

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.

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 07-01-2023, and ending 06-30-2024

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

C Name of organization
ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES

D Employer identification number
23-7189098

E Telephone number
(301) 588-8252

F Name and address of principal officer:
SANDRA ROOT-ELLEDGE
PO BOX 8787
SILVER SPRING, MD 209078787

G Gross receipts \$ 8,025,429

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

J Website: WWW.AUCD.ORG

K Form of organization: Corporation Trust Association Other

- 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

L Year of formation: 1971 **M State of legal domicile:** DE

Part I Summary

- 1** Briefly describe the organization's mission or most significant activities:
SEE PART III, LINE 1.

- 2** Check this box 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	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	32
6 Total number of volunteers (estimate if necessary)	6	16
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

8 Contributions and grants (Part VIII, line 1h)	10,887,828	6,655,910
9 Program service revenue (Part VIII, line 2g)	1,095,756	1,315,178
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,548	41,637
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,188	5,768
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,007,320	8,018,493

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,724,227	2,688,143
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)	2,978,101	3,067,666
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,849,335	2,205,778
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,551,663	7,961,587
19 Revenue less expenses. Subtract line 18 from line 12	455,657	56,906

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	8,770,875	6,874,755
21 Total liabilities (Part X, line 26)	4,405,554	2,350,645
22 Net assets or fund balances. Subtract line 21 from line 20	4,365,321	4,524,110

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
SANDRA ROOT-ELLEDGE INTERIM EXECUTIVE DIRECTOR

2025-05-08

Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00439715
	Firm's name	GELMAN ROSENBERG & FREEDMAN		Firm's EIN	52-1392008
	Firm's address	4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 208142930		Phone no.	(301) 951-9090

May the IRS discuss this return with the preparer shown above? See Instructions.

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1 Briefly describe the organization's mission:**

AUCD'S MISSION IS TO ADVANCE POLICIES AND PRACTICES THAT IMPROVE THE HEALTH, EDUCATION, SOCIAL AND ECONOMIC WELL-BEING OF ALL PEOPLE WITH DEVELOPMENTAL AND OTHER DISABILITIES, THEIR FAMILIES, AND THEIR COMMUNITIES BY SUPPORTING OUR MEMBERS IN RESEARCH, EDUCATION, HEALTH AND SERVICE ACTIVITIES THAT ACHIEVE OUR VISION.

