Department of the

DLN: 93493195023300

OMB No. 1545-0047

2018

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.

Open to Public Inspection

		nue Service		-i 07 04 2040 d di 06	20.2016				
			C Name of organization	ning 07-01-2018 , and ending 06-	30-2019		er identif	ication number	
_	ск I r ар dress с	oplicable: change	American University					icación namber	
□ Na	me cha	ange	% NICOLE BRESNAHAN			53-0196	5549		
_	tial retu		Doing business as						
		n/terminated return		ail is not delivered to street address) Room/	suite	E Telephon	e number		
		n pending	c/o Controllers Office Suite 357	(202) 8	85-2822				
			City or town, state or province, coun Washington, DC 200168020	try, and ZIP or foreign postal code					
			Washington, DC 200168020			G Gross re	ceipts \$ 1,	493,306,273	
			F Name and address of principa	l officer:	H(a)	Is this a group re	turn for		
			Douglas Kudravetz c/o Controllers Office			subordinates?		□Yes 🗹 No	
			Washington, DC 200168020		⊣ н(ь)	Are all subordinat included?	es	☐ Yes ☐No	
[Ta:	x-exem	npt status:	☑ 501(c)(3) □ 501(c)() ◄ (insert no.) \square 4947(a)(1) or \square 527		If "No," attach a l	ist. (see	instructions)	
J W	ebsite	e:▶ ww	w.american.edu		H(c)	Group exemption	number	>	
					I V	of formation: 1893	M Ct-t-	-f - i-i DC	
K Forr	n of org	ganization	: 🗹 Corporation 🗌 Trust 🔲 Assoc	ciation ☐ Other ►	L Year	or formation: 1893	M State	of legal domicile: DC	
Pa	art I	Sum	mary						
	1 B	Briefly des	scribe the organization's mission or	most significant activities:					
				OVANCE KNOWLEDGE, FOSTER INTELL	ECTUAL (CURIOSITY, BUILD	COMMUI	NITY, AND EMPOWER	
ည်	=	IVES OF	PURPOSE, SERVICE, AND LEADERS	onir.					
E	_								
Governance									
<u>5</u>				continued its operations or disposed of g body (Part VI, line 1a)		an 25% of its net a	ssets.	23	
න් ග			•	the governing body (Part VI, line 1b)			4	23	
Ee Ee			,	endar year 2018 (Part V, line 2a)			5	9,246	
Activities &			nber of volunteers (estimate if nec	6	3,023				
ĕ	l		elated business revenue from Part		7a	666,227			
	ь і	Net unrel	lated business taxable income from	1 Form 990-T, line 34			7b	0	
						Prior Year		Current Year	
O.	8 (Contribut	tions and grants (Part VIII, line 1h)			3,181,9	931	73,970,105	
Ravenue	9	Program	service revenue (Part VIII, line 2g)			36,878,6	36,878,690 723,281,27		
λċ	10	Investme	ent income (Part VIII, column (A), li	nes 3, 4, and 7d)		-7,615,7	700	155,781,717	
	11 (Other rev	venue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)			0	0	
	12	Total rev	enue—add lines 8 through 11 (mus	st equal Part VIII, column (A), line 12)		32,444,9	921	953,033,100	
	13 (Grants ar	nd similar amounts paid (Part IX, co	olumn (A), lines 1–3)		2,615,6	592	167,073,234	
	l		paid to or for members (Part IX, co	, ,,			0	0	
38	15	Salaries,	other compensation, employee be	nefits (Part IX, column (A), lines 5-10)		56,643,924 349,88			
Expenses	16a	Professio	onal fundraising fees (Part IX, colun	nn (A), line 11e)			0	0	
8	l		raising expenses (Part IX, column (D), I						
ш	l		penses (Part IX, column (A), lines 1	, ,		36,481,2	_	266,118,208	
	l	•	penses. Add lines 13–17 (must equ	, , , , ,		95,740,8		783,072,578	
, un	19	Revenue	less expenses. Subtract line 18 fro	om line 12	D-	-63,295,9 ginning of Current Y		169,960,522	
Net Assets or Fund Balances					Deg	Jinning of Current 1	еаг	End of Year	
ssel 3ala	20	Total ass	ets (Part X, line 16)			1,962,521,5	550	2,052,830,523	
ž Ž	21	Total liab	oilities (Part X, line 26)			730,767,3	315	760,978,627	
žZ	22	Net asset	ts or fund balances. Subtract line 2	1 from line 20		1,231,754,2	235	1,291,851,896	
	rt II		ature Block		•				
				ned this return, including accompanyir Declaration of preparer (other than of					
	nowle		in, it is true, correct, and complete.	Becardion of preparer (other than or				vinen preparer nas	
		*****	*			2020 06 00			
Sign			ure of officer			2020-06-09 Date			
Here		, DOLIGI	LAS KUDRAVETZ CFO, VP & TREASURER						
			or print name and title						
		P	Print/Type preparer's name	Preparer's signature	Date		PTIN		
Paid	t					Check L if F	P0084785:		
	- pare	er 📑	irm's name ► GRANT THORNTON LLP			Firm's EIN ▶			
	Onl	ı ⊢	Firm's address ► 1000 WILSON BOULEVA	ARD SUITE 1400		Phone no. (703)	847-7500		
			ARLINGTON, VA 22209						
M +	ha IDO		this return with the property show			1		os 🗆 No	

Form	990 (2018)					Page				
Pa	rt III Statement	of Program Ser	vice Accomplis	hments						
	Check if Sch	edule O contains a re	esponse or note to a	any line in this Part III		🗹				
1	Briefly describe the	organization's missio	on:	•						
						JNITY, AND EMPOWER LIVES				
OF P	JRPOSE, SERVICE, AN	ND LEADERSHIP. SEI	E SCHEDULE O FOR	ORGANIZATION'S VIS	ION.					
2	Did the organization	undertake any signi	ificant program ser	vices during the year w	nich were not listed on					
	the prior Form 990 o	or 990-EZ?				. □Yes ☑No				
	If "Yes," describe the									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program									
	services?									
	If "Yes," describe the	ese changes on Sch	edule O.							
4		nd 501(c)(4) organiz	ations are required	to report the amount of	largest program services, as f grants and allocations to ot					
	(Code:) (Expenses \$	216,894,687	including grants of \$	0) (Revenue \$	591,574,604)				
	See Additional Data									
4b	(Code:) (Expenses \$	163,545,458	including grants of \$	163,545,458) (Revenue \$	0)				
	See Additional Data									
4c	(Code:) (Expenses \$	80,589,066	including grants of \$	0) (Revenue \$	97,363,562)				
	See Additional Data									
	See Additional Data	Table								
4d	Other program serv									
	(Expenses \$	264,739,878	including grants of	\$ 3,527,7	76) (Revenue \$	33,906,168)				
4e	Total program ser	vice expenses >	725,769,0	89						

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 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? 4 Yes 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? 5 Nο Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Yes 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏 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 Nο 11d in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥞 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🥦 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a No b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Yes 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 13 Yes 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a Yes Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Yes valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Yes 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV 🖠 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Nο Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Yes column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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Par	Checklist of Required Schedules (continued)								
			Yes	No					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No					
b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?								
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?								
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No					
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No					
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No					
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No					
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes						
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes						
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes						
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes						
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No					
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes						
Par									
	Check if Schedule O contains a response or note to any line in this Part V	• ;		<u> </u>					
1-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 19,437		Yes	No					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0								
	2.1.2. The manufacture of the medical manufacture of the total position of the medical manufacture of			1					

1c

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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	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	•
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country: ►BE , SP			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			

 ${f c}$ Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a Nο

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 Nο parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O . Form **990** (2018)

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		onse to	lines 🗹
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 23		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	,	No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>e Coae</u>	^{≘.}) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	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	Yes	
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	Yes	
<u>Se</u>	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed			
-,	DC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: NICOLE RESENALANT, 4400 MASS AVENUE NW., Washington DC 20016 (2003) 885-2823			
	NICOLE BRESNAHAN 4400 MASS AVENUE NW Washington, DC 20016 (202) 885-2822	F	orm 99	n (2018)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII 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, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person amount of other compensation compensation week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Former Highest compensatemployee Individual trustee or director Officer organizations (ey employee MISC) related Institutional below dotted organizations line) Trustee See Additional Data Table

Aramark,

1101 Market Street
PHILADELPHIA, PA 19107
The Fulcrum Group,

Whiting Turner Contracting,

Camson Construction, 1 BANK STREET SUITE 250 GAITHERSBURG, MD 20878

compensation from the organization ▶ 232

300 East Joppa Road BALTIMORE, MD 21286

80 Broad St NEW YORK, NY 10004 2U Inc, 7900 Harkins Rd LANHAM, MD 20706

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o				compensation compensation from the from relate		Reportable compensation from related organizations (n I W-	Estima amount of compen from organizat	ated of other sation the		
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/103	is-Misc)	2/1099-1113C		relat organiza	ed
See	Additional Data Table													
												_		
												\perp		
		<u> </u>										\perp		
												\dashv		
	Sub-Total		 A				▶ _							
_ d 1	Total (add lines 1b and 1c)	<u> </u>	<u> </u>	<u></u>			▶		6,	604,483		0		811,835
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived mo	re than \$1	00,000			
													Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>	,		ee, k	•		oyee, o	or hi	ghest co	mpensated • • •	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization											5		No
	ection B. Independent Contract													
1	Complete this table for your five higher from the organization. Report comper											mper	nsation	
	(A) Name and business address Description of services									(Comper				

Description of services

Food & Cleaning

Online Education

Construction

Construction

Construction

Compensation

26,687,396

16,411,788

15,784,537

13,905,946

5,408,559

Form **990** (2018)

Name and business address

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

Forr	n 990 (2018)				Page 10
	Statement of Functional Expenses				
Sec	cion 501(c)(3) and 501(c)(4) organizations must complete all co	-	inizations must comp	lete column (A).	[a]
	Check if Schedule O contains a response or note to any	line in this Part IX .	(n)		🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,555,658	2,555,658		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	163,545,458	163,545,458		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	972,118	972,118		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	10,006,140	8,969,504	844,518	192,118
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	267,799,677	243,248,220	19,010,618	5,540,839
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	19,295,209	17,523,132	1,373,245	398,832
9	Other employee benefits	34,320,268	24,992,686	7,527,328	1,800,254
10	Payroll taxes	18,459,842	16,759,982	1,318,858	381,002
11	Fees for services (non-employees):				
ā	Management	0			
ŀ	Legal	129,054		129,054	
•	Accounting	917,517		917,517	
•	l Lobbying	0			_
•	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	566,267		566,267	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	103,205,550	97,714,011	3,773,294	1,718,245
12	Advertising and promotion	7,650,690	7,357,934	154,749	138,007
13	Office expenses	14,426,870	12,473,036	1,531,921	421,913
14	Information technology	15,497,420	15,452,673	31,982	12,765
15	Royalties	0			
16	Occupancy	26,826,551	19,147,928	7,670,565	8,058
17	Travel	10,717,441	9,944,393	101,215	671,833
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	25,838,280	25,838,280		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	40,670,765	40,670,765		
23	Insurance	9,131,504	9,131,504		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount				

6,005,693

3,839,583

695,023

783,072,578

5,271,889

3,504,895

695,023

725,769,089

380,437

11,664,303

Form **990** (2018)

0

0

353,367

334,688

45,639,186

0

exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

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).

expenses on Schedule O.)

a FOOD SERVICES

d

b BAD DEBT EXPENSE

c ALL OTHER EXPENSES

e All other expenses

Page **11**

0

760.978.627

1.036.170.209

128,796,777

126,884,910

1,291,851,896

2,052,830,523

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Form 990 (2018)

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Assets or Fund Balances

Net

	 Check if Schedule O contains a response or not 	e to any	/ line in this Part IX			🗆
				(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	27,617	1	2,666		
2	Savings and temporary cash investments .	Savings and temporary cash investments				
3	Pledges and grants receivable, net			15,891,669	3	16,442,133
4	Accounts receivable, net			21,574,809	4	28,524,888
5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio	ployees. Complete sons (as defined under c)(3)(B), and	0	5	0	
\$ 7	contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	tructions) Complete	0	6 7	0	
ssets 8	Inventories for sale or use		38,052	8	25,185	
و الخ	Prepaid expenses and deferred charges	8,611,023	9	9,870,243		
10a	·	10a	1,424,773,831			
Ь	Less: accumulated depreciation	10b	572,965,655	786,042,065	10 c	851,808,176
11	Investments—publicly traded securities .			413,453,198	11	482,213,919
12	Investments—other securities. See Part IV, line	11 .		536,917,196	12	463,094,156
13	Investments—program-related. See Part IV, line	11 .		10,379,456	13	9,060,453
14	Intangible assets			0	14	0
15	Other assets. See Part IV, line 11			66,975,309	15	51,669,822
16	Total assets.Add lines 1 through 15 (must equ	al line 3	34)	1,962,521,550	16	2,052,830,523
17	Accounts payable and accrued expenses			73,145,332	17	91,201,144
18	Grants payable			0	18	0
19	Deferred revenue			25,325,244	19	23,140,248
20	Tax-exempt bond liabilities			217,124,792	20	0

Liabilities persons. Complete Part II of Schedule L . 22 0 341,574,618 634,333,255 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties . 0 0 24 24 Other liabilities (including federal income tax, payables to related third parties, 73,597,329 25 12.303.980 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

Escrow or custodial account liability. Complete Part IV of Schedule D

Total liabilities. Add lines 17 through 25 .

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and

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730.767.315

993.239.055

119,222,299

119.292.881

1,231,754,235

1,962,521,550

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31 32

33

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3a

3b

Yes

Yes (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

Name: American University

EIN: 53-0196549

Form 990 (2018)

Form 990, Part III, Line 4a:

INSTRUCTION: THE UNIVERSITY'S MISSION IS CARRIED OUT BY ALMOST 915 FULL-TIME TEACHING AND RESEARCH FACULTY IN SIX ACADEMIC DIVISIONS OFFERING 70 BACHELOR'S PROGRAMS, 89 MASTER'S PROGRAMS, 19 DOCTORAL PROGRAMS, AND J.D., S.J.D., AND LL. M PROGRAMS. CERTIFICATE PROGRAMS AND AN ASSOCIATE DEGREE PROGRAM ARE OFFERED AS WELL. STUDENT-FACULTY RATIO= 12:1. AVERAGE CLASS SIZE = 23 STUDENTS.

SCHOLARSHIPS AND FELLOWSHIPS: AMERICAN UNIVERSITY AWARDS FINANCIAL AID TO STUDENTS BASED ON A COMBINATION OF DEMONSTRATED FINANCIAL NEED, ACADEMIC ACHIEVEMENT, AND THE AVAILABILITY OF FUNDS. ONCE A STUDENT IS ADMITTED, THE FINANCIAL AID OFFICE WILL DETERMINE NEED AND DEVELOP A FINANCIAL AID AWARD THAT INCLUDES FUNDS FROM THE PROGRAMS FOR WHICH THE STUDENT QUALIFIES. TO RECEIVE CONSIDERATION FOR FINANCIAL AID, A

Form 990, Part III, Line 4b:

STUDENT MUST BE A UNITED STATES CITIZEN OR FLIGIBLE NON-CITIZEN IN A DEGREE PROGRAM.

Form 990, Part III, Line 4c: AUXILIARY ENTERPRISES: UNIVERSITY DORMITORIES, CONSISTING OF TEN RESIDENCE HALLS, PROVIDE LIVING QUARTERS FOR ALMOST 4,640 STUDENTS. ALSO PROVIDED ARE RECREATIONAL FACILITIES, DINING SERVICES, PARKING, AND OTHER SELF-SUPPORTING FACULTY, STAFF, AND STUDENT SERVICES.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

	(a)(1) trusts are requeence (a)	e amount of gran	ts and allocat	ions to

(Code:) (Expenses \$	73,298,709	including grants of \$) (Revenue \$)
Academic Support					

/C	\	FF 070 660) /D	
cademic Support					
(coac.	/ (Expenses ϕ	13,230,103	including grants or \$) (Nevende \$,

(Code:) (Expenses \$ 55,979,662 including grants of \$) (Revenue \$

Student Services

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to	.О
others, the total expenses, and revenue, if any, for each program service reported.	
others, the total expenses, and revenue, in any, for each program service reported.	

(Code:) (Expenses \$	38,980,353	including grants of \$) (Revenue \$)
Institutional Support					

(Code:) (Expenses \$	38,980,353	including grants of \$) (Revenue \$)
nstitutional Support					

stitutional Support	(Code.) (Expenses \$	30,900,333	including grants or \$) (Revenue \$,
	stitutional Support					

stitutional Support					
(Code:) (Expenses \$	96,481,154 inclu	uding grants of \$	3,527,776) (Revenue \$	33,906,168)

Research & Public Service

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

and Independent Contractors

Gaurdie Banister Jr

Stephanie M Bennett-Smith

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Jack C Cassell

Pamela M Deese

Hani MS Farsi

Thomas A Gottschalk

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Marc N Duber	10.0										
Chair	0.0	X						0	0	0	
Gina F Adams	2.0	х						0	0	0	
VICE CHAIR	0.0			1							

Marc N Dabel		X			l n	l n	
Chair	0.0	,					
Gina F Adams	2.0	¥			0	0	
VICE CHAIR	0.0	^					
Janice M Abraham	2.0	×			0	0	
Trustee	0.0	Λ.					
Gary M Abramson	2.0						

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Gina F Adams	2.0	v			0	0	0
VICE CHAIR	0.0	<			0	0	
Janice M Abraham	2.0	Х			0	C	0
Trustee	0.0					3	
Gary M Abramson	2.0	X			0	0	0
Trustee	0.0				Ĭ	Ŭ	

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from related from the compensation

	any hours	- I						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Mehdi Heravi	2.0	X						0	0	0	
Trustee	0.0								_		
MICHAEL W KEMPNER Trustee	2.0	Х						0	0	0	
Margery Kraus	2.0										
Trustee	0.0	Х						0	0	0	
Gerald Bruce Lee	2.0	Х						0	0	0	

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Trustee
Margery Kraus
Trustee
Gerald Bruce Lee
Trustee

FERNANDO LEWIS NAVARRO

Charles H Lydecker

Maril Gagen Macdonald

Betsy A Mangone

ALAN L MELTZER

Arthur J Rothkopf

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

and Independent Contractors

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee) organization organizations from the

	any hours	and	a dir	recto		ustee)	•	organization	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
Peter L Scher Trustee	2.0	Х						0	0	0	
Jeffrey A Sine Trustee	0.0 2.0 0.0	х						0	0	0	
David Trone TRUSTEE	2.0	Х						0	0	0	
Sylvia M Burwell President	50.0			х				920,212	0	172,224	
Mary Clark	50.0										

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318,381

580,741

478,167

380,908

293,658

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32,988

49,722

47,161

64,208

57,491

1100122
Sylvia M Burwell
President
Mary Clark
INTERIM PROVOST THRU 1/15/19

DANIEL J MYERS

PROVOST AS OF 1/15/19

DOUGLAS KUDRAVETZ

CFO, VP & TREASURER

DAVID G SWARTZ

COURTNEY SURLS

VP CAMPUS LIFE & IE

VP DEVELOPMENT & ALUMNI REL

VP & CIO

FANTA AW

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and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

SCOTT A BASS

Claudio Grossman

ELLIOT MILSTEIN

JOHN DELANEY

Dean

PROFESSOR - RETIRED

PROFESSOR

PROF. & PROVOST EMERITUS

	ally flours	anu	a un	eccc	<i>)</i> / Cl	usice,	,	Organización	(M. 3/1000	overnization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
TRAEVENA BYRD VP, UNI. COUNSEL & BOT SEC.	50.0			х				246,643	0	33,063	
TERESA FLANNERY VP Communication thru 6/1/19	50.0			х				287,085	0	84,766	
MATTHEW BENNETT VP & Ch Comm Ofc As of 6/24/19	50.0			x				0	0	0	
CAMILLE NELSON DEAN & PROFESSOR	40.0				x			433,456	0	47,951	
CORNELIUS M KERWIN PROF. & PRESIDENT EMERITUS	40.0					х		680,666	0	49,234	

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625,357

450,609

467,075

441,525

47,209

39,108

27,571

59,139

0

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MATTHEW DENNETT			×			٥	I
VP & Ch Comm Ofc As of 6/24/19	0.0		^				
CAMILLE NELSON	40.0			_		433,456	
DEAN & PROFESSOR	0.0			^		433,430	
CORNELIUS M KERWIN	40.0				v	680,666	
DDAE 0. DDECIDENT EMEDITUS					^	080,000	I

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CH Form		ULE A			Charity Statu				OMB No. 1545-0047
0EZ	(2)		•		4947(a)(1) nonexe ► Attach to Form 9	mpt charitable	trust.		2010
		the Treasury	▶ G	io to <u>ı</u>	www.irs.gov/Forms				Open to Public Inspection
me (of th	_{le Service} e organiza	tion					Employer identific	
ericar	1 Univ	rersity						53-0196549	
art	_		for Public Charity S					See instructions.	
	anıza —		a private foundation bed		`	•		(A)(:)	
.		·	onvention of churches,					(A)(I).	
	✓		scribed in section 170			,	, ,		
		·	or a cooperative hospita		_			•	
		name, city,							<u> </u>
			ation operated for the b (iv). (Complete Part II.		of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
۱ ا		A federal, s	tate, or local governme	nt or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
'			ation that normally rece $\mathbf{0(b)(1)(A)(vi)}$. (Com			s support from a	governmental u	ınit or from the gener	al public described in
۱ ا		A communi	ty trust described in se	ction	170(b)(1)(A)(vi).	(Complete Part I	I.)		
			ural research organizati ant college of agricultu						ege or university or
ļ		from activit	ation that normally rece ies related to its exemp income and unrelated See section 509(a)(2)	ot fund busine	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
			ation organized and ope			r public safety. S	ee section 509	(a)(4).	
l		more public	ation organized and ope ly supported organizat through 12d that desc	ions d	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
		Type I. A sorganization	supporting organization n(s) the power to regul Part IV, Sections A an	opera arly a	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
ı		manageme	supporting organization nt of the supporting org plete Part IV, Section	janiza	tion vested in the san				
- 1			unctionally integrated						ited with, its
l		Type III n functionally	organization(s) (see ins on-functionally integ integrated. The organi i). You must completo	rated zation	I. A supporting organi generally must satis	zation operated fy a distribution	in connection wi requirement and	th its supported organ	
١		Check this	box if the organization or Type III non-function	receiv	ed a written determir	ation from the I		pe I, Type II, Type II	I functionally
E	nter		of supported organizat			-			
Р	rovid	le the follow	ing information about t			s).			
(ame of supp organizatior		N	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (seinstructions)
_						Yes	No		
				\dashv					
tal				-					
	perw	ork Reduc	tion Act Notice, see t	he In	structions for	Cat. No. 11285	5F S	Schedule A (Form 9	90 or 990-EZ) 201

Sch	edule A (Form 990 or 990-EZ) 2018						Page 2
P	art II Support Schedule for	Organizations	Described in S	ections 170(b))(1)(A)(iv), 17	0(b)(1)(A)(vi)	, and 170
	(b)(1)(A)(ix)						
	(Complete only if you ch						y under Part
	III. If the organization f	ails to qualify ur	ider the tests list	ted below, pleas	<u>e complete Part</u>	III.)	
S	Section A. Public Support			T		T	
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	36,430,623	35,569,694	53,501,637	40,877,132	73,970,105	240,349,191
2	include any "unusual grant.") Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	36,430,623	35,569,694	53,501,637	40,877,132	73,970,105	240,349,191
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						9,910,102
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						, ,
6	Public support. Subtract line 5 from line 4.						230,439,089
S	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f) Total
7	(or fiscal year beginning in) ► Amounts from line 4.	36,430,623	35,569,694	53,501,637	40,877,132	73,970,105	240,349,191
8	Gross income from interest,	30,430,023	33,303,034	33,301,037	40,077,132	75,570,105	240,343,131
Ū	dividends, payments received on securities loans, rents, royalties and income from similar sources	24,497,900	24,586,058	26,814,496	28,481,790	30,248,004	134,628,248
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	or loss from the sale of capital						0
11	assets (Explain in Part VI.) Total support. Add lines 7 through 10						374,977,439
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	3,251,641,245
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	
	check this box and stop here					▶ □	
	Section C. Computation of Publi	c Support Perc	entage				-
	Public support percentage for 2018 (li			column (f))		14	61.454 %
	Public support percentage for 2017 So		•			15	58.690 %
	33 1/3% support test—2018. If the						
100	and stop here. The organization qual						
b	33 1/3% support test—2017. If the	ne organization did	not check a box o	n line 13 or 16a, a	nd line 15 is 33 1/	3% or more, check	this
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization in Part VI how the organization meets	t— 2018. If the oron meets the "facts	ganization did not s-and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b, box and stop he i	and line 14 ·e. Explain	. ▶ ⊔
Ь	organization	st—2017. If the o zation meets the "	rganization did not facts-and-circumst	check a box on lii ances" test, check	ne 13, 16a, 16b, o this box and stop	r 17a, and line here.	▶□
18	supported organization					and see	▶□

Р	art IIII Support Schedule for	Organization	s Described in	Section 509(a	a)(2)		1 4 9 0			
	(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 t	the tests listed l	pelow, please co	mplete Part II.)					
Se	ection A. Public Support						_			
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and									
-	membership fees received. (Do not									
	include any "unusual grants.") .									
2	Gross receipts from admissions,									
	merchandise sold or services									
	performed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that are									
	not an unrelated trade or business									
4	under section 513 Tax revenues levied for the									
4	organization's benefit and either paid									
	to or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
_	the organization without charge									
6	Total. Add lines 1 through 5									
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons									
b	Amounts included on lines 2 and 3									
_	received from other than disqualified									
	persons that exceed the greater of									
	\$5,000 or 1% of the amount on line									
_	13 for the year. Add lines 7a and 7b									
8	Public support. (Subtract line 7c									
J	from line 6.)									
Se	ection B. Total Support				•		•			
	Calendar year	(2) 2014	(h) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total			
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on securities loans, rents, royalties and									
	income from similar sources									
b	Unrelated business taxable income									
	(less section 511 taxes) from									
	businesses acquired after June 30,									
_	1975. Add lines 10a and 10b.									
С 11	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is									
	regularly carried on.									
12	Other income. Do not include gain or loss from the sale of capital assets									
	(Explain in Part VI.)									
13	Total support. (Add lines 9, 10c,									
	11, and 12.)									
14	First five years. If the Form 990 is for	_			,					
	check this box and stop here						▶ ⊔			
	ection C. Computation of Public S			1 (6)						
15	Public support percentage for 2018 (lin		•	, , ,		15				
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16				
Se	ction D. Computation of Investr						·			
17	Investment income percentage for 201	. 8 (line 10c, colur	nn (f) divided by	line 13, column (f))	17				
18	Investment income percentage from 20					18				
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not			
	more than 33 1/3%, check this box and s	stop here. The or	rganization qualifi	es as a publicly su	ipported organizati	ion	. ▶□			
	33 1/3% support tests—2017. If the									
	not more than 33 1/3%, check this box	and stop here.	The organization o	qualifies as a publ	icly supported orga	anization	. ▶□			
20	Private foundation. If the organization						►□			

(Complete only if you checked a box on line 12 of 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 Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

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. Did the organization have any supported organization that does not have an IRS determination of status under section 509

1 (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).

2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a 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. 3b

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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

3с checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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 4b supervised by or in connection with its supported organizations.

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. 4c 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 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the 5b

organization's organizing document? 5с Substitutions only. Was the substitution the result of an event beyond the organization's control?

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

6 organization's supported organizations? If "Yes," provide detail in Part VI. 6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

7 complete Part I of Schedule L (Form 990 or 990-EZ). 8

8 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.

9a 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.

9b

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. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below. 10a 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). 10b

Schedule A (Form 990 or 990-EZ) 2018

	leddie A (Point 990 01 990-EZ) 2016		- F	age 3
₽}	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		<u> </u>
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?			
	governing body of a supported organization:	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11 c		
S	Section 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	2		
	organization.	-		ĺ
S	Section 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		
_	Section D. All Type III Supporting Organizations		<u> </u>	
	,,, = === ==,,, ======================		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		
_	Section E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ions):		
_	a The organization satisfied the Activities Test. Complete line 2 below.	00		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 that these activities constituted substantially all of its activities.	2a		
	b 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 activities but for the organization's			
	involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>		<u> </u>
	a 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		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		_

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section 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		
	Section 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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
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		
	Section 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-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

Page **6**

Schedule A (Form 990 or 990-EZ) (2018)

b Applied to 2018 distributable amount
c Remainder. Subtract lines 4a and 4b from 4.
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines

See instructions.

d Excess from 2017.e Excess from 2018.

3j and 4c.

8 Breakdown of line 7:

Additional Data

Software ID: Software Version:

EIN: 53-0196549

Name: American University

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

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

2016

DLN: 93493195023300

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

► 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.

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 Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** American University 53-0196549 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes ☐ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? ☐ Yes □ No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political

				organization. If none, enter -0
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat.	No. 50084S Schedule C (Form 990 or 990-EZ) 2018

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Page 2

A	Check If the filing organization belongs to a expenses, and share of excess lobby		st in Part IV each a	affiliated group m	ember's name, a	address, EIN,
В	Check ▶ ☐ if the filing organization checked box	· ,	provisions apply.			
	Limits on Lobbyir (The term "expenditures" mean	ng Expenditures	,		a) Filing anization's totals	(b) Affiliated group totals
 1a	Total lobbying expenditures to influence public opi	inion (grass roots lobbying	ı)			
b	Total lobbying expenditures to influence a legislati	ive body (direct lobbying)				
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c a	and 1d)				
f	Lobbying nontaxable amount. Enter the amount fro					
	If the amount on line 1e, column (a) or (b) is	s: The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on line	e 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,00	0.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	excess over \$1,000,	000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the 6	excess over \$1,500,0	00.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of line	1f)				
h	Subtract line 1g from line 1a. If zero or less, enter	r -0				
i	Subtract line 1f from line 1c. If zero or less, enter	-0				
j	If there is an amount other than zero on either line section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that made	Averaging Period Un a section 501(h) ele e the separate instru	ction do not ha	ave to comple		five
	Lobbying Ex	penditures During 4	-Year Averagiı	ng Period	T	1
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					

Return Reference

LOBBYING ACTIVITIES

(b) (a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation. 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Nο Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Nο Media advertisements? Nο Mailings to members, legislators, or the public? Νo Publications, or published or broadcast statements? Nο Grants to other organizations for lobbying purposes? No Direct contact with legislators, their staffs, government officials, or a legislative body? Yes 82 Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Nο Other activities? Nο Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a Nο If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 2 expenses for which the section 527(f) tax was paid). 2a Current vear Carryover from last year 2b Total C 2c 3 3 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV **Supplemental Information** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

WHICH WERE ALLOCATED TOWARDS FUNDING LOBBYING ACTIVITIES.

Explanation

SCHEDULE C, PART II-B, LINE 1G THESE LOBBYING EXPENSES REPRESENT THE PORTION OF NACUBO DUES

SCHEDULE D Supp

(Form 990)

Department of the Treasury

As Filed Data -

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.

DLN: 93493195023300 OMB No. 1545-0047

2018

Open to Public Inspection

tern	nal Revenue Service	Go to <u>www.irs.gov/</u>	<u>/Form990</u> for th	e latest	information.		Ins	pection
	ame of the organization					Employer ide	ntification	number
AITH	nerican University					53-0196549		
Pa	art I Organizations Maintaini					r Accounts.		
	Complete if the organization	on answered "Yes" o						
		_	(a) Donor	advised f	unds	(b)Funds	and other a	ccounts
	Total number at end of year	-						
	Aggregate value of contributions to (du	- * · · · · ⊢						
i	Aggregate value of grants from (during	- · · · <u> </u>						
•	Aggregate value at end of year							
	Did the organization inform all donors organization's property, subject to the						_	Yes 🗌 No
'	Did the organization inform all granted charitable purposes and not for the be private benefit?	enefit of the donor or	donor advisor, or	for any o	other purpose c	be used only for onferring impern	_	Yes 🗌 No
a	art II Conservation Easements	s. Complete if the o	organization an	swered '	'Yes" on Form	n 990, Part IV,	line 7.	
	Purpose(s) of conservation easements	s held by the organiza	tion (check all th	at apply)				
	Preservation of land for public us	se (e.g., recreation or	education)	☐ Pres	servation of an	historically impo	rtant land a	rea
	Protection of natural habitat			☐ Pres	servation of a c	ertified historic s	tructure	
	Preservation of open space							
!	Complete lines 2a through 2d if the or easement on the last day of the tax yo	- '	lified conservatio	n contrib	ution in the for		ion the End of	the Year
а	Total number of conservation easemer	nts				2a		
b	Total acreage restricted by conservation	on easements			[2b		
c	Number of conservation easements on	n a certified historic st	ructure included	in (a) . .		2c		
d	Number of conservation easements ind structure listed in the National Registe		after 7/25/06, a	nd not on	a historic	2d		
ı	Number of conservation easements m tax year ▶	nodified, transferred, r -	eleased, extingui	shed, or	terminated by t	the organization	during the	
	Number of states where property subj	ject to conservation ea	asement is locate	d ►				
	Does the organization have a written and enforcement of the conservation of				tion, handling o	of violations,	☐ Yes	□ No
,	Staff and volunteer hours devoted to	monitoring, inspecting	g, handling of vio	ations, a	nd enforcing co	nservation easer	ments during	j the year
,	Amount of expenses incurred in monit	toring, inspecting, har	ndling of violation	s, and er	forcing conserv	ation easements	during the	year
	▶ \$							
	Does each conservation easement rep and section 170(h)(4)(B)(ii)?	, ,	•	•		70(h)(4)(B)(i)	☐ Yes	□ No
l	In Part XIII, describe how the organiz balance sheet, and include, if applicab	ole, the text of the foo					nd	_ 140
	the organization's accounting for cons		Art Historian	LTuone	uras ar Oth	or Cimilar As		
al	rt III Organizations Maintainii Complete if the organizatio	on answered "Yes" o	on Form 990, P	art IV, l	ine 8.			
a	If the organization elected, as permitt art, historical treasures, or other simil provide, in Part XIII, the text of the fo	lar assets held for pub	olic exhibition, ed	ucation, d	or research in fo			orks of
b	If the organization elected, as permitt historical treasures, or other similar as following amounts relating to these ite	ssets held for public e						
((i) Revenue included on Form 990, Part	VIII, line 1				▶\$	3	0,078,197
((ii) Assets included in Form 990, Part X .					> \$	3	8,417,258
	If the organization received or held we							· · ·
		,						

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Par	t I	Ш	Organizations Ma	aintaining Col	lections o	f Art, H	listori	cal T	reas	ures, o	r Other	Similar A	ssets (cont	nued)	
3			the organization's acq (check all that apply):		n, and other	records,	check a	any of	the fo	ollowing t	hat are a	significant (use of its col	ection	
а	[✓	Public exhibition				d		Loar	n or exch	ange prog	grams			
b	•	✓	Scholarly research				е		Othe	er					
С	Ŀ	✓	Preservation for future	e generations											
4		rovio art X	de a description of the o	organization's coll	lections and	explain h	now the	y furtl	her th	ne organiz	zation's e:	xempt purpo	se in		
5			g the year, did the orga s to be sold to raise fur										☐ Yes	☑ N	0
Pai	rt I	IV	Escrow and Cust												
			Complete if the org X, line 21.								· ·		unt on Forn	າ 990,	Part ———
1a			organization an agent led on Form 990, Part)										☐ Yes	□ N	0
													L les		_
b	If	f "Ye	s," explain the arrange	ement in Part XIII	and comple	te the fol	llowing	table:				Α	mount		_
C	В	egin	ning balance								1c				_
d	Α	dditi	ons during the year .								1d				_
е	D	istril	butions during the year	r							1e				_
f	E	ndin	g balance								1f				_
2a	D	id th	ne organization include	an amount on Fo	rm 990. Par	t X. line 2	21. for (escrov	v or c	ustodial a	eccount lia	ability?	□ ves	□м	_
b			s," explain the arrange												· ·
	rt.	_	Endowment Fund												
		<u> </u>	Elidowillelit Full	us. Complete ii	(a)Current			rior yea				(d)Three year		our year	rs hack
1a	Bed	ainn	ing of year balance .			,810,000		577,348	-		23,602,000	 	,533,000		179,000
		-	outions		·	,827,000			5,000		14,453,000		,078,000	-	298,000
			estment earnings, gair	ne and losses		,360,000			0,000		58,467,000		,729,000		654,000
			or scholarships	•	2	,368,843		114	1,422		2,539,947	2	,580,477	2 .	474,685
			expenditures for facilities			,500,045		11-	1,722		2,333,347		,500,477	2,	
			grams	=5	16,	,791,808		3,069	9,578	:	15,851,041	14,	,540,780	13,	211,733
f	Adı	mini:	strative expenses .			910,349			0		783,012	1,	,616,743	1,	603,582
			year balance		700,	,926,000	(581,810	0,000	67	77,348,000	623	,602,000	558,	533,000
2			le the estimated percei		nt vear end	halance	(line 1c	r colu	mn (a	a)) held a	· · ·				<u></u>
a			de the estimated percei designated or quasi-e	-	69.191 %	balance	(IIIIe Ig	y, colu	· · · · · · · · · · · · · · · · · · ·	a)) Held a					
_			anent endowment >	17.148 %											
b			*******												
С			orarily restricted endov	***************************************	61 %	107									
За			ercentages on lines 2a, nere endowment funds		•		ion that	- ara b	ماط عر	nd admin	istored fo	r tha			
Ja			ization by:	not in the posses	Sion of the C	ngamzau	ion that	. are ii	eiu ai	iiu auiiiiii	istereu 10	i tile		Yes	No
	(i	i) ur	related organizations					•					3a(i)		No
	(i	ii) re	elated organizations .										3a(ii)		No
b	Ĭf	"Ye	s" on 3a(ii), are the rel	lated organization	s listed as r	equired o	n Sche	dule R	.?				3b		
4	D	escr	ibe in Part XIII the inte	ended uses of the	organizatior	n's endow	vment f	unds.							
Pai	rt \	VΙ	Land, Buildings,												
	_		Complete if the ord												
	De	escri	ption of property	(a) Cost or oth (investme		(b) Cost	or other	pasis (otner)	(c) Acc	umulated (depreciation	(a) B	ook valu	e
1a	Lar	nd						35,9:	10,625	5				35	5,910,625
		ildin					1	,004,90				354,122,325			7,782,609
			old improvements						,	1		, -,			. ,
			nent					298,09	97.958	1		208,694,619		80	,403,339
	Eqι Ω+k		ICIIL I I I						50 314			10 148 711			7,403,339

Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments—Other Securities. Complete if	the organization an	swared "Ves" on Form 9	Page 3
See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	(b) Book value		od of valuation: f-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(A) EQUITY MUTUAL FUNDS	155,152,19	5	F
(B) HEDGE FUNDS	160,834,64	9	F
(C) INTERNATIONAL COMMINGLED FUNDS	30,425,46	0	F
(D) PRIVATE EQUITY FUNDS	83,673,73	4	F
(E) ALTERNATIVE ASSETS	32,431,92	9	F
(F) FIXED INCOME FUNDS	496,18	9	F
(G) REAL ESTATE	80,00		F
(H)	80,00		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 463,094,15	6	
Part VIII Investments—Program Related.	<u> </u>		
Complete if the organization answered 'Yes' or (a) Description of investment	n Form 990, Part IV, (b) Book valu		, Part X, line 13. od of valuation:
	(B) Book vale		of valuation. of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•		
Part IX Other Assets. Complete if the organization answer (a) Descript		Part IV, line 11d. See Form	990, Part X, line 15. (b) Book value
(1)			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			. •
Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	answered 'Yes' on	Form 990, Part IV, line 1	.1e or 11f.
1. (a) Description of liability	(b)	Book value	
(1) Federal income taxes		0	
REFUNDABLE ADVANCE FROM US GOVT ASSET RETIREMENT OBLIGATION		10,553,153 1,750,827	
(3)		17, 337027	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	<u> </u>	12,303,980	
2. Liability for uncertain tax positions. In Part XIII, provide the text		organization's financial stat	
organization's liability for uncertain tax positions under FIN 48 (ASC	C 740). Check here if the	ne text of the footnote has b	peen provided in Part XIII 🖊

2

b

c d

е

3

4

Schedule D (Form 990) 2018

2e

3

Page 4

b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
L	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
1	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	1c. (This must equal Form 990, Part I, line 18.) .		5	
Par	t XIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and as 2d and 4b. Also complete this part to provide			t V, line	4; Part X, line 2; Part
	Return Reference		Ex	planation		
ee A	Additional Data Table					

2a

2b

2c

2d

4a

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

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 .

Net unrealized gains (losses) on investments

Donated services and use of facilities

Recoveries of prior year grants

Other (Describe in Part XIII.)

Add lines 2a through 2d

Subtract line 2e from line 1

F					
Information (continued)					
Explanation					

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 53-0196549

Name: American University

Supplemental Information Return Reference

ence Explanation

DESCRIPTION OF ORGANIZATION'S COLLECTIONS

Schedule D, Part III, Line 4 THE THREE MAJOR COMPONENTS OF THE UNIVERSITY'S ART COLLECTION ARE THE WATKINS COLLECTION BEGUN IN 1945, THE KATZEN COLLECTION BEGUN IN 2005 AND THE COR CORAN COLLECTION DONATED IN 2018. THE COLLECTIONS SERVE AS A TEACHING RESOURCE FOR THE ART DEPARTMENT AT AMERICAN UNIVERSITY, AS WELL AS TELLING THE STORY OF MODERN ART AND ITS OFF SHOOTS IN WASHINGTON DC, WITH SIDE STORIES RELATED TO WHAT WAS HAPPENING IN THE LARGER CON TEMPORARY WORLD. THE MUSEUM FEATURES OVER 30,000 SQUARE FEET OF EXHIBITION SPACE FOR THESE THREE COLLECTIONS. THE PUBLIC IS WELCOME TO VISIT THE MUSEUM AND EXHIBITIONS FREE OF CHAR GE. INDEED, THE KATZEN ARTS CENTER IS NOW A DESTINATION FOR CERTAIN TOUR GROUPS IN WASHING TON DC.

Return Reference	Explanation
INTENDED USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4 THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 450 INDIVI DUAL FUNDS ESTABLISHED FOR SCHOLARSHIPS AND RELATED ACADEMIC ACTIVITIES. ITS ENDOWMENT INC LUDES BOTH DONOR RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. AS REQUIRED BY GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS , INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASS IFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

Supplemental Information

Supplemental Information	
Return Reference	Explanation
FIN 48 (ASC 740) FOOTNOTE	SCHEDULE D, PART X, LINE 2 The University has been recognized by the Internal Revenue Serv ice as exempt from federal income tax under Section 501(c)(3) of the U.S. Internal Revenue Code, except for taxes on income from activities unrelated to its exempt purpose. Such ac tivities resulted in no net taxable income in the year ended June 30, 2019. THE UNIVERSITY RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF AN INCOME TAX POSITION ONLY AFTER DETERMINI NG THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. FOR TAX POSITIONS MEETING THE MORE LIKELY THAN NOT THRESHOLD, THE AMOUNT RECOGNIZE D IN THE FINANCIAL STATEMENTS IS THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LI KELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH THE RELEVANT TAXING AUTHORITY.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493195023300 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ► Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** American University 53-0196549 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes **d** Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2018)

Return Reference	Explanation
Publication of racially nondiscriminatory policy	Schedule E, Part I, Line 3 UNIVERSITY'S NONDISCRIMINATORY POLICY TOWARDS RACE, CREED, COLOR, NATIONAL ORIGIN, AGE, HANDICAP, OR SEX IS NOTED IN ALL ADMISSION PUBLICATIONS, APPLICATION FORMS, TRANSFER GUIDES, MEDIA SOLICITATIONS FOR STUDENTS AND ALL OFFICIAL UNIVERSITY PUBLICATIONS. AMERICAN UNIVERSITY IS AN EQUAL OPPORTUNITY, AFFIRMATIVE ACTION INSTITUTION THAT OPERATES IN COMPLIANCE WITH APPLICABLE LAWS AND REGULATIONS. MORE IMPORTANTLY, SUCH COMPLIANCE STEMS FROM THE HISTORY AND TRADITION OF THE UNIVERSITY THAT EMBRACES AND EXPRESSES THE DEEPEST VALUES OF THE HUMAN COMMUNITY-EQUALITY, OPENNESS, AND THE DIGNITY OF EVERY INDIVIDUAL. THE FACT THAT THE UNIVERSITY DOES NOT DISCRIMINATE ON THE BASIS OF COLOR, RELIGION, NATIONAL ORIGIN, GENDER, SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION, AGE, OR DISABILITY IS, IN FACT, CONSISTENT WITH AND A REFLECTION OF ITS SPECIAL TRADITION OF SOCIAL JUSTICE. EXTENDING THAT TRADITION INTO THE PRESENT, EQUAL OPPORTUNITY, AFFIRMATIVE ACTION, AND NONDISCRIMINATION APPLY TO EVERY ASPECT OF THE UNIVERSITY'S OPERATIONS AND ACTIVITIES, INCLUDING ADMISSION, EMPLOYMENT, AND ACCESS TO UNIVERSITY PROGRAMS AND SERVICES.
Government Assistance	Schedule E, Part I, Line 6a THE UNIVERSITY RECEIVES US DEPARTMENT OF EDUCATION STUDENT AID FUNDS- USE OF SUCH FUNDS IS AUDITED BY INDEPENDENT AUDITORS IN ACCORDANCE WITH THE REGULATIONS AND PROCEDURES ISSUED BY THE FEDERAL GOVERNMENT.

Schedule F (Form 990 or 990-F7) (2018)

	HEDULE F	Statement of A	Activities (Outside the Uni	ted States	OMB No. 1545-0047
(Form 990) ► Comp Department of the Treasury		► Complete if the organiz ► Go to www.irs.g	ation answered " ► Attach t	ine 14b, 15, or 16.	2018 Open to Public Inspection	
	al Revenue Service e of the organization				Employer id	entification number
Ameı	rican University				53-0196549	
Pa	General Inform Form 990, Part I		Outside the U	Jnited States. Comple	te if the organization	answered "Yes" to
1	For grantmakers. Does other assistance, the grato award the grants or as	antees' eligibility for th	e grants or assi		criteria used	☑ Yes ☐ No
2	For grantmakers. Descoutside the United States		inization's proce	dures for monitoring the	use of its grants and	other assistance
3	Activites per Region. (The	following Part I, line 3 t	able can be dupli	cated if additional space is	needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region		(e) If activity listed in (d) is program service, describe specific type of service(s) in region	
	See Add'l Data					
	Sub-total	eets to 2	21			206,177,325
c	Part I Totals (add lines 3a and 3b	b) 2	21			206,177,325
		<u> </u>				

Schedule F (Form 990) 2018

(h) Description

of non-cash

assistance

Page 2

(i) Method of valuation

(book, FMV,

appraisal, other)

•	organization	
	See Add'l Data	

(a) Name of

and EIN (if applicable)

IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(e) Amount of

cash grant

(f) Manner of

cash

disbursement

(q) Amount

of non-cash

assistance

(d) Purpose of

grant

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter



(b) IRS code

section

(c) Region







chedule F (Form 990) 2018							Page 3
				ed States. Complete if	f the organization ar	nswered "Yes" to Form S	990, Part IV, line 16.
a) Type of grant or assistance	duplicated if addit (b) Region	(c) Number of recipients	eeded. (d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sche	dule F (Form 990) 2018		Page 4
Pai	rt 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	□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	☑ 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)	✓ Yes	□No
		⊻ I Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
		✓ Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	☐Yes	✓ No

Schedule F (Form 990) 2018 Page 5 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). 990 Schedule F, Supplemental Information Return Explanation Reference Procedure for Schedule F. Part I. Line 6a ANNUALLY, MORE THAN 850 STUDENTS PARTICIPATE IN THE ABROAD PROGRAM.

monitoring UNDERGRADUATES SELECTED FROM MORE THAN 100 PROGRAMS WHICH SPAN DIVERSE CULTURES AND use of grants LANGUAGES ON ALL CONTINENTS. THE UNIVERSITY IS THE RECIPIENT OF SEVERAL CONTRACTS TO CONDUCT outside the RESEARCH FOR THE US DEPARTMENT OF STATE AND OTHER AGENCIES AS WELL AS TO PROVIDE EDUCATIONAL US MANAGEMENT SUPPORT TO FOREIGN INSTITUTIONS OF HIGHER EDUCATION. AU WORKS TO MONITOR GRANTS AND SCHOLARSHIPS EXPENDED USING ITS PROCESSES AND CONTROLS INHERENT IN AU'S SYSTEM, BEFORE SELECTING THE RECIPIENT AND PERIODICALLY AS REQUIRED DURING THE GRANT OR SCHOLARSHIP TERM, AU IMPOSES ITS INSTITUTIONAL CRITERIA AND THE DONOR'S (WHEN APPLICABLE) TO MAKE SURE THAT THE FUNDS ARE USED FOR THE INTENDED PURPOSES. THIS MONITORING IS DONE THROUGH A COLLABORATION OF VARIOUS. DEPARTMENTS OF THE UNIVERSITY. PERIODIC SPENDING REPORTS ARE PULLED TO PROVIDE ADDITIONAL OVERSIGHT OF SCHOLARSHIPS AS NECESSARY TO REPORT BACK TO DONORS ON THE STATUS OF THEIR GIFTS.

990 Schedule F, Supplemental Information

Return Reference	Explanation
ACCOUNTING METHOD	SCHEDULE F, PART I, LINE 3, COLUMN F THE EXPENDITURES, PER REGION, ARE PRESENTED ON THE
USED	ACCRUAL BASIS OF ACCOUNTING.

Additional Data

Middle East and North Africa

Software ID: Software Version:

EIN: 53-0196549

Name: American University

Study Abroad

855,809

Form 990 Schedule F Par	t 1 - Activities	Outside The C	Inited States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	1	8	Program Services	Study Abroad	6,974,382

Program Services

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) South America Study Abroad 450,337 1 Program Services East Asia and the Pacific Program Services Study Abroad 850,786

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Sub-Saharan Africa Study Abroad 674,420 12 Program Services Russia and the Newly Program Services Study Abroad 183,014 Independent States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Central America and the Program Services Study Abroad 84,125 Caribbean Central America and the 182,863,134 Investments Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland and 12,269,200 IInvestments Greenland) Central America and the Grantmaking Research 185.732 Caribbean

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Fast Asia and the Pacific Research & Training 22,465 Grantmaking South America Grantmaking Research 37,500

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa 257,698 Grantmaking lResearch South Asia Grantmaking Research 468,723

(i) Method of (b) IRS code (h) Description (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash and EIN(if cash grant organization arant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia lResearch 71.053

12,447

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Research

Sub-Saharan

Africa

(i) Method of (b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal. applicable) assistance other) South America Research 37,500

23.067

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Research

Sub-Saharan

Africa

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of I (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) South Asia 138,500 lResearch Central America Research 185,732 land the

Caribbean

(i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region non-cash (book, FMV, cash organization and EIN(if cash grant arant non-cash disbursement assistance appraisal, applicable) assistance other) Sub-Saharan Research 222,184 Africa

259,170

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Research

South Asia

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Training 10,120 the Pacific

12.345

East Asia and

Ithe Pacific

lResearch

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

Department of the

Treasury

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

DLN: 93493195023300

Open to Public

Inspection

Internal Revenue Service							
Name of the organization American University						Employer identific	ation number
<u> </u>						53-0196549	
		and Assistance	* L	als a succession of all all all all and all and all all all all all all all all all al	. £ L		
Does the organization main the selection criteria used						ie, and	☑ Yes ☐ No
2 Describe in Part IV the org	•		_				
Part II Grants and Other	Assistance to Don than \$5,000, Part II	nestic Organizations a Lean be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect3 Enter total number of other		-					28
For Paperwork Reduction Act Noti			<u> </u>	Cat. No. 5005			1edule I (Form 990) 2018

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(1) Student Scholarships	8105	163,545,458		
(2)				
(3)				
(4)				
(5)				

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

(6) (7) Part IV **Explanation** SCHEDULE I, PART I, LINE 2 GRANTS TO ORGANIZATIONS IN THE U.S. AU PARTNERS WITH OTHER UNIVERSITIES AS NECESSARY TO PERFORM THE SCOPE OF THE USE OF GRANT FUNDS IN THE U.S. WORK OUTLINED IN THE GRANTS AGREEMENTS. PRIOR TO ENGAGING WITH THESE SUB-AWARDEES, AU PERFORMS A RISK ASSESSMENT INCLUDING A REVIEW OF THE MOST RECENT FINANCIAL STATEMENTS AS WELL AS ENSURING THEY ARE NOT LISTED AS A DEBARRED ENTITY WITH ANY FEDERAL AGENCY. AU WORKS TO MONITOR GRANTS AND SCHOLARSHIPS EXPENDED USING ITS PROCESSES AND CONTROLS INHERENT IN AU'S SYSTEM. BEFORE SELECTING THE RECIPIENT AND PERIODICALLY AS REQUIRED DURING THE GRANT OR SCHOLARSHIP TERM. AU IMPOSES ITS INSTITUTIONAL CRITERIA AND THE DONOR'S (WHEN APPLICABLE) TO

Return Reference PROCEDURE FOR MONITORING

Schedule I (Form 990) 2018

MAKE SURE THE FUNDS ARE USED FOR THE INTENDED PURPOSES. THIS MONITORING IS DONE THROUGH A COLLABORATION OF VARIOUS DEPARTMENTS OF THE UNIVERSITY, PERIODIC SPENDING REPORTS ARE PULLED TO PROVIDE ADDITIONAL OVERSIGHT OF SCHOLARSHIPS AS NECESSARY TO REPORT BACK TO DONORS ON THE STATUS OF THEIR GIFTS.

GRANTS TO INDIVIDUALS IN THE SCHEDULE I, PART III, LINE 1 ALL STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS ARE JUDGED WORTHY BY THE UNIVERSITY'S ASSESSMENT ON THE U.S. BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND SIMILAR STANDARDS. APPROXIMATELY 75% OF FULL TIME FRESHMEN APPLIED FOR NEED BASED FINANCIAL AID.

Page 2

Additional Data

Washington, DC 20005

Catholic University of America 620 Michigan Ave NE Washington, DC 20064

53-0196583

	Software ID:	1							
	Software Version:	1							
EIN:				53-0196549					
	Name	: American Universit	у						
Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
	, <u> </u>	Software Version: EIN: Name: II, Grants and Other Assistance to (b) EIN (c) IRC section	II, Grants and Other Assistance to Domestic Organiza (b) EIN (c) IRC section (d) Amount of cash	Software Version: EIN: 53-0196549 Name: American University II, Grants and Other Assistance to Domestic Organizations and Domesti (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash	Software Version: EIN: 53-0196549 Name: American University II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (book, FMV, appraisal, (book, FMV, appraisal, part)	Software Version: EIN: 53-0196549 Name: American University II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (b) EIN (c) IRC section if applicable grant (d) Amount of cash cash (e) Amount of non-cash (book, FMV, appraisal, non-cash assistance)			

66,819

or government		ш аррисавіс	grant	assistance	other)
Carnegie Institution of Washington 1530 P Street NW	53-0196523	501(c)(3)	112,852	0	

501(c)(3)

SUB-AWARD

SUB-AWARD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government Drexel University 23-1352630 501(c)(3) 96.305 ISUB-AWARD 3141 Chestnut Street

ISUB-AWARD

7.250

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Philadelphia, PA 19104

Earthrights International

1612 K Street NW Washington, DC 20006 04-3265555

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 53-0199507 501(c)(3) 82.924 ISUB-AWARD Gallaudet University

800 Florida Ave NE Washington, DC 20002

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Washington, DC 20057

Georgetown University 53-0196603 501(c)(3) 103,375 ISUB-AWARD

1421 37th St NW

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 53-0204707 501(c)(3) 28.397 ISUB-AWARD Howard University 2244 10th ST NW

ISUB-AWARD

98.710

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Washington, DC 20001

475 Riverside Drive New York, NY 10115 13-3782233

iEARN Inc

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 3-AWARD

InSight Crime Inc 723 Gallatin Street NW	82-3793490	501(c)(3)	167,383	0		SUB-A
Washington, DC 20011						

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1101 E 33rd Street Baltimore, MD 21218

Johns Hopkins University 52-0595110 501(c)(3) 78.191 ISUB-AWARD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government AWARD

Mattie Rhodes Center 1740 Jefferson Street Kanas City, MO 64108	44-0546343	501(c)(3)	19,670	0		SUB-AWARD
Michigan Advocacy Program	38-1845444	501(c)(3)	42,241	0		SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3030 S 9th St Kalamazoo, MI 49009

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 38-6000134 8.540 ISUB-AWARD Michigan Judicial Institute 925 W Ottawa St

ISUB-AWARD

124.418

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

38-1358000

Lansing, MI 48909
Michigan State University

535 Chestnut Rd East Lansing, MI 48824

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Missouri Office of State Courts 44-6000987 26.961 SUB-AWARD Administration 2112 Industrial Drive Jefferson City, MO 65110

SUB-AWARD

210.777

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

54-1791197

National Association of Drug Court Professionals 625 N Washington Street Alexandria, VA 22314

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) New Orleans Family Justice 26-2541029 501(c)(3) 7.041 SUB-AWARD Alliance

701 Lovola Avenue New Orleans, LA 70113 Pelican Center for Children & 46-2210493 501(c)(3) 28.823

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

New Orleans, LA 70112

SUB-AWARD Families 1615 Povdras Street

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 36-4776757 501(c)(3) 54.729 ISUB-AWARD

Portland State University 1825 SW Broadway Portland, OR 97201

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

201 Mullica Hill Road Glassboro, NJ 080281700

Rowan University 22-2764819 501(c)(3) 21.854 ISUB-AWARD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government F2 4007F00 25 202 -AWARD

Science Systems and	52-108/599	35,999	0		IZOR-W
Applications Inc					
10210 Greenbelt Road					
Lamhan, MD 20706					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

856 Division Street Biloxi, MS 39530

501(c)(3) Seashore Mission INC 64-0853322 20.140 SUB-AWARD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government The Inspire Project Inc 95-4418628 501(c)(3) 50.096 SUB-AWARD 107 S West Street Alexandria, VA 22314

The Justice Management 84-1220651 501(c)(3) 62.740

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ISUB-AWARD Institute 3033 Wilson Blvd Arlington, VA 22201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Trinity College 53-0196640 501(c)(3) 99.522 SUB-AWARD

125 Michigan Ave NW Washington, DC 20017 University of District of 53-6001131 65.985 Columbia

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ISUB-AWARD 4200 Conn Ave NW Washington, DC 20008

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government AWARD

University of Miami 1400 NW 10th Avenue Miami, FL 331360000	59-0624458	501(c)(3)	133,103	0		SUB-AWARD
University of Mississippi	64-6001159	501(c)(3)	12,727			SUB-AWARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

100 Barr Hall

University, MS 386771848

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government University of New Mexico 85-6000642 501(c)(3) 10 896 ISUB-AWARD

1700 Lomas Blvd NE Albuquerque, NM 87106	00 000012	301(0)(0)	20,000	
University of North Carolina - Chapel Hill	56-6001393	501(c)(3)	49,340	

104 Airport Drive Chapel Hill, NC 27516

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ISUB-AWARD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government -AWARD

SUB-AWARD

Wesley Theological Seminary	53-0245887	501(c)(3)	13,817		SUB-A
4500 Mass Ave NW					1
Washington, DC 20016					
4					$\overline{}$

601.141

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

06-0646973

Yale University

47 College St Ste 203 New Haven, CT 06520

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a - DLN	9349319	95023	3300
Sch	edule J	C	ompensat	ion Information	OMB No.	1545-	0047
(For	n 990)	For certain Office	ers, Directors, 1	Frustees, Key Employees, and Highest	<u> </u>		
		Complete if the ord	Compensa Compensation answ	ated Employees vered "Yes" on Form 990, Part IV, line 23.	20	118	ζ .
			▶ Attach	n to Form 990.			
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 tor	instructions and the latest information.	Open Inst	to Pu Sectio	
Nar	ne of the organiza	ation		Employer ident			
Ame	erican University			53-0196549			
Pa	rt I Questi	ons Regarding Compensa	ition	•			
						Yes	No
1a				f the following to or for a person listed on Form by relevant information regarding these items.			
		or charter travel	lacksquare	Housing allowance or residence for personal use			
	_	companions		Payments for business use of personal residence			
		nification and gross-up payment	_	Health or social club dues or initiation fees			
	☐ Discretion	ary spending account		Personal services (e.g., maid, chauffeur, chef)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding payment or reimbursen nplete Part III to explain	ment 1b	Yes	
2				or allowing expenses incurred by all	2	Yes	
	directors, truste	es, officers, including the CEO/I	executive Directo	r, regarding the items checked in line 1a?			
3				ed to establish the compensation of the			
				not check any boxes for methods CEO/Executive Director, but explain in Part III.			
	✓ Compensa						
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study			
	·	of other organizations	7	Approval by the board or compensation committee			
		-	_				
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the filing organization	or a		
_	_		strol navmont?		40		No
a b		ance payment or change-of-con		lified retirement plan?	4a 4b	Yes	No
c	•		•	nsation arrangement?	4c	100	No
			,	plicable amounts for each item in Part III.			
_), 501(c)(4), and 501(c)(29	-	•			
5	compensation c	ontingent on the revenues of:	on A, line Ta, did	the organization pay or accrue any			
а		1?			5a		No
b	-				5b		No
	If "Yes," on line	5a or 5b, describe in Part III.					
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or accrue any			
а	The organization	1?			6a		No
b	-				6b		No
	If "Yes," on line	6a or 6b, describe in Part III.					
7				the organization provide any nonfixed art III	7	Yes	
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe		,,	
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in Regulations sections	on 8	Yes	
For F		iction Act Notice, see the Ins					2018

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 are not listed on Form 990. Part VII.

instructions, on row (ii). Do not list any individuals that are not listed on Form 99 Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	90, otal	, Part VII. I amount of For	m 990, Part VII, Se	ection A, line 1a, ar	oplicable column ([)) and (E) amoun	ts for that indi	vidual.
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table								
								_
	\exists							
	\exists							
	\dashv			<u> </u>				<u> </u>
	\rfloor							
	1							

Fage 3				
Part III Supplemental Inform	""			
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.				
Return Reference Explanation				
HOUSING ALLOWANCES OR	Schedule J, Part I, Line 1a THE PRESIDENT RESIDES IN UNIVERSITY OWNED ON-CAMPUS HOUSING AS A CONDITION OF her EMPLOYMENT AND FOR THE			

CONVENIENCE OF THE UNIVERSITY. THE RESIDENCE IS USED FOR UNIVERSITY-RELATED BUSINESS AND ENTERTAINMENT PURPOSES ON A CONTINUAL BASIS.

Dage 3

Schedule 1 (Form 990) 2018

RESIDENCE FOR PERSONAL USE

Return Reference	Explanation
	THE UNIVERSITY REIMBURSES REASONABLE AND NECESSARY BUSINESS TRAVEL EXPENSES FOR THE SPOUSE OF THE PRESIDENT WHEN ACCOMPANYING THE PRESIDENT ON OFFICIAL UNIVERSITY BUSINESS. SPOUSAL TRAVEL IS REVIEWED AND APPROVED BY THE CHAIRMAN OF THE BOARD OF TRUSTEES ON A QUARTERLY BASIS.

Return Reference	Explanation
	AMERICAN UNIVERSITY PROVIDES MEMBERSHIPS TO VARIOUS BUSINESS CLUBS IN WASHINGTON DC FOR THE PRESIDENT AND OTHER OFFICERS. THE USE OF THE CLUBS IS LIMITED TO AMERICAN UNIVERSITY BUSINESS PURPOSES AND THE EXPENSES ARE REVIEWED ACCORDING TO EXPENSE REIMBURSEMENT POLICIES OF THE UNIVERSITY.

Return Reference	Explanation
	OFFICERS OF THE UNIVERSITY PARTICIPATE IN A BOARD OF TRUSTEES APPROVED EXECUTIVE COMPENSATION PROGRAM WHICH INCLUDES AN INCENTIVE COMPENSATION PLAN. THE ANNUAL AMOUNT IS CAPPED AT A PERCENTAGE OF THEIR SALARY. THE PLAN IS BASED ON THE ACHIEVEMENT OF CERTAIN PROGRAMMATIC GOALS AND OBJECTIVES FOR THE OFFICERS' UNITS AND THE UNIVERSITY. THE GOALS ARE NON-REVENUE RELATED GOALS. THE PLAN IS APPROVED BY THE COMPENSATION COMMITTEE AND THE COMMITTEE REVIEWS AND APPROVES THE ANNUAL AWARDS BASED ON THE PERFORMANCE ACHIEVED ON THE AGREED-UPON GOALS.

Return Reference	Explanation
RETIREMENT PLAN	SCHEDULE J, PART I, LINE 4B THE FOLLOWING PERSONS PARTICIPATE IN SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS: SYLVIA M. BURWELL - \$116,000 DAVID G. SWARTZ - \$102,546 SCOTT A. BASS - \$68,040 DOUGLAS KUDRAVETZ - \$62,460 COURTNEY SURLS - \$34,310 TERESA FLANNERY - \$27,460 FANTA AW - \$16,667

Return Reference	Explanation
	Schedule J, Part I, Lines 8 and 9 President Burwell has an employment agreement with the University. The terms of the employment agreement meet the initial contract exception of Treasury Regulations 53.4958-4(a)(3). The agreement was executed using standards establishing the rebuttable presumption of reasonableness.

I (Form 990) 2018

EMERITUS

SCOTT A BASS

PROF. & PROVOST **EMERITUS**

Claudio Grossman

ELLIOT MILSTEIN

JOHN DELANEY

PROFESSOR - RETIRED

PROFESSOR

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

(i)

(ii)

445,668

434,204

467,075

425,335

Software ID:

(ii)

Bonus & incentive

(i) Base Compensation

Software Version:

EIN: 53-0196549

Name: American University

(iii)

Other reportable

Form 990, Schedule J,	Part II - Officers, Directors, Trustees, Key Employees, and	Highest Compensate	ed Employees
(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable

90,720

			compensation	compensation	'			prior Form 990
Sylvia M Burwell President	(i)	727,537	152,250	40,425	143,445	28,779	1,092,436	0
	(ii)	0	0	0	0	0	0	0
Mary Clark INTERIM PROVOST THRU	(i)	316,788	0	1,593	30,612	2,376	351,369	0
1/15/19	(ii)	0	0	0	0	0	0	0
DOUGLAS KUDRAVETZ CFO, VP & TREASURER	(i)	415,562	87,445	77,734	27,485	22,237	630,463	0
	(ii)	0	0	0	0	0	0	0
DAVID G SWARTZ VP & CIO	(i)	340,501	27,420	110,246	27,561	19,600	525,328	99,520
	(ii)	0	0	0	0	0	0	0
COURTNEY SURLS VP DEVELOPMENT &	(i)	347,321	25,735	7,852	61,759	2,449	445,116	0
ALUMNI REL	(ii)	0	0	0	0	0	0	0
FANTA AW VP CAMPUS LIFE & IE	(i)	270,844	22,500	314	44,304	13,187	351,149	0
	(ii)	0	0	0	0	0	0	0
TRAEVENA BYRD VP, UNI. COUNSEL & BOT	(i)	219,010	0	27,633	22,635	10,428	279,706	0
SEC.	(ii)	0	0	0	0	0	0	0
TERESA FLANNERY VP Communication thru 6/1/19	(i)	265,692	20,595	798	54,900	29,866	371,851	0
	(ii)	0	0	0	0	0	0	0
CAMILLE NELSON DEAN & PROFESSOR	(i)	418,717	0	14,739	35,647	12,304	481,407	0
	(ii)	0	0	0	0	0	0	0
CORNELIUS M KERWIN PROF. & PRESIDENT	(i)	644,537	0	36,129	27,434	21,800	729,900	0

88,969

16,405

16,190

other deferred

compensation

27,481

27,202

26,824

31,636

benefits

(E) Total of columns

(B)(i)-(D)

672,566

489,717

494,646

500,664

0

0

19,728

11,906

747

27,503

(F) Compensation in

column (B)

reported as deferred on

Comple	sury ce inization	te if the orga 27, 28a,	anization 28b, or ► Att	ONS With II n answered "Yes 28c, or Form 99 tach to Form 99 rs.gov/Form990	s" on Form 99 00-EZ, Part V, 0 or Form 99	90, Part IV, li , line 38a or 4	nes 2	5a, 2	.5b, 26	5,	4В No.		-0047
Name of the orga American University Part I Exces Comple	nization		► Att	tach to Form 99	0 or Form 99		∙ 0 b.			- 1			
Name of the orga American University Part I Exces Comple	nization	▶ Go t									2(11	Q
ternal Revenue Service Name of the orga American University Part I Exces Comple	nization				tor the lates		١.				4	/	O
American University Part I Exces Comple					_					C)pen Ins	to Pu Section	
Part I Exces							En	nploy	er ide	ntifica	tion r	umbe	er
Comple							53	-019	6549				
				01(c)(3), section									
1 (a)	ete if the organiza Name of disquali			n Form 990, Part							1.4	1 Carre	
	Name of disquaii	ried person		b) Relationship be	etween disquai organization	lified person an	ا ا	. ,	escript ansacti			es Corr	rected?
											+ '	<u> </u>	
							_				\perp		
Com repo	rted an amount o	ization answe n Form 990, (c) Purpose	ered "Yes' Part X, lir (d) Loa	on Form 990-EZ ne 5, 6, or 22	, Part V, line 3 (e)Original principal amount	8a, or Form 99 (f) Balance due	0, Par (g) defa	In	(I Appro boar	h) ved by rd or nittee?	(i) Writ greem	ten
			10	110111			103	-110	103	"	103		-
otal					- \$								
Pari III Gran	ate or Accieta	sce Benefit	ing Int	erested Perso	ne								
			_	"Yes" on Form 9		line 27.							
(a) Name of interested person) Relationship erested perso organizat	betweer	ween (c) Amount of assistance (d) Type of		f assis	assistance (e		(e) Pui	rpose (of assi	stance	
									\dashv				
									_				
	I												

Part V **Supplemental Information** Return Reference Business Transactions with Interested Persons

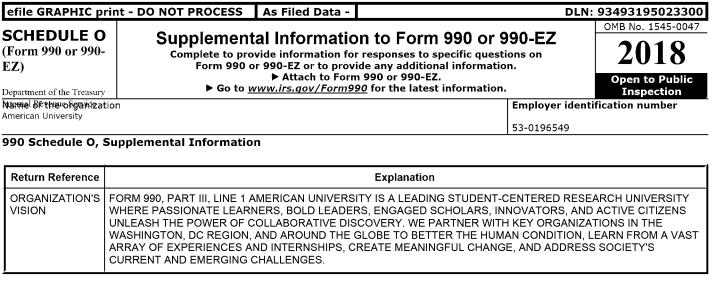
	Explanation	on
n	Schedule L (see instruction	ons).

Provide additional information for responses to questions or SCHEDULE L. PART IV TRANSACTIONS WITH JP MORGAN CHASE - PETER SCHER IS A TRUSTEE OF AMERICAN UNIVERSITY AND A KEY EMPLOYEE OF JP MORGAN CHASE. THE UNIVERSITY HAS ENGAGED A BANK LOAN WITH JP MORGAN CHASE. THE LOAN WAS BASED ON A COMPETITIVE BID PROCESS. RESULTING IN THE MOST FAVORABLE RATE AND TERMS. THE TRUSTEE SCHER RECUSED HIMSELF FROM

THE BOARD OF TRUSTEES' DECISION TO ACCEPT THE JP MORGAN CHASE LOAN, Schedule L. Part IV Transactions with United Educators - Board of Trustees member Janice Abraham is president and CEO of

United Educators. American University utilizes United Educators for its educator's liability insurance. The insurance was recommended and procured through an independent insurance broker utilizing a competitive process, and Ms. Abraham was not involved in the approval of the transaction. Schedule L. Part IV Transactions with NFP Corp - AMERICAN UNIVERSITY HIRED NFP CORP. FOR THE CONSULTING SERVICES OVER THE STUDENT HEALTH INSURANCE. THE CONTRACT WAS RECOMMENDED AND PROCURED THROUGH A COMPETITIVE PROCESS. MR. MELTZER WAS NOT INVOLVED IN THE APPROVAL OF THE TRANSACTION.

DLN: 93493195023300 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ 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 the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** American University 53-0196549 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g ${f 1}$ Art—Works of art . . . 30,078,197 Opinion of Expert Χ 2 Art—Historical treasures **3** Art—Fractional interests Books and publications Χ 10,000 Opinion of Expert Clothing and household 1,602 Market Value Х goods Χ Cars and other vehicles 2,146 1,418,455 Market Value 7 Boats and planes . . Intellectual property . . . 141 Χ 3,830,760 Market Value Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . Securities—Miscellaneous . Qualified conservation contribution—Historic structures **14** Oualified conservation contribution—Other . . Real estate—Residential . 16 Real estate—Commercial . 17 Real estate—Other . . Collectibles . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . . Other ► (25 X 3 9,058 Market Value Meals & Gift Cards) Χ 66,861 Opinion of Expert 26 Other ▶ (Furniture & Equipment) Other ▶ (Χ 1,088,625 Market Value Computer Software) Other ▶ (___ 28 Number of Forms 8283 received by the organization during the tax year for contributions 12 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 is not required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Yes **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2018) Cat. No. 51227J



990	Schedule	Ο,	Supp	lemental	Information

Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4D ACADEMIC SUPPORT - THE UNIVERSITY LIBRARIES, ACADEMIC COMPUTER SERVICES, ADMINISTRATIVE OFFICES AND SUPPORT FOR THE SIX ACADEMIC DIVISIONS. STUDENT SERVICES - HEALTH AND COUNSELING, CAREER CENTER, UNIVERSITY REGISTRAR, FINANCIAL AID AND ENROL LMENT SERVICES, POPORTS AND RECREATION. INSTITUTIONAL SUPPORT - INFORMATION TECHNOLOGY, TEL ECOMMUNICATIONS, SPACE MANAGEMENT, SECURITY, MAIL AND TRANSPORTATION SERVICES. RESEARCH- RESEARCH AND TECHNICAL ASSISTANCE PROJECTS FUNDED BY FEDERAL AND PRIVATE A GENCIES. PUBLIC S ERVICE - THE OPERATION OF WAMU 88.5 FM, A 24-HOUR, 50,000 WATT PUBLIC RADIO STATION LICENS ED TO THE UNIVERSITY SINCE 1981. AMERICAN UNIVERSITY STRATEGIC PLAN AMERICAN UNIVERSITY S A LEADING STUDENT-CENTERED RESEARCH UNIVERSITY STRATEGIC PLAN AMERICAN UNIVERSITY S A LEADING STUDENT-CENTERED RESEARCH UNIVERSITY STRATEGIC PLAN AMERICAN UNIVERSITY WHERE PASSIONATE LEARNERS, BOLD LEADERS, E NGAGED SCHOLARS, INNOVATORS, AND ACTIVE CITIZENS UNLEASH THE POWER OF COLLABORATIVE DISCOVERY. WE PARTNER WITH KEY ORGANIZATIONS IN THE WASHINGTON, DC REGION, AND AROUND THE GLOBE TO BETTER THE HUMAN CONDITION, LEARN FROM A VAST ARRAY OF EXPERIENCES AND INTERNSHIPS, CRE ATE MEANINGFUL CHANGE, AND ADDRESS SOCIETY'S CURRENT AND EMERGING CHALLENGES. IN JANUARY 2 019, AMERICAN UNIVERSITY UNVEILED A NEW STRATEGIC PLAN, CHANGEMAKERS FOR A CHANGING WORLD. THE PLAN REPRESENTS AU'S COMMITTMENT TO ITS MISSION "TO ADVANCE KNOWLEDGE, FOSTER INTELLEC TUAL CURIOSITY, BUILD COMMUNITY, AND EMPOWER LIVES OF PURPOSE, SERVICE, AND LEADERSHIP." THE UNIVERSITY'S FIVE-YEAR PLAN WILL ADDRESS THE ISSUES FACING OUR COMMUNITY AND HIGHER EDU CATION, WHILE BUILDING ON OUR LEGACY OF LEADERSHIP, SCHOLARSHIP, AND SERVICE, AND BOLDLY E MBRACING OPPORTUNITIES FOR GREATER IMPACT. IT INCLUDES THREE CENTRAL THEMES - SCHOLARSHIP IS CENTRAL TO AU'S FUTURE. WE WILL BEYED A GEACY OF STRATEGIC FOCUS THAT DRAW ON FIELDS WHERE AU ALREADY EXCELS, WHERE OUR EXPERTISE CROSSES SCHOOLS AND DISCIPLIN ARY BOUNDARIES, AND THAT HOLD PROMISE FOR

990	Schedule	Ο,	Supplemental	Information

Return	Explanation
Return Reference OTHER PROGRAM SERVICES	ACHIEVING OPERATIONAL EXCELLENCE, ENHANCING AU'S REPUTATION, AND DIVERSIFYING AND GROWING REVENUE. AMERICAN UNIVERSITY: PARTNER IN OUR COMMUNITY COMMUNITY SERVICE MANY OF AU'S PART NERSHIPS WITH LOCAL GOVERNMENTS, BUSINESSES, AND INDIVIDUALS EXEMPLIFY THE UNIVERSITY'S COMMUNITH NERSHIPS WITH LOCAL GOVERNMENTS, BUSINESSES, AND INDIVIDUALS EXEMPLIFY THE UNIVERSITY'S COMMUNITY COMMUNITY OF THE UNIVERSITY WORKED WITH NUMEROUS LOCAL ORGANIZATIONS AND PARTICIPATED IN MYRIAD COMMUNITY SERVICE ACTIVITIES INCLUDING: COMMUNITY-BASED LEARNING AND RESEARCH, DC READS, DC READS "KIDS TO CAMPUS DAY", DR. SEUSS DAY, FRESHMAN SERVICE EXPERIENCE ONE-DAY SERVICE EVENTS, EAGLE ENDOWMENT AND COMMUNITY LEARNERS ADVANCING IN SPANISH AND ENGLISH. WORKING WITH DC SCHOOLS AND STUDENTS AU'S SCHOOL OF EDUCATION PREPARES EDUCATION STUDENTS TO BECOME EARLY CHILDHOOD, ELEMENTARY, BILINGUAL, SPECIAL EDUCATION, AND SECONDARY SCHOOL TEACHERS THROUGH INSTRUCTIONAL WORK IN AREA SCHOOLS. UP TO 60 AU EDUCATION MAJORS EACH YEAR ARE PLA CED AS STUDENTS TEACHERS FOR TWO FULL DAYS EACH WEEK, AND THEN FIVE DAYS PER WEEK OVER TWO SEMESTERS IN TEACHING ALL ASPECTS OF THE SCHOOL CURRICULUM FROM THE ARTS TO THE SCIENCES AND IN THE AREAS OF EARLY CHILDHOOD AND SPECIAL EDUCATION. THESE STUDENTS EACH PROVIDE BET WEEN 600 TO 1000 HOURS OF CLASSROOM SUPPORT EACH YEAR, WASHINGTON COLLEGE OF LAW WASHINGTON COLLEGE OF LAW (WCL), LOCATED ONE BLOCK FROM THE AU-TENLEYTOWN METRO, CONSISTENTLY PROVI DES FREE LEGAL SERVICES TO LOW-INCOME AND OTHERWISE UNDERREPRESENTED AREA RESIDENTS THROUGH HIS HIGHLY-RANKED CLINICAL PROGRAMS. EACH YEAR ABOUT 230 LAW STUDENTS PARTICIPATE IN THE LAW SCHOOL'S IN-HOUSE CLINICS, WHICH SERVE A VARIETY OF CLIENTS. IN ADDITION, EIGHT WCL S TUDENTS EACH YEAR REPRESENT LOW-INCOME CLIENTS FACING EVICTION IN DC LANDLORD AND TENANT C OURT, AS PARTICIPANTS IN THE DC LAW STUDENTS IN COURT PROGRAM, AN INDEPENDENT LEGAL SERVICE PROVIDER IN THE LISTRICT. AN OPEN DOOR POLICY BY WOR KING WITH NEIGHBORS, LOCAL COMMUNITY ORGANIZATIONS, AND THE ADVISORY NEIGH

Return Reference	Explanation
OTHER PROGRAM SERVICES	TICES AND FILM SCREENINGS. DC RESIDENTS ARE INVITED TO ATTEND OPEN REHEARSALS OR TAKE TOUR S OF THE GALLERIES. MANY OF THE EXHIBITS SHOWN AT THE MUSEUM HAVE EARNED REGIONAL, NATIONA L, AND INTERNATIONAL ACCOLADES. DISTRICT CHILDREN ARE THE FOCUS OF KIDS AT THE KATZEN, WHI CH PRESENTS CREATIVE ACTIVITIES AND SUMMER SPORTS CAMPS. A GREEN LEADER IN DC AU IS PROUD TO ALSO BE THE FIRST URBAN CAMPUS, THE FIRST RESEARCH UNIVERSITY, AND THE LARGEST HIGHER E DUCATION INSTITUTION TO ACHIEVE CARBON NEUTRALITY, AU ACHIEVED CARBON NEUTRALITY TWO YEARS AHEAD OF AN AMBITIOUS TARGET OF 2020 BY APPROACHING THE GOAL WITH INNOVATIVE STRATEGIES T O REDUCE OUR OVERALL EMISSIONS, USE RENEWABLE ENERGY, AND OFFSET THE SMALL REMAINDER. AU'S PATH TO NEUTRALITY HAS BEEN ACHIEVED THROUGH COMMITMENT, LEADERSHIP, AND A CULTURE OF SUS TAINABILITY. IT'S BEEN A COMMUNITY EFFORT. STUDENTS HAVE LEAD EVERY STEP OF THIS JOURNEY; THEY HAVE ALWAYS ENCOURAGED THE UNIVERSITY TO BROADEN HOW WE THINK ABOUT SUSTAINABILITY AN D STRIVE FOR MORE. THOSE WHO BUILD AND MANAGE THE SPACES ON CAMPUS EMBRACED THE COMMITMENT TO SUSTAINABILITY, WHILE FACULTY AND STAFF HAVE INTEGRATED SUSTAINABILITY INTO CLASSES AN D PROCESSES TO REFLECT THEIR SUSTAINABILITY COMMITMENT. INCLUSIVE EXCELLENCE AU HAS A MULT IMILLION-DOLLAR PLAN TO ADVANCE THE CAUSE OF EQUITY, INCLUSION, AND DIVERSITY MORE THAN \$ 121 MILLION IS BEINGIN INVESTED TO IMPLEMENT GOALS SET OUT IN THE PLAN FOR INCLUSIVE EXCELLENCE THROUGH FY 2019. THE PLAN FOR INCLUSIVE EXCELLENCE TOUCHES ALL PARTS OF AND ALL PEOPLE AT THE UNIVERSITY. IT ADDRESSES THE STUDENT EXPERIENCE INSIDE AND OUTSIDE THE CLASSROOM; FACULTY AND STAFF RECRUITMENT, HIRING, PROMOTION, AND RETENTION; THE HANDLING OF INCLUSION; AND MUCH MORE. WAMU 88.5 FM IS A 24-HOUR, 50,000-WATT PUBLIC RADIO STATION, LICENSED TO AMERICAN UNIVERSITY SINCE 1961. THE STATION SERVES MORE THAN 777,400 LISTENE RS IN VIRGINIA, MARYLAND, AND THE DISTRICT OF COLUMBIA WITH NEWS, TALK PROGRAMMING, AND TRADITIONAL AMERICAN MUSIC. WAMU IS FUNDED BY MEMBER-DONATIONS FINANCI

990 Schedule O, Supplemental Information Return Explanation

Reference	
BOARD OF	FORM 990, PART VI, LINE 1A THE BOARD OF TRUSTEES CONSISTS OF 23 MEMBERS, ALL OF THEM HAVE VOTING

TRUSTEES RIGHTS.

Return Explanation
Reference

FORM 990	Form 990, Part VI, Line 11b FORM 990 IS PREPARED BY THE FINANCE OFFICE AND REVIEWED BY INDEPENDENT TAX
REVIEW	ADVISORS. FORM 990 IS REVIEWED AND SIGNED BY THE CHIEF FINANCIAL OFFICER. FORM 990 IS REVIEWED AND
PROCESS	APPROVED BY THE AUDIT COMMITTEE PRIOR TO FILING. ACCESS TO THE FORM 990 IS PROVIDED TO ALL BOARD
	MEMBERS BEFORE THE RETURN IS FILED WITH THE IRS

Return

Reference	Laplation
CONFLICT OF	FORM 990, PART VI, LINE 12C BOARD OF TRUSTEES MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL
INTEREST	CONFLICT OF INTEREST STATEMENT AND SUBMIT SUCH STATEMENT TO THE SECRETARY OF THE BOARD WHO IS \parallel
POLICY	ALSO THE GENERAL COUNSEL FOR THE UNIVERSTY. THE SECRETARY REVIEWS THOSE STATEMENTS FOR
MONITORING &	POTENTIAL CONFLICTS AND REPORTS SUCH CONFLICTS TO THE BOARD CHAIR. THE DISCLOSURE STATEMENT
ENFORCEMENT	ALSO REQUIRES ALL MEMBERS TO NOTIFY THE BOARD PROMPTLY OF AN ACTUAL, APPARENT, OR POTENTIAL
	CONFLICT OF INTEREST AS IT ARISES, SO THAT IT CAN BE ADDRESSED IMMEDIATELY AND NOT JUST ONCE PER
	YEAR.

Evolunation

Return

Deference

Reference	
PROCESS FOR	FORM 990, PART VI, LINES 15A & 15B THE COMPENSATION OF ALL OFFICERS OF THE UNIVERSITY IS REVIEWED
DETERMINING	AND APPROVED ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, AND IS
COMPENSATION	SUBSEQUENTLY APPROVED BY THE FULL BOARD. THE COMMITTEE ENGAGES THIRD PARTY EXPERTS TO
	BENCHMARK COMPENSATION FOR THESE POSITIONS ON AN ANNUAL BASIS. THE COMPENSATION OF KEY
	EMPLOYEES IS SET BY THEIR SUPERVISING OFFICER WITHIN THE CONSTRAINTS OF THE BOARD OF TRUSTEES
	APPROVED UNIVERSITY OPERATING BUDGET. THE INDIVIDUALS WHO DETERMINE COMPENSATION OF THE
	OFFICERS ARE INDEPENDENT PERSONS SERVING ON THE BOARD. DURING THE COURSE OF DELIBERATIONS,
	THESE PERSONS REVIEW THIRD-PARTY COMPARABILITY DATA TO HELP THEM DECIDE WHAT COMPENSATION IS
	REASONABLE.

Explanation

Return Explanation

Reference

DOCUMENT FORM 990, PART VI, LINE 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL DISCLOSURE | STATEMENTS ARE AVAILABLE AS PUBLIC INFORMATION ON THE UNIVERSITY'S WEBSITE.

Return Explanation
Reference

Other	Form 990, Part XI, Line 9 Investment Fees 45,363 Loan Adjustment 100,000 Total 145,363
changes in	
net assets or	
fund	
balances	

Return Explanation
Reference

FORM 990 DESCRIPTION:SUB-CONTRACTS/CONTRACTUAL EXP TOTAL FEES:98441183
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:CONSULTING SERVICES TOTAL FEES:4764367
PART IX
LINE 11G

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R | Related

(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.

OMB No. 1545-0047

DLN: 93493195023300

2018

Open to Public Inspection

Name of the organization				Employer ident	ification number		
American University				53-0196549			
Part I Identification of Disregarded Entities Complete if the	e organization answe	ered "Yes" on Form	990, Part IV, line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (si or foreign count	tate Total income	(e) End-of-year assets	(f) Direct controlling entity	g	
(1) American Univ at Connecticut Ave LLC 4400 Massachusetts Ave NW Washington, DC 20016 45-5294959	Real Estate	DC		0 0	AU		_
							_
							_
							_
Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	Complete if the orga	 anization answered	"Yes" on Form 99	D, Part IV, line 34 b	ecause it had one or	- more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) (d) Legal domicile (state or foreign country) Exempt Code see		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co	g) n 512(b ontrolle tity?
			504()(2)	42 T/05 H		Yes	No
(1)Washington Research Library Consortium 901 Commerce Drive	Library Svcs	MD	501(c)(3)	12 TYPE II	NA		No
Upper Marlboro, MD 20774 52-1559828							
For Paperwork Reduction Act Notice, see the Instructions for Form 990		Cat. No. 5013	35Y		Schedule R (Form	1 990) 2	018

(a)		(b)	(c)	(d)	(e)) [(f)	(a)	0	h)	m	1	(j) I	(k)
(a) Name, address, and EIN of related organization			Legal domicile (state or foreign country)	Direct controlling entity	Predomi income(re unrelat excluded tax un sections 514	ninant Strelated, total	Share of	(g) Share of end-of-year assets	alloca	tions?	Code V- amount ir 20 of Schedule (Form 10	K-1 (65)	Gener mana partn	al or F ging oner?	Percentac ownershi
			+ +						Yes	No		_	Yes	No	
t IV Identification of Related Org because it had one or more rela	ganizations Taxable as a ated organizations treated	Corporation as a corporation	or Trus	t Complete st during th	if the or e tax ye	rganizati ear.	ion ansv	wered "Yes	" on F	orm 99	90, Part	IV,	line :	34	
because it had one or more related Organization (a) Name, address, and EIN of related organization	ganizations Taxable as a ated organizations treated (b) Primary activity	as a corporation (c) Leg domin	on or trus) al cile foreign	t Complete st during th (d Direct co	e tax ye	rganizati ear. (e) Type of ent C corp, S co	ntity Sh	vered "Yes (f) are of total income	Share	(g) of end-oryear ssets	of- P	IV, (h) ercent) tage	Sec (13) controll entity?
because it had one or more rela (a) Name, address, and EIN of related organization	ated organizations treated (b)	as a corporation (c) Leg	on or trus al cile foreign :ry)	st during th (d Direct co	e tax ye ntrolling ity	(e) Type of ent	ntity Sh	(f) are of total	Share \\a	(g) of end-c	of- P	(h) ercent	l tage ship	Sec (13	es No
because it had one or more related (a) Name, address, and EIN of related organization HE AIRLIE FOUNDATION AIRLIE ROAD RENTON, VA 20187	(b) Primary activity	as a corporatio	on or trus al cile foreign :ry)	st during th (d Direct co ent	e tax ye ntrolling ity	(e) Type of ent C corp, S co or trust)	ntity Sh	(f) are of total income	Share \\a	(g) of end-c year ssets	of- P	(h) ercent owners	l tage ship	Sec (13) controll entity? es No
because it had one or more related (a) Name, address, and EIN of related organization HE AIRLIE FOUNDATION AIRLIE ROAD RENTON, VA 20187	(b) Primary activity	as a corporatio	on or trus al cile foreign :ry)	st during th (d Direct co ent	e tax ye ntrolling ity	(e) Type of ent C corp, S co or trust)	ntity Sh	(f) are of total income	Share \\a	(g) of end-c year ssets	of- P	(h) ercent owners	l tage ship	Sec (13) controll entity? es No
because it had one or more related (a) Name, address, and EIN of related organization HE AIRLIE FOUNDATION AIRLIE ROAD RENTON, VA 20187	(b) Primary activity	as a corporatio	on or trus al cile foreign :ry)	st during th (d Direct co ent	e tax ye ntrolling ity	(e) Type of ent C corp, S co or trust)	ntity Sh	(f) are of total income	Share \\a	(g) of end-c year ssets	of- P	(h) ercent owners	l tage ship	Sec (13) controll entity? es No
because it had one or more rela (a) Name, address, and EIN of	(b) Primary activity	as a corporatio	on or trus al cile foreign :ry)	st during th (d Direct co ent	e tax ye ntrolling ity	(e) Type of ent C corp, S co or trust)	ntity Sh	(f) are of total income	Share \\a	(g) of end-c year ssets	of- P	(h) ercent owners	l tage ship	Sec (13) controll entity? es No
because it had one or more related (a) Name, address, and EIN of related organization HE AIRLIE FOUNDATION AIRLIE ROAD RENTON, VA 20187	(b) Primary activity	as a corporatio	on or trus al cile foreign :ry)	st during th (d Direct co ent	e tax ye ntrolling ity	(e) Type of ent C corp, S co or trust)	ntity Sh	(f) are of total income	Share \\a	(g) of end-c year ssets	of- P	(h) ercent owners	l tage ship	Sec (13) controll entity? es No
because it had one or more related (a) Name, address, and EIN of related organization HE AIRLIE FOUNDATION AIRLIE ROAD RENTON, VA 20187	(b) Primary activity	as a corporatio	on or trus al cile foreign :ry)	st during th (d Direct co ent	e tax ye ntrolling ity	(e) Type of ent C corp, S co or trust)	ntity Sh	(f) are of total income	Share \\a	(g) of end-c year ssets	of- P	(h) ercent owners	l tage ship	Sec (13) controll entity? es No
because it had one or more related (a) Name, address, and EIN of related organization IE AIRLIE FOUNDATION AIRLIE ROAD LENTON, VA 20187	(b) Primary activity	as a corporatio	on or trus al cile foreign :ry)	st during th (d Direct co ent	e tax ye ntrolling ity	(e) Type of ent C corp, S co or trust)	ntity Sh	(f) are of total income	Share \\a	(g) of end-c year ssets	of- P	(h) ercent owners	l tage ship	Sec (13) contro entity? es N

Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.										
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No							
1 During the tax year, did the orgranization 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		No							
b	Gift, grant, or capital contribution to related organization(s)	1 b		No							
c	c Gift, grant, or capital contribution from related organization(s)										
d	Loans or loan guarantees to or for related organization(s)	1 d		No							
e	Loans or loan guarantees by related organization(s)	1e		No							
f	Dividends from related organization(s)	1f		No							
g	Sale of assets to related organization(s)	1 g		No							
h	Purchase of assets from related organization(s)	1h		No							
i	Exchange of assets with related organization(s)	1 i		No							
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No							
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No							
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		No							
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No							
0	Sharing of paid employees with related organization(s)	10		No							
р	Reimbursement paid to related organization(s) for expenses	1 p	Yes								
q	Reimbursement paid by related organization(s) for expenses	1 q		No							
r	Other transfer of cash or property to related organization(s)	1r		No							
s	Other transfer of cash or property from related organization(s)	1 s		No							
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			_							
	(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Amount involved Method of determining amount involved	nount ir	nvolved								

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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.

		<u>_</u>											
(a) Name, address, and EIN of entity	(b) Primary activity		sections 512-		section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	?	(k) Percentage ownership
			514)	Yes	No		<u> </u>	Yes	No		Yes	No	ı
										Schedul	e R (Form	1 990	0) 2018

chedule R (Form 990) 2018										
Part VII	Supplemental Info	mental Information								
	Provide additional infor	mation for responses to questions on Schedule R (see instructions).								
Return Reference		Explanation								