFORNIA, PA 15419 25-1540183 501 (C3) 6,920 0 COMMUNITY ACTION GRANTS GIRL SCOUTS HEART OF NEW JERSEY INC. (GSHNJ) - 1171 ROUTE 28 -NORTH BRANCH NJ 08876 501 (C3) COMMUNITY ACTION GRANTS 22-1638950 5 438 GIRL SCOUTS OF HAWAII 410 ATKINSON DRIVE, SUITE 2E1 HONOLULU, HI 96814 99-0073488 501 (C3) COMMUNITY ACTION GRANTS 7 000 0 GIRL SCOUTS OF NORTHERN NEW JERSEY 95 NEWARK POMPTON TURNPIKE RIVERDALE, NJ 07457 22-1512252 501 (C3) 7 000 0 COMMUNITY ACTION GRANTS 23. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

WOMEN, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) GIRLSTART 1400 W. ANDERSON LANE AUSTIN, TX 78757 31-1595414 501 (C3) 7,000 0 COMMUNITY ACTION GRANTS HOPE COLLEGE 141 E. 12TH STREET HOLLAND, MI 49424 38-1381271 501 (C3) 6,954 0 COMMUNITY ACTION GRANTS MOUNT ST. HELENS INSTITUTE 42114 NE YALE BRIDGE ROAD AMBOY, WA 98601 91-1569993 501 (C3) 5,500 0 COMMUNITY ACTION GRANTS NAZARETH COLLEGE 4245 EAST AVE., PECKHAM HALL 234 ROCHESTER, NY 14618 16-0743088 501 (C3) 6,972 0 COMMUNITY ACTION GRANTS PUBLIC SCHOOL 209 130 W. 79TH ST., APT 15D COMMUNITY ACTION GRANTS NEW YORK, NY 10024 13-6400434 501 (C3) 7,000 0 REFLECTIONS FOUNDATION 10816 S. PARNELL AVE CHICAGO, IL 60628 51-0677821 501 (C3) COMMUNITY ACTION GRANTS 7,000 0 SCIENCE CLUB FOR GIRLS 136 MAGAZINE ST., #2 CAMBRIDGE, MA 02139 14-1892866 501 (C3) 7 000 0 COMMUNITY ACTION GRANTS WALKING MOUNTAINS SCIENCE CENTER 318 WALKING MOUNTAINS LANE AVON, CO 81620 84-1436731 501 (C3) 7,000 0 COMMUNITY ACTION GRANTS YWCA GREATER PITTSBURGH 305 WOOD STREET PITTSBURG, PA 15222 25-0965639 501 (C3) 7 000 0 COMMUNITY ACTION GRANTS

Schedule I (Form 990)

AMERICAN ASSOCIATION OF UNIVERSITY

Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) YWCA MCLEAN COUNTY 1201 N. HERSHEY ROAD BLOOMINGTON, IL 61704 37-0661264 501 (C3) 6,500 0 COMMUNITY ACTION GRANTS YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 55403 41-0693891 501 (C3) 7,000 0 COMMUNITY ACTION GRANTS AAUW-RACINE BRANCH 7808 FOLEY ROAD RACINE, WI 53402 26-4714623 501 (C3) 10,000 0 COMMUNITY ACTION GRANTS CODE GIRLS UNITED PO BOX 8272 KALISPELL, MT 59904 83-1174058 501 (C3) 8,541 0 COMMUNITY ACTION GRANTS DAY ONE 100 MEDWAY STREET COMMUNITY ACTION GRANTS PROVIDENCE, RI 02906 05-0385696 501 (C3) 10,000 0 RE: PURPOSE SAVANNAH 543 WASHINGTON AVE., APT 3 SAVANNAH, GA 31405 27-3072146 501 (C3) COMMUNITY ACTION GRANTS 10,000 0 SCIENCE HAPPENS 4 ME 408 GEM DRIVE, EMERALND POINTE KNIGHTDALE, NC 27545 83-3809166 501 (C3) 6 827 0 COMMUNITY ACTION GRANTS YWCA BOULDER COUNTY 2222 14TH STREET BOULDER, CO 80302 84-0500276 501 (C3) 10,000 0 COMMUNITY ACTION GRANTS FAFINSKI MARK & JOHNSON, PA 775 PRAIRIE CENTER DRIVE PRAIRIE, MN 55344 60,780 LEGAL ADVOCACY FUND 0

WOMEN, INC.

52-6037388

Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) WOMEN'S LAW PROJECT 125 S. 9TH STREET, SUITE #300 PHILADELPHIA, PA 19107 30,793. 0 LEGAL ADVOCACY FUND

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
YC METRO AREA FUND	8	95,585.	. 0.	FMV	
MERICAN FELLOWSHIPS FUND	79	1,593,948.	0.	FMV	
ELECTED PROFESSION FELLOWSHIPS	29	457,644.	0.	FMV	
NTERNATIONAL FELLOWSHIPS FUND	37	645,400.	0.	FMV	
CAREER DEVELOPMENT GRANT	23	252,101.	0	FMV	

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

#### PART I, LINE 2:

FELLOWS AND GRANTEES ARE REQUIRED TO GIVE AN ACCOUNTING TWICE DURING THE

GRANT/FELLOWSHIP PERIOD. SUCH ACCOUNTING MAY INCLUDE PROJECT PROGRESS,

INSTITUTIONAL CERTIFICATION OF GOOD STANDING, TRANSCRIPTS AND BUDGET

EXPENDITURES. RECEIPT OF THE SECOND GRANT/FELLOWSHIP PAYMENT IS CONTINGENT

UPON THE SUBMISSION OF A SATISFACTORY MID-TERM REPORT, INCLUDING

FINANCIALS. GRANTEES AND FELLOWS ARE ALSO REQUIRED TO REQUEST, IN ADVANCE,

ANY CHANGES TO THEIR PROJECT PLAN AND BUDGET, WHICH ARE APPROVED BY THE

PROGRAM OFFICER TO ENSURE THEY MEET GRANT/FELLOWSHIP GUIDELINES.

Schedule I (I offil 990)					o = o o o o o o o o o o o o o o o o o o
Part III   Continuation of Grants and Other Assistance to	Individuals in the Unit	ed States (Schedul	e I (Form 990), Part II	II.)	
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		2 500			
STEM AMBASSADOR IN OH	2.	3,500.	0.	FMV	
COMMUNITY ACTION GRANTS	1.	7,000.	0.	FMV	
LEGAL ADVOCACY FUND	1.	1,137.	0.	FMV	
		,			

# **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Department of the Treasury

Internal Revenue Service

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

52-6037388

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee   X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Ves" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2019

Regulations section 53.4958-6(c)?

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) KIMBERLY CHURCHES	(i)	365,143.	0.	0.	28,000.	22,051.	415,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHANNON WOLFE	(i)	216,553.	0.	0.	22,031.	11,507.	250,091.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THOMAS CHAPPELL	(i)	160,534.	0.	0.	16,223.	11,136.	187,893.	0.
VP OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHEILA AMO-GOTTFRIED	(i)	186,684.	0.	0.	19,055.	5,354.	211,093.	0.
CHIEF ADMINISTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GLORIA BLACKWELL	(i)	174,806.	0.	0.	18,000.	11,819.	204,625.	0.
SVP, FELLOWSHIPS & PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KENDRA DAVIS	(i)	197,048.	0.	0.	18,658.	11,625.	227,331.	0.
SVP, ADVANCEMENT & PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LAURA SEGAL	(i)	193,445.	0.	0.	18,900.	13,076.	225,421.	0.
SVP, COMM. & EXTERNAL RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DEBORAH VAGINS	(i)	184,696.	0.	0.	15,350.	8,802.		0.
	(ii)	5,712.	0.	0.	475.	272.	6,459.	0.
(9) IULIAN SFECLA	(i)	161,156.	0.	0.	10,725.	9,953.	181,834.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARY HICKEY	(i)	145,354.	0.	0.	8,250.	10,748.	164,352.	0.
SR. DIRECTOR, COMMUNCIATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DEBORAH LUCCI	(i)	135,225.	0.	0.	15,450.	10,595.	161,270.	0.
VP, STRATEGIC PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SEOK NG	(i)	135,163.	0.	0.	13,645.	3,974.	152,782.	0.
ASSOCIATE DIRECTOR, IT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

AMERICAN ASSOCIATION OF UNIVERSITY

Open to Public Inspection

**Employer identification number** 

WOMEN. 52-6037388 INC. Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles ..... 6 Boats and planes 7 Intellectual property 8 54,214.FMV Securities - Publicly traded ..... 9 Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies ..... 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other ▶ 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) 2019

describe in Part II.

# AMERICAN ASSOCIATION OF UNIVERSITY

Schedule M (Form 990) 2019 WOMEN, INC.	52-6037388	Page 2
<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a conthis part for any additional information.	3, and whether the organizanbination of both. Also com	ation plete
SCHEDULE M, PART I, COLUMN (B):		
NUMBER OF CONTRIBUTIONS		

Schedule M (Form 990) 2019

932142 09-27-19

## SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.

**Employer identification number** 52-6037388

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAMS EXPENSES \$-13,060.INCLUDING GRANTS OF \$ 0. REVENUE \$ 119,667. ADVOCACY- INCLUDES AAUW'S POLICY PROGRAMS, CIVIC ENGAGEMENT, AND ACTIVITIES TO CONNECT, EDUCATE, AND RALLY MEMBERS, SUPPORTERS AND ADVOCATES TO ADVANCE ITS MISSION TO EMPOWER WOMEN AND GIRLS AT THE NATIONAL AND STATE LEVELS EXPENSES \$ 452,090. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. MEETING AND CONVENING - INCLUDES ACTIVITIES RELATED TO STATE CONVENTIONS, COLLABORATIVE CONVENING, AND THE NATIONAL CONFERENCE ON COLLEGE WOMEN STUDENT LEADERS (NCCWSL). EXPENSES \$ 152,291. INCLUDING GRANTS OF \$ 0. REVENUE \$ 161,578. INTERNATIONAL FELLOWSHIPS - ARE AWARDED TO WOMEN PURSUING FULL-TIME GRADUATE OR POSTDOCTORAL STUDY IN THE UNITED STATES WHO ARE NOT U.S. CITIZENS OR PERMANENT RESIDENTS. INTERNATIONAL PROJECT GRANTS - ARE AWARDED TO ALUMNAE OF AAUW'S INTERNATIONAL FELLOWSHIPS PROGRAM WHO ARE LIVING IN THEIR HOME COUNTRIES AND PURSUING COMMUNITY-BASED PROJECTS TO IMPROVE THE SOCIAL ADVANCEMENT AND ECONOMIC EMPOWERMENT OF WOMEN AND GIRLS. EXPENSES \$ 1,465,529. INCLUDING GRANTS OF \$ 1,118,073. REVENUE \$ 0. LEGAL ADVOCACY FUND (LAF) - LAF COMBATS SEX AND GENDER DISCRIMINATION THROUGH WORK, INCLUDING FINANCIAL CASE SUPPORT FOR LEGAL CASES IN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) Name of the organization AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.

**Employer identification number** 52-6037388

HIGHER EDUCATION AND THE WORKPLACE, DEVELOPMENT AND PUBLICATION OF "KNOW YOUR RIGHTS" MATERIAL REGARDING EMPLOYMENT AND OTHER FORMS OF DISCRIMINATION; AN AMICUS CURIAE PROGRAM; SUPREME COURT REVIEW LECTURES; AND OTHER ONLINE PUBLIC EDUCATION AND LEGAL RESOURCES. EXPENSES \$ 190,142. INCLUDING GRANTS OF \$ 92,798. REVENUE \$ 0.

MEMBERSHIP - EXPENDITURES ARE USED TO ASSIST STATE AND LOCAL AAUW BRANCHES WITH MEMBER RECRUITMENT AND RETENTION, GENDER EQUITY RELATED PROGRAMS SUCH AS PAY EQUITY PUBLIC EDUCATION INITIATIVES AND TRAINING PROGRAMS, AS WELL AS EDUCATION INITIATIVES AND LEADERSHIP PROGRAMS TARGETED FOR WOMEN AND GIRLS.

EXPENSES \$ 889,574. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1:

EXECUTIVE COMMITTEE-THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONSISTS OF THE BOARD CHAIR, BOARD VICE CHAIR, BOARD FINANCE VICE CHAIR, BOARD SECRETARY, AND TWO ADDITIONAL DIRECTORS. THE CHIEF EXECUTIVE OFFICER SERVES EX-OFFICIO WITHOUT A VOTE.

FORM 990, PART VI, SECTION A, LINE 6:

AAUW, INC. HAS MEMBERS AND RECEIVES MEMBER DUES.

FORM 990, PART VI, SECTION A, LINE 7A:

AAUW USES AN ANNUAL ELECTRONIC AND PAPER VOTING PROCEDURE TO ALLOW THE MEMBERSHIP TO ELECT TWELVE OUT OF THE FIFTEEN MEMBERS OF THE BOARD OF DIRECTORS ON STAGGERED TERMS INCLUDING CHAIR AND VICE CHAIR. THE BOARD OF DIRECTORS APPOINTS THREE ADDITIONAL BOARD MEMBERS ON STAGGERED TERMS.

Name of the organization AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.

**Employer identification number** 52-6037388

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS ARE ENTITLED TO VOTE ON THE ELECTION OF THE BOARD OF DIRECTORS, ADOPTION OR AMENDMENT OF THE PUBLIC POLICY PROGRAM, RESOLUTIONS, AND AMENDMENTS TO THE BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND FINANCE COMMITTEE BEFORE FILING. THE RETURN IS APPROVED BY THE CEO AND THE FINANCE VICE CHAIR.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES DIRECTORS AND OFFICERS TO SIGN AN ANNUAL AFFIRMATION OF COMPLIANCE TO DISCLOSE ANY POTENTIAL SITUATION THAT MAY RAISE A CONFLICT OF INTEREST TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE CHIEF EXECUTIVE OFFICER (CEO) HAS AN EMPLOYMENT AGREEMENT WITH AAUW. THE BOARD OF DIRECTORS CONDUCTS A YEARLY PERFORMANCE REVIEW OF THE CEO UPON WHICH COMPENSATION IS BASED. THE BOARD OF DIRECTORS RELIES ON AN INDEPENDENT COMPENSATION CONSULTANT TO OBTAIN APPROPRIATE COMPENSATION INFORMATION FOR THE CEO. ANNUAL PERFORMANCE REVIEWS ARE COMPLETED YEARLY BETWEEN THE MONTHS OF APRIL AND JUNE. YEARLY STAFF COMPENSATION IS RECOMMENDED BY SENIOR MANAGEMENT TO THE CEO. THE OVERALL COMPENSATION IS THEN PRESENTED TO THE BOARD OF DIRECTORS THROUGH THE BUDGET APPROVAL PROCESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Name of the organization AMERICAN ASSOCIATION OF UNIVERSITY WOMEN, INC.	Employer identification number 52-6037388
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S BYLAWS AND CONFLICT OF INTEREST POLICY	Y ARE AVAILABLE IN
THE WWW.AAUW.ORG WEBSITE. AUDITED FINANCIAL STATEMENTS A	RE AVAILABLE ON THE
WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON SUBLEASE AGREEMENT	-1,114,984.
PART XII, LINE 2C	
THE BOARD OF DIRECTORS ASSIGNS THE RESPONSIBILITY OF OVER	RSEEING THE THE
ANNUAL AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION	ON OF THE
INDEPENDENT AUDITING FIRM TO THE AUDIT COMMITTEE. THIS P	ROCESS HAS NOT
CHANGED FROM THE PRIOR YEAR.	

#### **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. AMERICAN ASSOCIATION OF UNIVERSITY

Employer identification number

Name of the organization WOMEN, INC.

52-6037388

OMB No. 1545-0047

Open to Public Inspection

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity			eme End-of-yea	r assets Direct o	(f) Direct controlling entity	
	_						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34,	because it had on	e or more related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
AAUW ACTION FUND, INC 53-0025390		+		501(c)(3))	AMERICAN	Yes	No
1310 L STREET, NW #1000 WASHINGTON, DC 20005	SEE SCHEDULE R, PART VII	MASSACHUSETTS	501(C)(4)	N/A	ASSOCIATION OF UNIVERSITY WOMEN		x
	_						

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<u> </u>	·		1	1		1						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate		Code V-UBI	Gene	al or P	Percentage ownership
of related organization		(state or foreign	entity	related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	itions?	amount in box	partr	ner?	ownership
		country)		sections 512-514)		833013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
										$\vdash$	+	
	1											
	1											
										$\vdash$	+	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(t contr ent	tion b)(13) rolled tity?
		country)		2		255010		Yes	No
									$\vdash$
									<del>                                     </del>
									$\vdash$
		60					· ·		

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X		
	Gift, grant, or capital contribution to related organization(s)				1b		X		
	Gift, grant, or capital contribution from related organization(s)				1c	Х			
	Loans or loan guarantees to or for related organization(s)				1d		X		
	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		X		
	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
							Х		
k Lease of facilities, equipment, or other assets from related organization(s)									
I Performance of services or membership or fundraising solicitations for related organization(s)									
	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х			
0	Sharing of paid employees with related organization(s)				10	Х			
	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		X		
q	Reimbursement paid by related organization(s) for expenses				1q		X		
	Other transfer of cash or property to related organization(s)				1r		X		
S	Other transfer of cash or property from related organization(s)				1s		Х		
2	If the answer to any of the above is "Yes," see the instructions for information on who must con	mplete this	s line, including covered	relationships and transaction thresholds.					
	(a) (b) Name of related organization Transac type (a)	ction	<b>(c)</b> Amount involved	(d)  Method of determining amount invo	olved				
1) 2	AAUW ACTION FUND, INC. C		500,000.	CASH					
2)									
٥,									
3)									
4)									
,									
5)									
6)									
	53 09-10-19	1		Schedule F	R (For	n 990)	2019		

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

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

(a)  Name, address, and EIN  of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(i orgs.? Yes N	(f) Share 3) tota incor	e of al	(h) Disproptionate allocation	or- Code V-UBI amount in box 20 ns? of Schedule K-1	Genera manag partne Yes	l or Percentage ing ownership

Part VII Supplemental Information  Provide additional information for responses to questions on Schedule R. See instructions.	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:	
PRIMARY ACTIVITY: AAUW ACTION FUND ADVANCES EQUITY FOR WOMEN AND GIRLS	
THROUGH MEMBER ACTIVISM AND VOTER MOBILIZATION.	
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