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 \$ 2,370,638 including grants of \$ 1,747,097) (Revenue \$)
CDC: A PROJECT OF AUCD, IN PARTNERSHIP WITH CDC, TO INCREASE THE PUBLIC HEALTH CAPACITY OF AUCD NETWORK CENTERS ACROSS THE COUNTRY. EFFORTS INCLUDE PROVIDING TECHNICAL ASSISTANCE TO THE ACT EARLY NETWORK; FACILITATING THE FRIENDS OF THE NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES; INFORMING NATIONAL, STATE, AND LOCAL PARTNERS THROUGH REGULAR COMMUNICATION AND TRAINING; AND FACILITATING MULTI-SITE PROJECTS THAT AIM TO IMPROVE THE HEALTH AND WELLNESS OF INDIVIDUALS WITH DISABILITIES.	
4b	(Code:) (Expenses \$ 926,819 including grants of \$ 305,168) (Revenue \$)
HHS-OIDD: A PROJECT OF AUCD, IN PARTNERSHIP WITH THE OFFICE OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (OIDD), TO STRENGTHEN AND SUPPORT THE NETWORK OF UNIVERSITY CENTERS OF EXCELLENCE IN DEVELOPMENTAL DISABILITIES (UCEDDS) THROUGH TRAINING AND TECHNICAL ASSISTANCE. THE PURPOSE OF THIS PROJECT IS FOR THE ADMINISTRATION OF COMMUNITY LIVING, ADMINISTRATION ON DISABILITIES, AND OIDD TO CONTRACT FOR A PERFORMANCE-BASED ARRANGEMENT FOR PROVIDING COORDINATED, COMPREHENSIVE, AND SPECIALIZED TRAINING AND TECHNICAL ASSISTANCE (T/TA) TO UCEDDS.	
4c	(Code:) (Expenses \$ 694,082 including grants of \$ 17,640) (Revenue \$ 2,100)
ITAC: THE PURPOSE OF THE INTERDISCIPLINARY TECHNICAL ASSISTANCE CENTER (ITAC) ON AUTISM AND DEVELOPMENTAL DISABILITIES AT AUCD IS TO IMPROVE THE HEALTH OF INFANTS, CHILDREN, AND ADOLESCENTS WHO HAVE, OR ARE AT RISK FOR DEVELOPING, ASDS AND OTHER DEVELOPMENTAL DISABILITIES. THE CENTER ACCOMPLISHES THIS BY PROVIDING TECHNICAL ASSISTANCE TO INTERDISCIPLINARY TRAINING PROGRAMS (I.E., THE LENDS AND DEVELOPMENTAL - BEHAVIORAL PEDIATRICS (DBP) PROGRAMS) TO BETTER TRAIN PROFESSIONALS TO UTILIZE VALID AND RELIABLE SCREENING TOOLS TO DIAGNOSE OR RULE OUT AND PROVIDE EVIDENCE-BASED INTERVENTIONS FOR CHILDREN WITH AUTISM SPECTRUM DISORDER (ASD) AND OTHER DEVELOPMENTAL DISABILITIES.	
(Code:) (Expenses \$ 559,923 including grants of \$) (Revenue \$ 859,021)	
MEMBERSHIP DUES	
(Code:) (Expenses \$ 395,584 including grants of \$ 351,909) (Revenue \$)	
US AGING	
(Code:) (Expenses \$ 394,984 including grants of \$) (Revenue \$ 441,481)	
ANNUAL MEETING	
(Code:) (Expenses \$ 209,423 including grants of \$ 178,804) (Revenue \$)	
ASTHO	
(Code:) (Expenses \$ 174,479 including grants of \$) (Revenue \$)	
UNIVERSITY OF MASSACHUSETTS	
(Code:) (Expenses \$ 137,201 including grants of \$) (Revenue \$)	
UCLA REGENTS HHS	
(Code:) (Expenses \$ 130,660 including grants of \$ 59,833) (Revenue \$)	
ACL FE	
(Code:) (Expenses \$ 61,077 including grants of \$) (Revenue \$ 4,652)	
ECPC (UCONN)	
(Code:) (Expenses \$ 53,571 including grants of \$) (Revenue \$)	
MOREHOUSE SCHOOL OF MEDICINE	
(Code:) (Expenses \$ 41,820 including grants of \$ 27,692) (Revenue \$)	
WITH FOUNDATION	
(Code:) (Expenses \$ 7,766 including grants of \$) (Revenue \$)	
HSRI	
(Code:) (Expenses \$ 6,658 including grants of \$) (Revenue \$ 7,495)	
BRANDIES	
(Code:) (Expenses \$ 4,567 including grants of \$) (Revenue \$)	
REGENTS OF THE UNIVERSITY OF MINNESOTA	
(Code:) (Expenses \$ 3,983 including grants of \$) (Revenue \$)	
UNIVERSITY OF NEW HAMPSHIRE	
(Code:) (Expenses \$ 3,359 including grants of \$) (Revenue \$)	
UNH STATS RRTC	
(Code:) (Expenses \$ 2,996 including grants of \$) (Revenue \$)	
AAP FE	
(Code:) (Expenses \$ 623 including grants of \$) (Revenue \$)	
UNIVERSITY OF MINNESOTA	
(Code:) (Expenses \$ 500 including grants of \$) (Revenue \$)	
ANNE RUDIGIER FUND	
(Code:) (Expenses \$ 165 including grants of \$) (Revenue \$)	
ECPC UCHC	
(Code:) (Expenses \$ 22,119 including grants of \$) (Revenue \$)	
KESSLER FOUNDATION	
(Code:) (Expenses \$ including grants of \$) (Revenue \$ 429)	
HARKIN INSTITUTE	
4d	Other program services (Describe in Schedule O.)
(Expenses \$ 2,211,458 including grants of \$ 618,238) (Revenue \$ 1,313,078)	
4e	Total program service expenses 6,202,997

Part IV Checklist of Required Schedules

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

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f		No
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		
21	Yes	

Part IV Checklist of Required Schedules (continued)

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

	Yes	No
22		No
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No
28a		No
28b		No
28c		No
29		No
30		No
31		No
32		No
33		No
34		No
35a		No
35b		
36		No
37		No
38	Yes	

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



- 1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable
- 1b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable
- c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a	55	Yes	No
1b	0		
1c		Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	32		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a	No		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?	13a			
Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?				
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a	No		
14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?				
16 Is the organization subject to and files Form 4720, Schedule O, Section 4968 excise tax on net investment income?				
17 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.				

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

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	16	
1b	16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		No

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe 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	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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.	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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: SANDRA ROOT-ELLEDGE PO BOX 8787 SILVER SPRING, MD 209078787 (301) 588-8252	

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, box 6 of 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
		Institutional Trustee; Individual trustee or director	Officer	Key employee	Highest compensated Former person			
(1) DEREK WILLIS PRESIDENT	1.00	X		X		0	0	0
(2) ILKA RIDDIE PRESIDENT-ELECT	1.00	X		X		0	0	0
(3) CAROL SALAS PAGAN PAST PRESIDENT	1.00	X		X		0	0	0
(4) LINDA RUSSO SECRETARY/TREASURER	1.00	X		X		0	0	0
(5) WENDY A JONES COUNCIL REPRESENTATIVE	1.00	X				0	0	0
(6) GALE HANN EMERGING LEADER REP.	1.00	X				0	0	0
(7) JENEAN A CASTILLO COUNCIL REPRESENTATIVE	1.00	X				0	0	0
(8) ERIC MOODY COUNCIL REPRESENTATIVE	1.00	X				0	0	0
(9) PABLO JUAREZ MEMBER-AT-LARGE	1.00	X				0	0	0
(10) MICHAEL THORTON MEMBER-AT-LARGE	1.00	X				0	0	0
(11) MARCIA MORIARTA MEMBER-AT-LARGE	1.00	X				0	0	0
(12) MARK CRENSHAW MEMBER-AT-LARGE	1.00	X				0	0	0
(13) RANDALL OWEN MEMBER-AT-LARGE	1.00	X				0	0	0
(14) SHARON MILBERGER MEMBER-AT-LARGE	1.00	X				0	0	0
(15) JOHN T TSCHIDA EXECUTIVE DIRECTOR	40.00			X		262,500	0	42,239
(16) EDWARD T WASHINGTON CFO/COO	40.00			X		208,182	0	34,895
(17) OKSANA KLIMOVA DIR. OF WEB SERVICES	40.00			X		135,921	0	9,409

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

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A . .			
d Total (add lines 1b and 1c)	1,108,121	0	144,201

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 **8**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
VAULT CONSULTING LLC	ACCOUNTING SERVICES	236,318
8401 GREENSBORO DRIVE SUITE 500		
MCLEAN, VA 22102		
MODERN SIGNAL	WEBSITE DESIGN	179,112
PO BOX 16380		
BALTIMORE, MD 21210		

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 **2**

Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts					
		1a Federated campaigns . . .	1a		
		b Membership dues . . .	1b		
		c Fundraising events . . .	1c		
		d Related organizations	1d		
		e Government grants (contributions)	1e	4,975,686	
		f All other contributions, gifts, grants, and similar amounts not included above	1f	1,680,224	
		g Noncash contributions included in lines 1a - 1f:\$	1g		
		h Total. Add lines 1a-1f			6,655,910
Program Service Revenue		Business Code			
	2a MEMBERSHIP DUES	900099	859,021	859,021	
	b ANNUAL MEETING	900099	443,581	443,581	
	c BRANDIES	900099	7,495	7,495	
	d ECPEC (U CONN)	900099	4,652	4,652	
	e OTHER MEETINGS	900099	429	429	
	f All other program service revenue.				
	g Total. Add lines 2a-2f.		1,315,178		
	3 Investment income (including dividends, interest, and other similar amounts)			35,343	
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
Other Revenue	6a Gross rents	(i) Real	(ii) Personal		
	6b				
	c Rental income or (loss)	6c			
	d Net rental income or (loss).				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	7b	13,230			
	c Gain or (loss)	7c	6,936		
	d Net gain or (loss)		6,294		6,294
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			
	b Less: direct expenses	8b			
	c Net income or (loss) from fundraising events . . .				
Other Revenue Misc Amt	9a Gross income from gaming activities.	9a			
	b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities . . .				
	10a Gross sales of inventory, less returns and allowances . . .	10a			
	b Less: cost of goods sold	10b			
	c Net income or (loss) from sales of inventory . . .				
	11a MISCELLANEOUS	Business Code			
		900099	5,768		5,768
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		5,768		
	12 Total revenue. See instructions		8,018,493	1,315,178	0 47,405

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	2,688,143	2,688,143		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	554,708	141,167	413,541	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,987,405	1,566,299	421,106	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	117,562	94,781	22,781	
9 Other employee benefits	221,267	171,844	49,423	
10 Payroll taxes	186,724	127,948	58,776	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	308,816	121,487	187,329	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	13,300		13,300	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	513,504	354,798	158,706	
12 Advertising and promotion				
13 Office expenses	120,996	30,781	90,215	
14 Information technology	8,525	8,525		
15 Royalties				
16 Occupancy	293,878	149,895	143,983	
17 Travel	253,113	193,266	59,847	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	445,929	436,127	9,802	
20 Interest	368		368	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,457		44,457	
23 Insurance	8,498		8,498	
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	116,706	66,706	50,000	
b DUES AND SUBSCRIPTIONS	36,548	26,317	10,231	
c PROF. DEVELOPMENT	9,830	465	9,365	
d EQUIP. RENTAL & MAINT.	9,511	2,769	6,742	
e All other expenses	21,799	21,679	120	
25 Total functional expenses. Add lines 1 through 24e	7,961,587	6,202,997	1,758,590	0
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	73,081	1	4,985
	2 Savings and temporary cash investments	2,482,667	2	2,377,626
	3 Pledges and grants receivable, net	3,087,770	3	1,440,084
	4 Accounts receivable, net		4	
	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		8	
	9 Prepaid expenses and deferred charges	141,124	9	96,229
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 453,067		
	b Less: accumulated depreciation	10b 229,813	83,330	10c 223,254
	11 Investments—publicly traded securities		11	1,260,612
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,765,332	15	1,471,965
	16 Total assets: Add lines 1 through 15 (must equal line 33)	8,770,875	16	6,874,755
Liabilities	17 Accounts payable and accrued expenses	2,470,187	17	717,649
	18 Grants payable		18	
	19 Deferred revenue		19	
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,935,367	25	1,632,996
	26 Total liabilities: Add lines 17 through 25	4,405,554	26	2,350,645
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	4,311,595	27	3,710,455
	28 Net assets with donor restrictions	53,726	28	813,655
	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	4,365,321	32	4,524,110
	33 Total liabilities and net assets/fund balances	8,770,875	33	6,874,755

Part XI

Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	1	8,018,493
2	2	7,961,587
3	3	56,906
4	4	4,365,321
5	5	101,883
6	6	
7	7	
8	8	
9	9	0
10	10	4,524,110

Part XII Financial Statements and ReportingCheck 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

2b 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

2c 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3b 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

[Return to Form](#)

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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

2023**Open to Public
Inspection****Name of the organization**ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES**Employer identification number**

23-7189098

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,208,316	9,871,628	13,097,690	10,791,000	6,655,910	44,624,544
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	4,208,316	9,871,628	13,097,690	10,791,000	6,655,910	44,624,544
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) . .						
6 Public support. Subtract line 5 from line 4.						44,624,544

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .	4,208,316	9,871,628	13,097,690	10,791,000	6,655,910	44,624,544
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	39,072	22,160	46,384	36,858	35,343	179,817
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.). . .	2,307	1,000	21,002	39,391	5,768	69,468
11 Total support. Add lines 7 through 10						44,873,829
12 Gross receipts from related activities, etc. (see instructions)					12	5,604,535
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 2023 (line 6, column (f) divided by line 11, column (f))	14	99.440 %
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	99.390 %
16a 33 1/3% support test—2023. 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—2022. 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—2023. 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—2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests-2023. 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-2022. 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

- 1** Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer 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).*
- b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*
- 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).*
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b** Did one or more disqualified persons (as defined 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.*
- 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.*
- 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.*
- 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.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- 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?
 - A family member of a person described on 11a above?
 - A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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? 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.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 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? If "Yes," describe in **Part VI** the role the organization's supported organizations

	Yes	No
1		
2		
3		

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):
- The organization satisfied the Activities Test. Complete **line 2** below.
 - The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

	Yes	No
2a		

- 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? 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.

	Yes	No
2b		

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? If "Yes" or "No", provide details in **Part VI**.

	Yes	No
3a		

- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
3b		

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

(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 (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions	8	
9 Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023: a From 2018. b From 2019. c From 2020. d From 2021. e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7: a Excess from 2019. b Excess from 2020. c Excess from 2021. d Excess from 2022. e Excess from 2023.			

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

Return Reference

Explanation

Additional Data

[Return to Form](#)

Software ID:

Software Version:

2023

Schedule of Contributors

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

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

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES**Employer identification number**

23-7189098

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation**Check if your organization is covered by the General Rule or a Special Rule.****Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1/3}% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES

Employer identification number

23-7189098

Part I**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.**Contributors**

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 ASSOCIATION OF UNIVERSITY CENTERS ON
 DISABILITIES

Employer identification number

23-7189098

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Name of organization

ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES

Employer identification number

23-7189098

Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)* ► \$ _____

Use duplicate copies of Part III if additional space is needed.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

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.

2022**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

ASSOCIATION OF UNIVERSITY CENTERS ON

DISABILITIES

Employer identification number

23-7189098

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

- Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- Political campaign activity expenditures. See instructions ► \$ _____
- Volunteer hours for political campaign activities. See instructions

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

- Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 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).**

- Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ _____
- Did the filing organization file **Form 1120-POL** for this year? Yes No

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from 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.)

- 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

(a) Filing organization's totals	(b) Affiliated group totals
0	
75,505	
75,505	
7,872,782	
7,948,287	
547,414	

136,854
0
0

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	660,942	801,616	727,583	547,414	2,737,555
b Lobbying ceiling amount (150% of line 2a, column(e))					4,106,333
c Total lobbying expenditures	66,000	66,000	70,808	75,505	278,313
d Grassroots nontaxable amount	165,236	200,404	181,896	136,854	684,390
e Grassroots ceiling amount (150% of line 2d, column (e))					1,026,585
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? | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | |
| c Media advertisements? | | |
| d Mailings to members, legislators, or the public? | | |
| e Publications, or published or broadcast statements? | | |
| f Grants to other organizations for lobbying purposes? | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | |
| i Other activities? | | |
| j Total. Add lines 1c through 1i | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | |

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

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Supplemental Financial Statements**2022****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**ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES**Employer identification number**

23-7189098

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

	2a
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	

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 No6 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 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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 **d** Loan or exchange programs
b Scholarly research **e** Other
- c** Preservation for future generations

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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

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

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

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

3b

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				
b Buildings				
c Leasehold improvements				
d Equipment	274,198		214,907	59,291
e Other	178,869		14,906	163,963
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ►				223,254

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 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)		
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) DEPOSITS	22,093
(2) RIGHT-OF-USE ASSET - OPERATING LEASE	1,441,145
(3) RIGHT-OF-USE ASSET - FINANCE LEASE	8,727
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,471,965

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
OPERATING LEASE LIABILITY	1,620,430
FINANCE LEASE LIABILITY	12,566
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,632,996

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	8,127,076
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	101,883
b	Donated services and use of facilities	2b	20,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	121,883
3	Subtract line 2e from line 1	3	8,005,193
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	13,300
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	13,300
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,018,493

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	7,968,287
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	20,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	20,000
3	Subtract line 2e from line 1	3	7,948,287
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	13,300
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	13,300
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,961,587

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
PART XI, LINE 2D - OTHER ADJUSTMENTS:	EVENT EXPENSES REPORTED AS EXPENSES ON THE FINANCIAL STATEMENTS AND AS AN OFFSET TO REVENUE ON FORM 990, ON PART VIII LINE 8B
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EVENT EXPENSES REPORTED AS EXPENSES ON THE FINANCIAL STATEMENTS AND AS AN OFFSET TO REVENUE ON FORM 990, ON PART VIII LINE 8B

Additional Data

[Return to Form](#)

Software ID:

Software Version:

**Schedule I
(Form 990)**Department of the
Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES

Employer identification number

23-7189098

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 MINNEAPOLIS, MN 55485	41-6007513	GOVERNMENT	350,765	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(2) AMERICAN SOCIETY OF HEMATOLOGY REGISTRY INC 2021 L STREET NORTHWEST WASHINGTON, DC 20036	23-7080568	501(C)(3)	275,385	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(3) AUTISM SOCIETY OF AMERICA 6110 EXECUTIVE BOULEVARD NORTH BETHESDA, MD 20852	52-1020149	501(C)(3)	196,549	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(4) ILLINOIS ASSISTIVE TECHNOLOGY PROGRAM 701 N WALNUT STREET SPRINGFIELD, IL 62702	37-1290943	501(C)(3)	160,753	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(5) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BOULEVARD LOS ANGELES, CA 90024	95-6006143	501(C)(3)	148,235	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(6) THE ARC OF THE UNITED STATES 1825 K STREET NW WASHINGTON, DC 20006	13-5642032	501(C)(3)	135,338	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(7) UNIVERSITY OF VERMONT 85 SOUTH PROSPECT STREET BURLINGTON, VT 05405	03-0179440	GOVERNMENT	120,090	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(8) THE SPINA BIFIDA ASSOCIATION 1600 WILSON BOULEVARD ARLINGTON, VA 22209	58-1342181	501(C)(3)	110,874	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(9) UNIV OF MASSACHUSETTS BOSTON HEALEY LIBRARY 10TH FLOOR SUITE 26 BOSTON, MA 021253393	04-3167352	GOVERNMENT	107,554	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(10) SELF ADVOCATES BECOMING EMPOWERED (SABE) 1455 ENGLEWOOD COURT MAINEVILLE, OH 45039	58-2190392	501(C)(3)	104,136	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(11) UNIVERSITY OF MIAMI 1320 SOUTH DIXIE HWY CORAL GABLES, FL 33146	59-0624458	GOVERNMENT	102,988	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(12) FAMILY VOICES 110 HARTWELL AVENUE LEXINGTON, MA 02421	85-0430800	501(C)(3)	102,363	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(13) GEORGIA STATE UNIVERSITY 75 PIEDMONT AVENUE ATLANTA, GA 30303	58-6002050	GOVERNMENT	89,246	0			RESEARCH, EDUCATION, SERVICE SUBAWARD

(14) UTAH STATE UNIVERSITY 1415 OLD MAIN HILL LOGAN, UT 84322	87-6000528	GOVERNMENT	84,235	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(15) NATIONAL ALLIANCE FOR DIRECT SUPPORT PROFESSIONALS 240 WASHINGTON AVENUE EXTENSION SUITE 504 ALBANY, NY 12203	20-2111324	501(C)(6)	82,871	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(16) OREGON HEALTH & SCIENCE CENTER 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501(C)(3)	59,833	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(17) WESTCHESTER LEND 20 PLAZA WEST 322 CEDARWOOD HALL VALHALLA, NY 10595	20-0738248	501(C)(3)	55,600	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(18) WASHINGTON STATE UNIVERSITY 240 FRENCH ADMINISTRATION BUILDING PO BOX 641025 PULLMAN, WA 991641025	91-6001108	GOVERNMENT	55,421	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(19) HUGO MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER 707 N BROADWAY BALTIMORE, MD 21205	52-1524967	501(C)(3)	54,056	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(20) REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS CASHIERS OFFICE PO BOX 989062 WEST SACRAMENTO, CA 95798	94-6036494	GOVERNMENT	50,832	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(21) UNIVERSITY OF ARIZONA PO BOX 41867 TUCSON, AZ 85717	74-2652689	GOVERNMENT	45,257	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(22) COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF HEALTH 250 WASHINGTON ST BOSTON, MA 02108	04-6002284	GOVERNMENT	41,398	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(23) INDIANA UNIVERSITY 509 E 3RD STREET BLOOMINGTON, IN 47405	35-6001673	GOVERNMENT	37,276	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(24) THE JOINT COMMISSION PO BOX 734505 CHICAGO, IL 606734505	36-2229255	501(C)(3)	29,373	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(25) TASH 1825 K STREET NW SUITE 1250 WASHINGTON, DC 20006	51-0160220	501(C)(3)	23,054	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(26) THE UNIVERSITY OF IOWA 118 S CLINTON STREET GRANT ACCOUNTING OFFICE IOWA CITY, IA 52245	42-0796760	GOVERNMENT	18,403	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(27) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 337 PETERSON SERVICE BUILDING LEXINGTON, KY 405060005	61-6033693	501(C)(3)	16,242	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(28) DUKE UNIVERSITY PO BOX 602651 CHARLOTTE, NC 28260	56-0532129	501(C)(3)	15,882	0			RESEARCH, EDUCATION, SERVICE SUBAWARD
(29) UNIVERSITY OF COLORADO DENVER OFFICE OF GRANTS AND CONTRACTS PO BOX 910238 MSC F428 AURORA, CO 80291	84-6000555	GOVERNMENT	14,134	0			RESEARCH, EDUCATION, SERVICE SUBAWARD

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

28

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)					
(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:	EACH YEAR, AUCD RECEIVES FUNDING THROUGH VARIOUS FEDERAL PARTNERS (SUCH AS CDC, MCHB, AND OIDD) TO PASS THROUGH TO OUR NETWORK MEMBERS AMOUNTS TO CONDUCT RESEARCH, TRAINING AND EDUCATION SERVICES. AUCD CONDUCTS APPLICATION AND PEER REVIEW PROCESSES TO SELECT AWARDEES FOR THE PARTICULAR INITIATIVES. UPON AWARD, SUB-RECIPIENTS ARE REQUIRED TO SUBMIT MONTHLY INVOICES (SUB-AWARDEE EXPENDITURES ARE TRACKED AGAINST BUDGETS AND VIA AUCD'S ACCOUNTING SYSTEM) AND PROGRESS REPORTS. AUCD PROJECT STAFF ALSO COMMUNICATE ON A REGULAR BASIS WITH SUB-AWARDEES THROUGH CONFERENCE CALLS, WEBINARS AND EMAIL TO CHECK THE PROGRESS OF PROJECTS. ALSO, ALL SUB-RECIPIENTS ARE REQUIRED TO FOLLOW FINANCIAL GUIDELINES SET FORTH BY TITLE 2 U.S. CODE OF FEDERAL REGULATIONS PART 200, UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS (UNIFORM GUIDANCE), AS APPROPRIATE. AS REQUIRED, SUB-AWARDEE PROGRESS REPORTS AND FINANCIAL INFORMATION ARE PROVIDED BACK TO OUR FEDERAL FUNDERS TO MONITOR THE PROGRESS OF WORK PERFORMED.

Additional Data

1234567890

Return to Form

Software ID:

Software Version:

Department of the Treasury
Internal Revenue Service**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.**2023****Open to Public Inspection**Name of the organization
ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIES**Employer identification number**

23-7189098

Part I Questions Regarding Compensation**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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input 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 indemnification and gross-up payments | <input 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) |

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**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?**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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a**
- Receive a severance payment or change-of-control payment?
-
- b**
- Participate in, or receive payment from, a supplemental nonqualified retirement plan?
-
- c**
- Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a**
- The organization?
-
- b**
- Any related organization?
-
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a**
- The organization?
-
- b**
- Any related organization?
-
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.**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.**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		

2		

4a		No
4b		No
4c		No

5a		No
5b		No

6a		No
6b		No

7	Yes	

8		No
9		

9		

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

For each individual whose compensation must be reported 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.

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	THE FOLLOWING INDIVIDUALS REPORTED ON PART VII RECEIVED MERIT BASED PERFORMANCE BONUSES DURING THE YEAR: DENISE ROZELL \$1,500 EDWARD T. WASHINGTON \$3,000 OKSANA KLIMOWA \$1,500 CYNTHIA SMITH \$1,500 MICHELE M LUMSFORD \$2,000 ADRIENNE GLYMPH \$1,500

Additional Data

[Return to Form](#)

Software ID:

Software Version:

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.

Name of the organization
ASSOCIATION OF UNIVERSITY CENTERS ON
DISABILITIESEmployer identification number
23-7189098

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES IS A MEMBERSHIP ORGANIZATION THAT SUPPORTS AND PROMOTES A NATIONAL NETWORK OF UNIVERSITY-BASED INTERDISCIPLINARY PROGRAMS. NETWORK MEMBERS CONSIST OF: - UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES (UCEDD), FUNDED BY THE OFFICE OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (OIDD) - LEADERSHIP EDUCATION IN NEURODEVELOPMENTAL DISABILITIES (LEND) PROGRAMS FUNDED BY THE MATERNAL AND CHILD HEALTH BUREAU (MCHB) - INTELLECTUAL AND DEVELOPMENTAL DISABILITY RESEARCH CENTERS (IDRRC), MOST OF WHICH ARE FUNDED BY THE EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE FOR CHILD HEALTH AND DEVELOPMENT (NICHD). THESE PROGRAMS SERVE AND ARE LOCATED IN EVERY U.S. STATE AND TERRITORY AND ARE ALL PART OF UNIVERSITIES OR MEDICAL CENTERS. THEY SERVE AS A BRIDGE BETWEEN THE UNIVERSITY AND THE COMMUNITY, BRINGING TOGETHER THE RESOURCES OF BOTH TO ACHIEVE MEANINGFUL CHANGE. MEMBERS PAY ANNUAL DUES TO AUCD, WHICH ARE DETERMINED BY THE TOTAL AMOUNT OF CORE OIDD AND MCHB FUNDING THEY RECEIVE. AUCD SUPPORTS THIS NATIONAL NETWORK THROUGH: - LEADERSHIP ON MAJOR SOCIAL PROBLEMS AFFECTING ALL PEOPLE LIVING WITH DEVELOPMENTAL OR OTHER DISABILITIES OR SPECIAL HEALTH NEEDS - ADVOCACY WITH CONGRESS AND EXECUTIVE BRANCH AGENCIES THAT FUND AND REGULATE PROGRAMS USED BY PEOPLE WITH DISABILITIES - NETWORKING AND PARTNERING WITH OTHER NATIONAL ORGANIZATIONS TO ADVANCE THE NETWORK'S NATIONAL AGENDAS - PROMOTING COMMUNICATION WITHIN THE NETWORK AND WITH OTHER GROUPS BY COLLECTING, ORGANIZING, AND DISSEMINATING DATA ON NETWORK ACTIVITIES AND ACCOMPLISHMENTS - TECHNICAL ASSISTANCE PROVISION ON A BROAD RANGE OF TOPICS. AUCD CONTINUES TO IMPLEMENT THE GOALS AND PRIORITIES OUTLINED IN ITS STRATEGIC MAP IN SUPPORT OF THE ASSOCIATION'S VISION AND FOCUS FOR THE ORGANIZATION AND NETWORK. THOSE ACTIVITIES INCLUDE THE CREATION OF A NEW AUCD VIDEO TO SUPPORT INCREASING VISIBILITY AND REACH, THE LAUNCH OF A DIVERSITY AND INCLUSION TOOLKIT FOR THE NETWORK, THE ASSOCIATION AND FUNDERS, DIVERSIFYING OUR FUNDING AND STRENGTHENING THE NETWORK THROUGH A LEADERSHIP PLANNING GRANT, AND WORKING WITH BIPARTISAN LEADERS IN CONGRESS TO INCLUDE IMPORTANT PROVISIONS FOR STUDENTS WITH DISABILITIES IN THE PASSAGE OF THE EVERY STUDENT SUCCEEDS ACT.
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERSHIP OF THE AUCD ELECTS THE FIVE AT-LARGE MEMBERS OF THE AUCD BOARD OF DIRECTORS AT THE END OF EACH AT-LARGE MEMBER'S TERM, WHICH IS THREE YEARS. THESE ELECTIONS TAKE PLACE IN THE FALL OF THE YEAR AS EACH BOARD MEMBER'S TERM ENDS. THE ELECTIONS TAKE PLACE VIA A SECURE ONLINE VOTING APPLICATION. THIS PROCESS IS OUTLINED IN THE BOARD BY-LAWS.
FORM 990, PART VI, SECTION B, LINE 11B	THE ASSOCIATION'S BOARD FINANCE AND AUDIT COMMITTEE HAS THE RESPONSIBILITY TO REVIEW THE 990 DURING ONE OF ITS MONTHLY CONFERENCE CALLS. FOLLOWING THE REVIEW, THE FINANCE AND AUDIT COMMITTEE VOTES TO ACCEPT THE 990 AND RECOMMENDS THAT IT BE PRESENTED TO AND ACCEPTED BY THE FULL BOARD. A COPY OF THE 990 WAS PROVIDED TO AUCD'S GOVERNING BODY BEFORE IT WAS FILED.
FORM 990, PART VI, SECTION B, LINE 12C	AUCD HAS ADOPTED A SPECIFIC CONFLICT OF INTEREST POLICY THAT ALL STAFF ARE REQUIRED TO COMPLETE AND SIGN UPON EMPLOYMENT AT AUCD, AS WELL AS EACH YEAR OF EMPLOYMENT THEREAFTER. THIS POLICY IS SIMILAR TO THE BOARD OF DIRECTORS CONFLICT OF INTEREST POLICY, WHICH BOARD MEMBERS ARE REQUIRED TO SIGN UPON JOINING THE BOARD AND ANNUALLY FOR EACH YEAR OF THEIR TERM ON THE BOARD. THE AUCD CONFLICT OF INTEREST POLICY REQUIRES, AMONG OTHER THINGS, THAT ALL AUCD EMPLOYEES ANNUALLY, AS A PART OF THEIR ANNUAL PERFORMANCE REVIEW (AND AT THE TIME OF THE BEGINNING OF EMPLOYMENT FOR ALL NEW AUCD EMPLOYEES), COMPLETE AND RETURN TO AUCD THE CONFLICT OF INTEREST DISCLOSURE STATEMENT. INCLUDED IN THE CONFLICT OF INTEREST STATEMENT IS A LISTING OF ALL OUTSIDE EMPLOYMENT BY AUCD EMPLOYEES. NO EMPLOYEE MAY HOLD AN OUTSIDE POSITION WHICH IS IN CONFLICT WITH HIS/HER AUCD EMPLOYMENT OR WHICH UTILIZES AUCD RESOURCES UNLESS AUTHORIZED IN WRITING BY THE EXECUTIVE DIRECTOR. THE BOARD CONFLICT OF INTEREST POLICY STATES THAT, IN THEIR CAPACITY AS DIRECTORS, THE MEMBERS OF THE BOARD OF DIRECTORS OF AUCD MUST ACT AT ALL TIMES IN THE BEST INTERESTS OF AUCD. THE PURPOSE OF THIS POLICY IS TO HELP INFORM THE BOARD ABOUT WHAT CONSTITUTES A CONFLICT OF INTEREST, ASSIST THE BOARD IN IDENTIFYING AND DISCLOSING ACTUAL AND POTENTIAL CONFLICTS, AND HELP ENSURE THE AVOIDANCE OF CONFLICTS OF INTEREST WHERE NECESSARY.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD, WITH INPUT FROM THE FINANCE AND AUDIT COMMITTEE, DETERMINES THE EXECUTIVE DIRECTOR'S SALARY, BENEFITS, AND ANNUAL INCREASES. AUCD USES OBJECTIVE AND COMPARABILITY DATA TO DETERMINE COMPENSATION. THE BOARD PREPARES A MEMO SUMMARIZING THE EXECUTIVE DIRECTOR'S COMPENSATION DELIBERATIONS AND DECISIONS WHICH IS FILED IN HIS/HER PERSONNEL FILE. COMPENSATION IS BASED ON THE ROLES AND RESPONSIBILITIES OF THE POSITION IN ADDITION TO THE EDUCATIONAL LEVEL AND TYPE AND LENGTH OF EXPERIENCE OF THE INDIVIDUAL. ALSO, AUCD USES COMPENSATION DATA FROM OTHER COMPARABLE NONPROFIT ORGANIZATIONS TO DETERMINE SALARY AND BENEFITS. IT IS IMPORTANT TO NOTE THAT MANY OF AUCD'S POSITIONS ARE GRANT FUNDED. THEREFORE, COMPENSATION IS, IN PART, ALSO DEPENDENT ON THE APPROVED SALARY LEVEL IN GRANT BUDGETS. AUCD EMPLOYEES TYPICALLY RECEIVE A COST-OF-LIVING (COL) ADJUSTMENT EACH YEAR. IN ADDITION TO THE COL ADJUSTMENT, THE EXECUTIVE DIRECTOR CAN RECOMMEND A PERFORMANCE-BASED INCREASE FOR STAFF THAT HAVE DONE EXEMPLARY WORK. PERFORMANCE-BASED INCREASES ARE BASED UPON AVAILABLE FUNDS AND STAFF ANNUAL PERFORMANCE REVIEWS. THE COST-OF-LIVING ADJUSTMENT AND PERFORMANCE INCREASES ARE REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. THE LAST COMPENSATION REVIEW OF THE EXECUTIVE DIRECTOR TOOK PLACE IN JULY 2023.
FORM 990, PART VI, SECTION C, LINE 19	AUCD'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS (INCLUDING ANNUAL AUDITS) ARE AVAILABLE UPON REQUEST.

Additional Data

[Return to Form](#)

Software ID:

Software Version: