

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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.

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
AMERICAN UNIVERSITY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
4400 MASSACHUSETTS AVE NW

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 200168020

D Employer identification number
53-0196549

E Telephone number
(202) 885-2822

F Name and address of principal officer:
BRONTE BURLEIGH-JONES
4400 MASSACHUSETTS AVE NW
WASHINGTON, DC 200168020

G Gross receipts \$ 1,613,327,346

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.AMERICAN.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1893 **M** State of legal domicile: DC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ADVANCE KNOWLEDGE, FOSTER INTELLECTUAL CURIOSITY, BUILD COMMUNITY, AND EMPOWER LIVES OF PURPOSE, SERVICE, AND LEADERSHIP.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26		
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	8,400		
	6 Total number of volunteers (estimate if necessary)	6	592		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	304,812		
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	57,990,631	Current Year	76,645,324
	9 Program service revenue (Part VIII, line 2g)		630,949,394		792,861,976
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		89,055,647		128,304,859
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-8,831		-3,716
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		777,986,841		997,808,443
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		175,247,463	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			331,444,373		370,571,735
16a Professional fundraising fees (Part IX, column (A), line 11e)			367,638		441,438
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,802,583					
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			222,032,981		288,387,358
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		729,092,455		864,229,056	
19 Revenue less expenses. Subtract line 18 from line 12		48,894,386		133,579,387	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	2,420,807,502	End of Year	2,349,689,128
	21 Total liabilities (Part X, line 26)		877,573,619		869,647,088
	22 Net assets or fund balances. Subtract line 21 from line 20		1,543,233,883		1,480,042,040

Part II Signature Block

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

Sign Here

Signature of officer: *****
Date: 2023-04-27

BRONTE BURLEIGH-JONES CFO, VP & TREAS
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: GRANT THORNTON LLP
Preparer's signature: _____
Date: _____

Check if self-employed PTIN: P00847851

Firm's name: GRANT THORNTON LLP
Firm's EIN: 36-6055558

Firm's address: 1000 WILSON BLVD SUITE 1500
ARLINGTON, VA 22209
Phone no. (703) 847-7500

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ADVANCE KNOWLEDGE, FOSTER INTELLECTUAL CURIOSITY, BUILD COMMUNITY, AND EMPOWER LIVES OF PURPOSE, SERVICE, AND LEADERSHIP.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 233,597,886 including grants of \$ 0) (Revenue \$ 664,226,770)
See Additional Data

4b (Code:) (Expenses \$ 202,402,368 including grants of \$ 202,402,368) (Revenue \$ 0)
See Additional Data

4c (Code:) (Expenses \$ 87,906,277 including grants of \$ 0) (Revenue \$ 77,908,337)
See Additional Data

(Code:) (Expenses \$ 279,143,925 including grants of \$ 2,426,157) (Revenue \$ 50,287,553)
ACADEMIC SUPPORT:GRANTS \$0EXPENSES \$82,812,232REVENUE \$0STUDENT SERVICES:GRANTS \$0EXPENSES \$59,981,881REVENUE \$0INSTITUTIONAL SUPPORT:GRANTS \$0EXPENSES \$44,305,961REVENUE \$0RESEARCH & PUBLIC SERVICES:GRANTS \$2,426,157EXPENSES \$92,043,851REVENUE \$50,287,553TOTAL OTHER PROGRAM SERVICES

4d Other program services (Describe in Schedule O.)
(Expenses \$ 279,143,925 including grants of \$ 2,426,157) (Revenue \$ 50,287,553)

4e Total program service expenses ▶ 803,050,456

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question/Description, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 4 columns: Question, Answer, Yes/No, and other. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, business income, foreign accounts, prohibited transactions, charitable contributions, and organizational activities.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: NICOLE BRESNAHAN 4400 MASSACHUSETTS AVE NW WASHINGTON, DC 20016 (202) 885-2822

Part VII

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for 1b Sub-Total, 1c Total from continuation sheets, and 1d Total (add lines 1b and 1c).

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 789

Questions 3, 4, and 5 regarding compensation reporting, with Yes/No columns.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table for independent contractors with columns (A) Name and business address, (B) Description of services, and (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 231

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,061,288	2,061,288		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	202,402,368	202,402,368		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	364,869	364,869		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,797,689	8,107,871	450,512	239,306
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,029,176	948,479	52,702	27,995
7 Other salaries and wages	295,911,954	272,709,808	15,153,142	8,049,004
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	19,541,644	18,009,404	1,000,694	531,546
9 Other employee benefits	25,753,657	17,524,632	5,804,693	2,424,332
10 Payroll taxes	19,537,615	18,005,691	1,000,488	531,436
11 Fees for services (non-employees):				
a Management				
b Legal	989,757		989,757	
c Accounting	677,974		677,974	
d Lobbying	1,881	1,018	777	86
e Professional fundraising services. See Part IV, line 17	441,438			441,438
f Investment management fees	11,607,205		11,607,205	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	112,074,785	104,630,459	6,167,754	1,276,572
12 Advertising and promotion	5,038,038	4,897,025	43,902	97,111
13 Office expenses	13,311,001	11,018,115	871,556	1,421,330
14 Information technology	12,976,473	12,866,855	83,862	25,756
15 Royalties				
16 Occupancy	36,353,397	34,999,563	1,345,986	7,848
17 Travel	5,248,567	4,982,786	44,293	221,488
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	27,581,849	27,581,849		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,872,664	43,872,664		
23 Insurance	12,551,242	12,551,242		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT EXPENSE	3,235,409	3,235,409		
b FOOD SERVICE EXPENSE	2,482,099	1,980,600	80,720	420,779
c ALL OTHER EXPENSES	385,017	298,461		86,556
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	864,229,056	803,050,456	45,376,017	15,802,583
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,666	1	1,666
	2 Savings and temporary cash investments	82,214,438	2	124,556,166
	3 Pledges and grants receivable, net	20,226,746	3	20,405,967
	4 Accounts receivable, net	37,330,999	4	33,405,569
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	26,868	8	26,416
	9 Prepaid expenses and deferred charges	13,688,075	9	17,919,532
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,494,198,536		
	b Less: accumulated depreciation	639,150,243		
	11 Investments—publicly traded securities	944,613,643	11	807,846,939
	12 Investments—other securities. See Part IV, line 11	394,510,279	12	445,508,416
	13 Investments—program-related. See Part IV, line 11	6,532,966	13	5,480,547
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	40,022,762	15	39,489,617
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,420,807,502	16	2,349,689,128	
Liabilities	17 Accounts payable and accrued expenses	73,334,493	17	68,818,036
	18 Grants payable		18	
	19 Deferred revenue	33,818,531	19	37,007,995
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	749,372,177	23	749,069,192
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	21,048,418	25	14,751,865
	26 Total liabilities. Add lines 17 through 25	877,573,619	26	869,647,088
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,222,083,423	27	1,180,160,857
	28 Net assets with donor restrictions	321,150,460	28	299,881,183
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,543,233,883	32	1,480,042,040	
33 Total liabilities and net assets/fund balances	2,420,807,502	33	2,349,689,128	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	997,808,443
2	Total expenses (must equal Part IX, column (A), line 25)	2	864,229,056
3	Revenue less expenses. Subtract line 2 from line 1	3	133,579,387
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,543,233,883
5	Net unrealized gains (losses) on investments	5	-196,885,291
6	Donated services and use of facilities	6	63,565
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	50,496
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,480,042,040

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 53-0196549

Name: AMERICAN UNIVERSITY

Form 990 (2021)

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 80 BACHELOR'S PROGRAMS, 99 MASTER'S PROGRAMS, 24 DOCTORAL PROGRAMS, J.D., S.J.D, M.L.S. AND L.L.M. PROGRAMS. CERTIFICATE PROGRAMS AND AN ASSOCIATE DEGREE PROGRAM ARE OFFERED AS WELL. STUDENT-FACULTY RATIO = 12:1. AVERAGE CLASS SIZE = 20.7 STUDENTS.

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

AUXILIARY ENTERPRISES: UNIVERSITY DORMITORIES, CONSISTING OF ELEVEN RESIDENCE HALLS, PROVIDE LIVING QUARTERS FOR ALMOST 4,260 STUDENTS. ALSO PROVIDED ARE RECREATIONAL FACILITIES, DINING SERVICES, PARKING, AND OTHER SELF-SUPPORTING FACULTY, STAFF, AND STUDENT SERVICES.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARC N DUBER CHAIR	10.00 0.00	X						0	0	0
GINA F ADAMS VICE CHAIR	2.00 0.00	X						0	0	0
JANICE M ABRAHAM TRUSTEE	2.00 0.00	X						0	0	0
GARY M ABRAMSON TRUSTEE THRU 5/13/22	2.00 0.00	X						0	0	0
MICHAEL BALMUTH TRUSTEE	2.00 0.00	X						0	0	0
GAURDIE BANISTER JR TRUSTEE	2.00 0.00	X						0	0	0
STEPHANIE M BENNETT-SMITH TRUSTEE	2.00 0.00	X						0	0	0
GREG BERGQUIST TRUSTEE	2.00 0.00	X						0	0	0
WESLEY G BUSH TRUSTEE	2.00 0.00	X						0	0	0
JACK C CASSELL TRUSTEE	2.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAMELA M DEESE TRUSTEE	2.00 0.00	X						0	0	0
LATRELLE EASTERLING TRUSTEE	2.00 0.00	X						0	0	0
HANI MS FARSI TRUSTEE	2.00 0.00	X						0	0	0
THOMAS A GOTTSCHALK TRUSTEE THRU 5/13/22	2.00 0.00	X						0	0	0
MEHDI HERAVI TRUSTEE	2.00 0.00	X						0	0	0
MICHAEL W KEMPNER TRUSTEE	2.00 0.00	X						0	0	0
MARGERY KRAUS TRUSTEE	2.00 0.00	X						0	0	0
GERALD BRUCE LEE TRUSTEE	2.00 0.00	X						0	0	0
FERNANDO LEWIS NAVARRO TRUSTEE	2.00 0.00	X						0	0	0
CHARLES H LYDECKER TRUSTEE	2.00 0.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARIL GAGEN MACDONALD TRUSTEE	2.00 0.00	X						0	0	0
BETSY A MANGONE TRUSTEE	2.00 0.00	X						0	0	0
ALAN L MELTZER TRUSTEE	2.00 0.00	X						0	0	0
MARIA OTERO TRUSTEE	2.00 0.00	X						0	0	0
KOREY NEAL SR TRUSTEE	2.00 0.00	X						0	0	0
MATTHEW S PITTINSKY TRUSTEE	2.00 0.00	X						0	0	0
PETER L SCHER TRUSTEE THRU 5/13/22	2.00 0.00	X						0	0	0
JEFFREY A SINE TRUSTEE	2.00 0.00	X						0	0	0
DAVID TRONE TRUSTEE	2.00 0.00	X						0	0	0
SYLVIA M BURWELL PRESIDENT	50.00 0.00			X				1,092,883	0	202,784

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS KUDRAVETZ CFO, VP & TREASURER THRU 10/1/21	50.00 0.00			X				549,870	0	31,053
COURTNEY SURLS VP DEVELOPMENT & ALUMNI REL	50.00 0.00			X				437,390	0	63,227
PETER STARR PROVOST & CHIEF ACADEMIC OFFICER	50.00 0.00			X				427,518	0	26,339
TRAEVENA BYRD VP, GEN COUNSEL & BOT SEC	50.00 0.00			X				415,821	0	92,701
SETH GROSSMAN VP OF PEOPLE & EXTERNAL AFFAIRS	50.00 0.00			X				351,152	0	69,191
FANTA AW VP UG ENROLL, CAMPUS LIFE & IE	50.00 0.00			X				348,970	0	61,670
STEVE MUNSON VP & CIO	50.00 0.00			X				316,466	0	78,777
MATTHEW BENNETT VP & CHIEF COMMUNICATIONS OFFICER	50.00 0.00			X				293,719	0	73,663
BRONTE BURLEIGH-JONES CFO, VP & TREAS AS OF 10/4/21	50.00 0.00			X				131,652	0	9,676
ROGER A FAIRFAX JR DEAN & PROFESSOR	50.00 0.00				X			279,875	0	378

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN DELANEY DEAN (THRU 6/30/22)	50.00 0.00					X		424,214	0	55,253
CLAUDIO GROSSMAN PROFESSOR	50.00 0.00					X		422,263	0	34,842
ANDREW POPPER PROFESSOR	50.00 0.00					X		345,148	0	36,473
WENDY BOLAND DEAN	50.00 0.00					X		323,225	0	46,334
JAMES DINEGAR SPECIAL ASST DIRECTOR	50.00 0.00					X		300,177	0	42,398
SCOTT A BASS PROF & PROVOST EMERITUS	50.00 0.00						X	270,090	0	36,457
CORNELIUS M KERWIN PROF & PRESIDENT EMERITUS	50.00 0.00						X	257,343	0	38,963
DANIEL J MYERS FORMER PROVOST & CAO	0.00 0.00						X	142,639	0	14,327
DAVID G SWARTZ FORMER VP & CIO	0.00 0.00						X	100,409	0	0
ROBERT DINERSTEIN PROFESSOR & FORMER DEAN	50.00 0.00						X	287,594	0	38,443

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization AMERICAN UNIVERSITY	Employer identification number 53-0196549
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	40,877,132	73,970,105	66,457,008	57,984,095	76,645,324	315,933,664
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	40,877,132	73,970,105	66,457,008	57,984,095	76,645,324	315,933,664
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,197,766
6 Public support. Subtract line 5 from line 4.						313,735,898

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	40,877,132	73,970,105	66,457,008	57,984,095	76,645,324	315,933,664
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,481,790	30,248,004	30,035,212	39,100,630	59,519,040	187,384,676
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						503,318,340
12 Gross receipts from related activities, etc. (see instructions)					12	2,916,544,396

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	62.330 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	62.310 %

- 16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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? <i>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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
- a** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b 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? <i>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.</i>		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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>If "Yes" or "No," provide details in Part VI.</i>		
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 the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See **instructions**. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035	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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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).

Facts And Circumstances Test

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2021
Open to Public Inspection

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 AMERICAN UNIVERSITY	Employer identification number 53-0196549
---	---

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ \$ _____

3 Volunteer hours for political campaign activities. See instructions _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,881
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total. Add lines 1c through 1i			1,881
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

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.

Return Reference	Explanation
PART II-B, LINE 1:	THESE LOBBYING EXPENSES REPRESENT THE PORTION OF VARIOUS CONSORTIUM AND ASSOCIATION MEMBERSHIP DUES WHICH WERE ALLOCATED TOWARDS FUNDING LOBBYING ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2021
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
AMERICAN UNIVERSITY

Employer identification number
53-0196549

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ 5,084,650

(ii) Assets included in Form 990, Part X ▶ \$ 45,269,198

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	870,570,000	697,444,000	700,926,000	681,810,000	677,348,000
b Contributions	104,097,000	4,547,000	18,450,000	9,827,000	7,396,000
c Net investment earnings, gains, and losses	-47,309,000	200,443,000	-1,088,000	29,360,000	250,000
d Grants or scholarships	3,915,578	3,025,798	2,698,022	2,368,843	114,422
e Other expenditures for facilities and programs	15,629,214	24,411,218	16,320,257	16,791,808	3,069,578
f Administrative expenses	12,245,208	4,426,984	1,825,721	910,349	
g End of year balance	895,568,000	870,570,000	697,444,000	700,926,000	681,810,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 70.995 %
 - b** Permanent endowment ▶ 16.504 %
 - c** Term endowment ▶ 12.501 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		39,198,392		39,198,392
b Buildings		1,174,047,766	440,663,544	733,384,222
c Leasehold improvements				
d Equipment		262,339,352	187,894,329	74,445,023
e Other		18,613,026	10,592,370	8,020,656
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				855,048,293

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) EQUITY MUTUAL FUNDS	4,162,204	F
(B) HEDGE FUNDS	189,710,248	F
(C) PRIVATE EQUITY FUNDS	190,995,674	F
(D) ALTERNATIVE ASSETS	60,078,075	F
(E) FIXED INCOME FUNDS	482,215	F
(F) REAL ESTATE	80,000	F
(G)		
(H)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	445,508,416	

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSET RETIREMENT OBLIGATION	1,976,846
(3) LEASE OBLIGATION	4,905,300
(4) REFUNDABLE ADVANCE FROM US GOVT	7,869,719
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	14,751,865

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 53-0196549

Name: AMERICAN UNIVERSITY

Supplemental Information

Return Reference	Explanation
PART III, LINE 4:	DESCRIPTION OF ORGANIZATION'S COLLECTIONS THE MAJOR COMPONENTS OF THE UNIVERSITY'S ART COLLECTION ARE THE WATKINS COLLECTION, THE KATZEN COLLECTION, THE CORCORAN COLLECTION, AND A SCULPTURE INSTALLATION. 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 OFFSHOOTS IN WASHINGTON DC, WITH SIDE STORIES RELATED TO WHAT WAS HAPPENING IN THE LARGER CONTEMPORARY 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 CHARGE. INDEED , THE KATZEN ARTS CENTER IS NOW A DESTINATION FOR CERTAIN TOUR GROUPS IN WASHINGTON DC.

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	INTENDED USE OF ENDOWMENT FUNDS THE UNIVERSITY'S ENDOWMENT CONSISTS OF APPROXIMATELY 600 INDIVIDUAL FUNDS ESTABLISHED FOR SCHOLARSHIPS AND RELATED ACADEMIC ACTIVITIES. ITS ENDOWMENT INCLUDES 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 CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	FIN 48 (ASC 740) FOOTNOTE THE UNIVERSITY CONSIDERS UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH ASC 740 ON THE BASIS OF A TWO-STEP PROCESS IN WHICH (1) MANAGEMENT EVALUATES WHETHER IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON THE BASIS OF THE TECHNICAL MERITS OF THE POSITION AND (2) FOR THOSE TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE UNIVERSITY RECOGNIZES THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50 PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT WITHIN THE RELATED TAX AUTHORITY. THE UNIVERSITY HAS CONCLUDED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2022 AND 2021.

SCHEDULE E
(Form 990)

Schools

OMB No. 1545-0047

2021

Open to Public Inspection

▶ **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.**
▶ **Go to www.irs.gov/Form990EZ for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN UNIVERSITY

Employer identification number
53-0196549

Part I

		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2	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	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or 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," please explain. If you need more space use Part II.	Yes	
4	Does the organization maintain the following?		
4a	Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
4b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
4c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
4d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
5	Does the organization discriminate by race in any way with respect to:		
5a	Students' rights or privileges?		No
5b	Admissions policies?		No
5c	Employment of faculty or administrative staff?		No
5d	Scholarships or other financial assistance?		No
5e	Educational policies?		No
5f	Use of facilities?		No
5g	Athletic programs?		No
5h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
6b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
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.	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	PUBLICATION OF RACIALLY NONDISCRIMINATORY POLICY IS NOTED IN THE INTERNET HOMEPAGE AND ALL ADMISSION PUBLICATIONS. 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.
SCHEDULE E, PART I, LINE 6A	GOVERNMENT ASSISTANCE 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)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
AMERICAN UNIVERSITY

Employer identification number
53-0196549

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	2	19			266,632,029
b Total from continuation sheets to Part I	0	0			30,234,580
c Totals (add lines 3a and 3b)	2	19			296,866,609

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data								
(2)								
(3)								
(4)								
5 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶								6
3 Enter total number of other organizations or entities ▶								2
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes 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
- 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

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 Reference	Explanation
PART I, LINE 2:	ANNUALLY, MORE THAN 750 STUDENTS PARTICIPATE IN THE ABROAD PROGRAM. THESE UNDERGRADUATES SELECT FROM HUNDREDS OF PROGRAMS WHICH SPAN DIVERSE CULTURES AND LANGUAGES ON ALL CONTINENTS. THE UNIVERSITY IS THE RECIPIENT OF SEVERAL CONTRACTS TO CONDUCT RESEARCH FOR THE US DEPARTMENT OF STATE AND OTHER AGENCIES AS WELL AS TO PROVIDE EDUCATIONAL 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
PART I, LINE 3:	ACCOUNTING METHOD USED THE EXPENDITURES, PER REGION, ARE PRESENTED ON THE ACCRUAL BASIS OF ACCOUNTING.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 53-0196549

Name: AMERICAN UNIVERSITY

Form 990 Schedule F Part I - Activities Outside The United 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
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	STUDY ABROAD	59,559
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	STUDY ABROAD	1,096,558

Form 990 Schedule F Part I - Activities Outside The United 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 & GREENLAND)	1	4	PROGRAM SERVICES	STUDY ABROAD	6,919,959
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	STUDY ABROAD	357,529

Form 990 Schedule F Part I - Activities Outside The United 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
RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	STUDY ABROAD	39,000
SOUTH AMERICA			PROGRAM SERVICES	STUDY ABROAD	142,581

Form 990 Schedule F Part I - Activities Outside The United 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
SUB-SAHARAN AFRICA	1	15	PROGRAM SERVICES	STUDY ABROAD	719,360
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		257,297,483

Form 990 Schedule F Part I - Activities Outside The United 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 & GREENLAND)			INVESTMENTS		29,869,711
EAST ASIA AND THE PACIFIC			GRANTMAKING	RESEARCH	63,450

Form 990 Schedule F Part I - Activities Outside The United 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 & GREENLAND)			GRANTMAKING	RESEARCH	221,704
SOUTH AMERICA			GRANTMAKING	RESEARCH	47,860

Form 990 Schedule F Part I - Activities Outside The United 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
SOUTH ASIA			GRANTMAKING	RESEARCH	11,437
SUB-SAHARAN AFRICA			GRANTMAKING	RESEARCH	20,418

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	RESEARCH	63,450		0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	160,512		0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	3,430		0		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	10,663		0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	47,099		0		
		SOUTH AMERICA	RESEARCH	47,860		0		

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	RESEARCH	11,437		0		
		SUB-SAHARAN AFRICA	RESEARCH	20,418		0		

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
AMERICAN UNIVERSITY

Employer identification number
53-0196549

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ACD DIRECT 520 N MARKETPLACE DR STE 200 CENTERVILLE, UT 84014	CALL CENTER		No	307,268	27,765	279,503
2 LEAD 635 CASTLE RIDGE DRIVE WENTZVILLE, MO 63385	CONSULTING		No	71,497	20,000	51,497
3 ONAIR FUNDRAISING LLC 5 SWALLOW LANE NORTH OAKS, MN 55127	CONSULTING		No	0	17,640	-17,640
4 8 BRIDGES WORKSHOP 1161 SELBY AVE STE 1 ST PAUL, MN 55104	CONSULTING		No	0	40,000	-40,000
5 CREATIVE DIRECT RESPONSE INC 16900 SCIENCE DR STE 210 BOWIE, MD 20715	CONSULTING		No	0	244,115	-244,115
6 GREATER PUBLIC 1001 G ST NW STE 800 WASHINGTON, DC 20001	CONSULTING		No	0	72,418	-72,418
7 IMPACT COMMUNICATIONS 735 8TH ST SE FL 2 WASHINGTON, DC 20003	CONSULTING		No	0	19,500	-19,500
8						
9						
10						
Total				378,765	441,438	-62,673

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization AMERICAN UNIVERSITY

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.

Employer identification number 53-0196549

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 34
3 Enter total number of other organizations listed in the line 1 table 1

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STUDENT SCHOLARSHIPS	11721	202,402,368			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	PROCEDURE FOR MONITORING USE OF GRANT FUNDS IN THE US AU PARTNERS WITH OTHER UNIVERSITIES AS NECESSARY TO PERFORM THE SCOPE OF THE 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 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.
SCHEDULE I, PART III	GRANTS TO INDIVIDUALS IN THE US ALL STUDENTS RECEIVING SCHOLARSHIPS AND FELLOWSHIPS ARE JUDGED WORTHY BY THE UNIVERSITY'S ASSESSMENT ON THE BASIS OF ACADEMIC ACHIEVEMENT, FINANCIAL NEED AND SIMILAR STANDARDS.

Additional Data

Software ID:
Software Version:
EIN: 53-0196549
Name: AMERICAN UNIVERSITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARD COLLEGE 30 CAMPUS ROAD ANNADALEONHUDSON, NY 12504	14-1713034	501(C)(3)	61,362	0			SUB-AWARD
BOISE STATE UNIVERSITY 1910 UNIVERSITY DR BOISE, ID 837250001	82-0290701	501(C)(3)	35,208	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC UNIVERSITY 620 MICHIGAN AVE NE WASHINGTON, DC 20064	53-0196583	501(C)(3)	41,000	0			SUB-AWARD
DREXEL UNIVERSITY 3141 CHESTNUT ST PHILADELPHIA, PA 191042816	23-1352630	501(C)(3)	48,861	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY 2200 W MAIN ST STE 710 DURHAM, NC 277084677	56-0532129	501(C)(3)	23,426	0			SUB-AWARD
GEORGE WASHINGTON UNIVERSITY 2121 I ST NW STE 601 WASHINGTON, DC 20052	53-0196584	501(C)(3)	46,000	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION INC 58 EDGEWOOD AVENUE NE ATLANTA, GA 30303	58-1845423	501(C)(3)	7,503	0			SUB-AWARD
IEARN INC 475 RIVERSIDE DRIVE STE 450 NEW YORK, NY 10115	13-3782233	501(C)(3)	165,542	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSIGHT CRIME INCORPORATED 4410 MASSACHUSETTS AVE NW STE 261 WASHINGTON, DC 200165561	82-3793490	501(C)(3)	151,333	0			SUB-AWARD
JOHNS HOPKINS UNIVERSITY 3400 N CHARLES ST BALTIMORE, MD 21218	52-0595110	501(C)(3)	153,622	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KNOWLEDGE ECOLOGY INTERNATIONAL 1621 CONNECTICUT AVENUE STE 500 WASHINGTON, DC 20009	83-0461554	501(C)(3)	13,600	0			SUB-AWARD
LOUISIANA STATE UNIVERSITY 6400 PERKINS ROAD BATON ROUGE, LA 70808	72-6000848	501(C)(3)	71,836	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYLAND INSTITUTE COLLEGE OF ART 1300 W MOUNT ROYAL AVE BALTIMORE, MD 21217	52-0591661	501(C)(3)	137,164	0			SUB-AWARD
MASSACHUSETTS ASSOCIATION OF HEALTH BOARDS INC 20 WALNUT STREET STE 110 WELLESLEY HILLS, MA 024812104	04-2774252	501(C)(3)	22,183	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL OPINION RESEARCH CENTER 55 EAST MONROE STREET 31ST FL CHICAGO, IL 60603	36-2167808	501(C)(3)	48,000	0			SUB-AWARD
PARTNERSHIP FOR A SECURE AMERICA 1129 20TH ST NW STE 500 WASHINGTON, DC 20036	30-0145807	501(C)(3)	73,391	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PYTHO LLC 866 PRESIDENT STREET APT 5 BROOKLYN, NY 11215	81-3705845		138,350	0			SUB-AWARD
ROCHESTER INSTITUTE OF TECHNOLOGY 7 LOMB MEMORIAL DR ROCHESTER, NY 146235603	16-0743140	501(C)(3)	20,100	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE UNIVERSITY 1852 N 10TH STREET 3RD FL PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	30,751	0			SUB-AWARD
TEXAS TECH UNIVERSITY PO BOX 41092 LUBBOCK, TX 794091092	75-6002622	501(C)(3)	105,396	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE INSPIRE PROJECT INC 107 S WEST STREET 425 ALEXANDRIA, VA 223112009	95-4418628	501(C)(3)	32,635	0			SUB-AWARD
THE UNIVERSITY OF ALABAMA IN HUNTSVILLE 301 SPARKMAN DRIVE HUNTSVILLE, AL 35899	63-0520830	501(C)(3)	10,000	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY COLLEGE 125 MICHIGAN AVE NW WASHINGTON, DC 20017	53-0196640	501(C)(3)	68,042	0			SUB-AWARD
UNIVERSITY OF ARIZONA PO BOX 876011 TEMPE, AZ 852876011	86-0196696	501(C)(3)	46,147	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA AT DAVIS 1850 RESEARCH PARK DRIVE STE 300 OAKLAND, CA 95616	94-3067788	501(C)(3)	44,708	0			SUB-AWARD
UNIVERSITY OF CHICAGO 105 WEST ADAMS STREET STE 1700 CHICAGO, IL 60603	36-2177139	501(C)(3)	13,650	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF HAWAII 1601 E WEST RD RM 4019 HONOLULU, HI 968481601	99-6000354	501(C)(3)	14,528	0			SUB-AWARD
UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN 1901 S FIRST ST STE A CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	10,336	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND 1296 SYMONS HALL COLLEGE PARK, MD 207425505	52-6002033	501(C)(3)	22,024	0			SUB-AWARD
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 120 FRIDAY CENTER DRIVE CHAPEL HILL, NC 27517	56-6001393	501(C)(3)	67,207	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF THE DISTRICT OF COLUMBIA 4200 CONNECTICUT AVE NW ROOM C-10 WASHINGTON, DC 20008	53-6001131	501(C)(3)	62,481	0			SUB-AWARD
URBAN INSTITUTE 500 LENFANT PLAZA NW WASHINGTON, DC 20024	52-0880375	501(C)(3)	12,047	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY IN ST LOUIS 1 BROOKINGS DRIVE ST LOUIS, MO 63130	43-0653611	501(C)(3)	52,822	0			SUB-AWARD
WESLEY THEOLOGICAL SEMINARY 4500 MASSACHUSETTS AVE NW WASHINGTON, DC 200165632	53-0245887	501(C)(3)	21,156	0			SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY 47 COLLEGE STREET STE 203 NEW HAVEN, CT 065208327	06-0646973	501(C)(3)	154,769	0			SUB-AWARD

Schedule J
(Form 990)

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN UNIVERSITY

Employer identification number
53-0196549

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	Yes								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	Yes								

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

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

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

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

Part III Supplemental Information

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
PART I, LINE 1A	HOUSING ALLOWANCES OR RESIDENCE FOR PERSONAL USE THE UNIVERSITY PROVIDES HOUSING FOR THE PRESIDENT AND HER FAMILY 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. HEALTH CLUB 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.

Part III Supplemental Information

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
PART I, LINE 4B	SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN THE FOLLOWING PERSONS PARTICIPATE IN SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS WHICH ARE INCLUDED IN THE TOTALS ABOVE: FANTA AW - \$29,800 MATTHEW BENNETT - \$28,100 SYLVIA M. BURWELL - \$135,328 TRAEVENA BYRD - \$36,270 SETH GROSSMAN - \$30,545 STEVE MUNSON - \$31,000 COURTNEY SURLS - \$40,100

Part III Supplemental Information

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
PART I, LINE 7	NON-FIXED PAYMENTS 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 REWARDS BASED ON THE PERFORMANCE ACHIEVED ON THE AGREED-UPON GOALS.

Part III Supplemental Information

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
PART I, LINE 8	INITIAL CONTRACT EXCEPTION 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

▶ **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 Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN UNIVERSITY

Employer identification number
53-0196549

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	4	5,084,650	EXPERT OPINION
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		81	FMV
6 Cars and other vehicles	X	1,156	1,914,737	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	120	2,519,032	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FURN & EQUIP)	X	3	17,370	FMV
26 Other ▶ (COMP SOFTWARE)	X	1	13,440	FMV
27 Other ▶ (AUCTION ITEMS)	X	32	1,880	FMV
28 Other ▶ (GIFT CARDS)	X	6	102	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).
PART I, LINE 32B:	THE UNIVERSITY USES A THIRD PARTY TO MANAGE THEIR VEHICLE DONATION PROGAM.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization
AMERICAN UNIVERSITY

Employer identification number

53-0196549

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>OTHER PROGRAM SERVICES 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 ENROLLMENT SERVICES, SPORTS AND RECREATION. INSTITUTIONAL SUPPORT - INFORMATION TECHNOLOGY, TELECOMMUNICATIONS, SPACE MANAGEMENT, SECURITY, MAIL AND TRANSPORTATION SERVICES. RESEARCH- RESEARCH AND TECHNICAL ASSISTANCE PROJECTS FUNDED BY FEDERAL AND PRIVATE AGENCIES. PUBLIC SERVICE - THE OPERATION OF WAMU 88.5 FM, A 24-HOUR, 50,000 WATT PUBLIC RADIO STATION LICENSED TO THE UNIVERSITY SINCE 1961. AMERICAN UNIVERSITY STRATEGIC PLAN IN JANUARY 2019, AMERICAN UNIVERSITY UNVEILED A NEW STRATEGIC PLAN, CHANGEMAKERS FOR A CHANGING WORLD. THE PLAN REPRESENTS AU'S COMMITMENT TO ITS MISSION "TO ADVANCE KNOWLEDGE, FOSTER INTELLECTUAL CURIOSITY, BUILD COMMUNITY, AND EMPOWER LIVES OF PURPOSE, SERVICE, AND LEADERSHIP." AS COVID-19 HAS ACCELERATED THE IMPORTANCE OF MANY ELEMENTS OF OUR STRATEGY AND TAKING A HOLISTIC VIEW OF WHAT WE STILL SEEK TO ACHIEVE UNDER THE CHANGEMAKERS FRAMEWORK, THE STRATEGY HAS BEEN EXTENDED FOR TWO ADDITIONAL YEARS. OUR NEW DECEMBER 2025 COMPLETION DATE WILL PROVIDE OPPORTUNITIES TO BUILD ON OUR FOUNDATIONAL WORK AND LESSONS LEARNED. THE UNIVERSITY'S SEVEN-YEAR PLAN BUILDS ON OUR LEGACY OF LEADERSHIP, SCHOLARSHIP, AND SERVICE AND FOCUSES ON THE CHALLENGES FACING OUR COMMUNITY AND HIGHER EDUCATION, AS IT BOLDLY EMBRACES OPPORTUNITIES FOR GREATER IMPACT. OUR PLAN IS ORGANIZED INTO THREE STRATEGIC THEMES - SCHOLARSHIP, LEARNING, AND COMMUNITY - WITH KEY IMPERATIVES TO GUIDE OUR FOCUSED EFFORTS.</p> <p>SCHOLARSHIP: SCHOLARSHIP IS CENTRAL TO AU'S FUTURE. WE WILL DEVELOP AREAS OF STRATEGIC FOCUS THAT DRAW ON FIELDS WHERE AU ALREADY EXCELS, WHERE OUR EXPERTISE CROSSES SCHOOLS AND DISCIPLINARY BOUNDARIES, AND THAT HOLD PROMISE FOR THE FUTURE. WE WILL ESTABLISH NEW WAYS TO SUPPORT THE WORK OF FACULTY ACROSS A RANGE OF DISCIPLINES. LEARNING: LEARNING IS AT THE CORE OF AU. AS WE PREPARE FOR TOMORROW'S OPPORTUNITIES, WE CONTINUE TO EMBRACE THE HIGHEST-QUALITY TEACHING, WHILE EXPLORING NEW FRONTIERS OF LEARNING AND SCHOLARSHIP. WE WILL EXPAND OPPORTUNITIES FOR LIFE LONG LEARNING EXPERIENCES THAT ARE MORE FLEXIBLE, PERSONALIZED, AND ACCESSIBLE. COMMUNITY: AU IS AN INSTITUTION DEEPLY ROOTED IN COMMUNITY - LOCALLY, NATIONALLY, AND GLOBALLY - AND WHEN OUR COMMUNITY GROWS STRONGER, SO DO WE. OVER THE NEXT SEVEN YEARS, OUR STRATEGIC EFFORTS WILL EXPAND AND STRENGTHEN OUR TIES TO COMMUNITIES, BOTH INTERNAL AND EXTERNAL. AMERICAN UNIVERSITY: PARTNER IN OUR COMMUNITY COMMUNITY SERVICE MANY OF AU'S PARTNERSHIPS WITH LOCAL GOVERNMENTS, BUSINESSES, AND INDIVIDUALS EXEMPLIFY THE UNIVERSITY'S COMMITMENT TO PUBLIC SERVICE. AU VIEWS ITSELF AS A PRIVATE UNIVERSITY WITH A PUBLIC RESPONSIBILITY. THE UNIVERSITY WORKS WITH NUMEROUS LOCAL ORGANIZATIONS AND PARTICIPATES IN A MYRIAD OF COMMUNITY SERVICE ACTIVITIES INCLUDING:</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4D	<p>COMMUNITY-BASED LEARNING AND RESEARCH, DC READS, ONE-DAY SERVICE EVENTS, AND EAGLE ENDOWMENT. 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. EACH YEAR, A GROUP OF EDUCATION MAJORS EACH YEAR ARE PLACED AS STUDENT TEACHERS TO TEACH ALL ASPECTS OF THE SCHOOL CURRICULUM FROM THE ARTS TO THE SCIENCES AND IN THE AREAS OF EARLY CHILDHOOD AND SPECIAL EDUCATION. WASHINGTON COLLEGE OF LAW WASHINGTON COLLEGE OF LAW (WCL), LOCATED ONE BLOCK FROM THE A U-TENLEYTOWN METRO, CONSISTENTLY PROVIDES FREE LEGAL SERVICES TO LOW-INCOME AND OTHERWISE UNDERREPRESENTED AREA RESIDENTS THROUGH ITS HIGHLY-RANKED CLINICAL PROGRAMS. IN ADDITION, A SELECTED GROUP OF WCL STUDENTS EACH YEAR REPRESENTS LOW-INCOME CLIENTS FACING EVICTION IN DC LANDLORD AND TENANT COURT, AS PARTICIPANTS IN THE DC LAW STUDENTS IN COURT PROGRAM, AN INDEPENDENT LEGAL SERVICE PROVIDER IN THE DISTRICT. AN OPEN DOOR POLICY AU MAINTAINS A GOOD NEIGHBOR POLICY BY WORKING WITH NEIGHBORS, LOCAL COMMUNITY ORGANIZATIONS, AND THE ADVISORY NEIGHBORHOOD COMMISSIONS IN THE CAMPUS AREA. LED BY THE DIRECTOR OF COMMUNICATIONS, THE UNIVERSITY'S OUTREACH EFFORTS ALSO INCLUDE MAINTAINING ONGOING CONTACT WITH SEVERAL DISTRICT OF COLUMBIA OFFICES AND AGENCIES. ON A MORE INFORMAL LEVEL, REPRESENTATIVES OF AMERICAN UNIVERSITY ALSO MEET AND INTERACT WITH MEMBERS OF THE NEIGHBORING COMMUNITIES ON A REGULAR BASIS. CONTINUED EDUCATION DC RESIDENTS ARE WELCOME AT AU'S BENDER LIBRARY TO STUDY AND ACCESS PRINT MATERIALS, LIBRARY CATALOG, AND DATABASES. THE OSHER LIFELONG LEARNING INSTITUTE (OLLI) OFFERS CLASSES IN THE FALL AND SPRING FOR INTELLECTUALLY CURIOUS "SEASONED LEARNERS" WITH A GENUINE INTEREST IN CONTINUING THEIR LEARNING WITH LIKE-MINDED PEOPLE. THE ARTS THE KATZEN ARTS CENTER AND AMERICAN UNIVERSITY MUSEUM SERVES AS AN IMPORTANT VENUE FOR THE DC ARTS COMMUNITY. IT HOSTS A VARIETY OF PROGRAMS RANGING FROM STUDENT PERFORMANCES TO LECTURES ON ENVIRONMENTALLY SOUND BUSINESS PRACTICES AND FILM SCREENINGS. DC RESIDENTS ARE INVITED TO ATTEND OPEN REHEARSALS OR TAKE TOURS OF THE GALLERIES. MANY OF THE EXHIBITS SHOWN AT THE MUSEUM HAVE EARNED REGIONAL, NATIONAL, AND INTERNATIONAL ACCOLADES. DISTRICT CHILDREN ARE THE FOCUS OF KIDS AT THE KATZEN, WHICH PRESENTS CREATIVE ACTIVITIES AND SUMMER SPORTS CAMPS.</p>

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Return Reference	Explanation
A GREEN LEADER IN DC	<p>AU IS PROUD TO BE THE FIRST URBAN CAMPUS, THE FIRST RESEARCH UNIVERSITY, AND THE LARGEST HIGHER EDUCATION INSTITUTION TO ACHIEVE CARBON NEUTRALITY. AU ACHIEVED CARBON NEUTRALITY TWO YEARS AHEAD OF AN AMBITIOUS TARGET OF 2020 BY APPROACHING THE GOAL WITH THREE INNOVATIVE STRATEGIES: 1) REDUCE OUR OVERALL EMISSIONS, 2) USE RENEWABLE ENERGY, AND 3) OFFSET THE SMALL REMAINDER. THIS MILESTONE WAS ACHIEVED THROUGH COMMITMENT, LEADERSHIP, AND A COMMUNITY EFFORT. STUDENTS LED EVERY STEP OF THIS JOURNEY; THEY HAVE ALWAYS ENCOURAGED THE UNIVERSITY TO BROADEN HOW WE THINK ABOUT SUSTAINABILITY AND STRIVE FOR MORE. STAFF WHO BUILD AND MANAGE OUR CAMPUS EMBRACED THE COMMITMENT TO SUSTAINABILITY, WHILE FACULTY HAVE INTEGRATED SUSTAINABILITY INTO CLASSES AND PROCESSES TO REFLECT THEIR SUSTAINABILITY COMMITMENT. INCLUSIVE EXCELLENCE AU HAS A MULTIMILLION-DOLLAR PLAN TO ADVANCE THE CAUSE OF EQUITY, INCLUSION, AND DIVERSITY. 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 INCIDENTS OF BIAS AND DISCRIMINATION CLAIMS; COMMUNICATION AROUND ISSUES OF DIVERSITY, EQUITY, AND INCLUSION; AND MUCH MORE. WAMU 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 475,300 LISTENERS IN VIRGINIA, MARYLAND, AND THE DISTRICT OF COLUMBIA WITH NEWS, TALK PROGRAMMING, AND TRADITIONAL AMERICAN MUSIC. WAMU IS FUNDED BY MEMBER DONATIONS AND FINANCIAL SUPPORT FROM THE UNIVERSITY.</p>

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS FORM 990 IS PREPARED BY THE FINANCE OFFICE AND REVIEWED BY INDEPENDENT TAX ADVISORS. FORM 990 IS REVIEWED AND SIGNED BY THE CHIEF FINANCIAL OFFICER. FORM 990 IS REVIEWED AND 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT BOARD OF TRUSTEES MEMBERS ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST STATEMENT AND SUBMIT SUCH STATEMENT TO THE SECRETARY OF THE BOARD WHO IS ALSO THE GENERAL COUNSEL FOR THE UNIVERSTY. THE SECRETARY REVIEWS THOSE STATEMENTS FOR POTENTIAL CONFLICTS AND REPORTS SUCH CONFLICTS TO THE BOARD CHAIR. THE DISCLOSURE STATEMENT 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.

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Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION THE COMPENSATION OF ALL OFFICERS OF THE UNIVERSITY IS REVIEWED AND APPROVED ANNUALLY BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES, AND IS 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. THE COMMITTEE CONTEMPORANEOUSLY DOCUMENTS ITS DECISION WITHIN THE MINUTES.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	SUB-CONTRACTS/CONTRACTUAL EXP: PROGRAM SERVICE EXPENSES 101,372,636. MANAGEMENT AND GENERAL EXPENSES 6,145,676. FUNDRAISING EXPENSES 1,245,082. TOTAL EXPENSES 108,763,394. CONSULTING SERVICES: PROGRAM SERVICE EXPENSES 3,257,823. MANAGEMENT AND GENERAL EXPENSES 22,078. FUNDRAISING EXPENSES 31,490. TOTAL EXPENSES 3,311,391.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	PY REVERSALS OF ACCRUED GRANT EXP 50,496.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN UNIVERSITY

Employer identification number

53-0196549

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(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. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WASHINGTON RESEARCH LIBRARY CONSORTIUM 901 COMMERCE DRIVE UPPER MARLBORO, MD 20774 52-1559828	LIBRARY SVCS	MD	501(C)(3)	LINE 12B, II	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) THE AIRLIE FOUNDATION 6809 AIRLIE ROAD WARRENTON, VA 20187 54-0715531	CONF FACILITY	VA	AMERICAN UNIVERSITY	C	7,461,943	18,758,595	100.000 %	Yes	

Part V 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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a 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)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	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)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	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
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	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
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	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)	1s	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 type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation