Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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.

2020 Open to Public

OMB No. 1545-0047

inten		enue service Go to www.ifs.gov/Formago for instructions and		ormation.	Inspection
A F	or th	e 2020 calendar year, or tax year beginning $07/01$, 2020, an	nd ending	0	6/30, 20 21
_		C Name of organization		D Employer identifie	cation number
BC	heck if a	AUC CONSORTIUM, INC.		20-095017	77
	Addı char				
	Nam	e change Number and street (or P.O. box if mail is not delivered to street address) Ro	oom/suite	E Telephone numbe	r
	Initia	l return P.O. BOX 92527		(404) 978-	2177
		return/ City or town, state or province, country, and ZIP or foreign postal code			
	Ame	ATLANTA, GA 30314		G Gross receipts \$	4,951,206.
		F Name and address of principal officer: DR MTCHAEL HODGE		H(a) Is this a group resubordinates?	turn for Yes X No
		P.O. BOX 92527, ATLANTA, GA 30314		H(b) Are all subordinates	included? Yes No
I	Tax-e	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attach	a list. See instructions
J	Webs	ite: WWW.AUCENTER.EDU		H(c) Group exemption	number
к	Form	of organization: X Corporation Trust Association Other ►	L Year of form	nation: 2004 M Stat	
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: SEE SCHI	EDULE O A	ATTACHMENT 1	
e	-				
anc					
Governance	2	Check this box if the organization discontinued its operations or disposed of the organization discontinued its operations or disposed of the organization discontinued its operations of the organization dits operation	of more than 25	5% of its net assets.	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		1	4.
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4.
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			10.
ivi	6	Total number of volunteers (estimate if necessary)			0.
Act	-	Total unrelated business revenue from Part VIII, column (C), line 12		· · · · · · · · · · ·	0.
		Net unrelated business taxable income from Form 990-T, Part I, line 11			
			<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,154,103.	2,557,183.
anu	9	Program service revenue (Part VIII, line 2g)		870,123.	1,159,480.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		72,895.	114,953.
R	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		340,705.	290,307.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,437,826.	4,121,923.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		154,815.	444,859.
	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)		818,134.	1,171,246.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben		Total fundraising expenses (Part IX, column (A), line 11e) $0.$	•••••		
ň	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,222,574.	837,030.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,195,523.	2,453,135.
	19	Revenue less expenses. Subtract line 18 from line 12		1,242,303.	1,668,788.
r se				ginning of Current Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		4,046,556.	5,835,954.
Asse	21	Total liabilities (Part X, line 26)	•••••	354,804.	258,587.
und /	22	Net assets or fund balances. Subtract line 21 from line 20	•••••	3,691,752.	5,577,367.
	rt II	Signature Block		0,002,002	0707770077
		nalties 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	e, corr	ect, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer has any	/ knowledge.	
		Title He		04/19/2022	
Sig	n	Signature of officer		Date	
He		MICHAEL HODGE EXECUTIV	F DIRFOTO		
		Type or print name and title		<u>)</u> 1/	
		Print/Type preparer's name Preparer's signature	Date		PTIN
Paic	I		04/19/20	Check if)22 self-employed	P01064157
Pre	barer	SANDRA L FEINSMITH			
Use	Only	Firm's name BDO USA, LLP		Firm's EIN ► 13-	-688-6841
Mai	, +h c	Firm's address >1100 PEACHTREE STREET, SUITE 700 ATLANTA, GA 30309-4516			
way	/ me	IRS discuss this return with the preparer shown above? (see instructions)			XYes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see in	nstructions.		Taxpayer identification nu	Imber (TIN)	
print	AUC CONSORTIUM, INC.			20-095017	7	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. bo P.O. BOX 92527	ox, see instru	ctions.			
return. See instructions.	City, town or post office, state, and ZIP code. Fo ATLANTA, GA 30314	r a foreign ad	ldress, see instructions.			
Enter the F	Return Code for the return that this application	n is for (file	a separate application fo	r each return)		01
Applicatio	n	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation	on)		07
Form 990-	BL	02	Form 1041-A			08
Form 4720) (individual)	03	Form 4720 (other than	ı individual)		09
Form 990-	PF	04	Form 5227			10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	T (trust other than above)	06	Form 8870			12
 If the or If this is for the who a list with t 1 I required for the for the back of the second second	ane No. \blacktriangleright 404 978-2177 ganization does not have an office or place of for a Group Return, enter the organization's for oble group, check this box \frown \blacktriangleright \frown he names and TINs of all members the extension uest an automatic 6-month extension of time units calendar year 20 or tax year beginning 07/10 tax year entered in line 1 is for less than 12 m	business ir bur digit Gro lf it is for pa sion is for. until s for the org 01, 20 2	bup Exemption Number (6 art of the group, check th 05/16, 202 ganization's return for: 0_, and ending	GEN) his box	If t	this is ttach tion return
3a If this	Change in accounting period s application is for Forms 990-BL, 990-PF, 9	990-T, 472	0, or 6069, enter the t	entative tax, less any		
	efundable credits. See instructions.	*		. ,	3a \$	0.
b If thi	s application is for Forms 990-PF, 990-T	fundable credits and				
estim	ated tax payments made. Include any prior year	ar overpayr	nent allowed as a credit.		3b \$	0.
c Balar	nce due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if rec	uired, by using EFTPS		
(Elec	tronic Federal Tax Payment System). See instru	uctions.			3c \$	0.
Caution: If y	ou are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, se	e Form 8453-EO and Forn	n 8879-EO	for payment
instructions.						
For Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			Form 8868	8 (Rev. 1-2020

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_	n 990 (2020)	Page 2
Pa	art III Statement of Program Service Accomplishments	
4	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: ATTACHMENT 1	
2	Did the organization undertake any significant program services during the year which were not listed on	the
2	prior Form 990 or 990-EZ?	Yes X 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 progr	am
•	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program se	rvices, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants ar	nd allocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,064,487. including grants of \$391,210.) (Revenue \$)	0.)
	DATA SCIENCE - VISION - TO BE THE LEADING INSTITUTE THAT PROVIDES	
	A FORUM FOR THE CONVERGENCE OF HIGHER EDUCATION INSTITUTIONS,	
	INDUSTRY, AND GOVERNMENTAL AGENCIES TO ADVANCE DATA SCIENCE ON	
	TOPICS THAT IMPACT BLACK AMERICA AND TO DEVELOP PRACTICES THAT	
	DIVERSIFY THE DATA SCIENCE WORKFORCE. MISSION - WE ARE COMMITTED	
	TO ADVANCING DATA SCIENCE BY SUPPORTING STUDENTS AND FACULTY IN	
	PREPARATION TO ENGAGE WITH EXTERNAL STAKEHOLDERS TO DEVELOP	
	INNOVATIONS IN RESEARCH, BEST PRACTICES, AND EDUCATIONAL	
	ACTIVITIES.	
<u>4h</u>	(Code:) (Evenness \$	101.002
40	(Code:) (Expenses \$297,618. including grants of \$53,649.) (Revenue \$ THE MISSION OF THE ATLANTA UNIVERSITY CENTER (AUC) CONSORTIUM DUAL	121,293.)
	DEGREE ENGINEERING PROGRAM (DDEP) IS TO SIGNIFICANTLY INCREASE THE	
	NUMBER OF MINORITY ENGINEERS WHO ARE GLOBALLY AWARE, SOCIALLY	
	ENGAGED, AND WELL EQUIPPED FOR SCIENTIFIC, TECHNOLOGICAL,	
	ENGINEERING, AND MATHEMATICAL CAREERS. IN COLLABORATION WITH A	
	WIDE ARRAY OF CORPORATIONS, ENGINEERING SCHOOLS, AND OTHER	
	PARTNERS, THE CONSORTIUM-WIDE PROGRAM OFFERS SERVICES THAT	
	COMPLEMENT THOSE PROVIDED BY ITS MEMBER INSTITUTIONS: CLARK	
	ATLANTA UNIVERSITY, MOREHOUSE COLLEGE AND SPELMAN COLLEGE.	
4c	(Code:) (Expenses \$ 214,608. including grants of \$ 0.) (Revenue \$	108,332.)
	ATTACHMENT 2	
4d	Other program services (Describe on Schedule O.) ATTACHMENT 3	
	(Expenses \$ 165,995. including grants of \$ 0.) (Revenue \$ 929,855.)	
4e	Total program service expenses ► 1,742,708.	
		Form 990 (2020)
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AUC CONSORTIUM, INC.

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

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Form 990 (2020)

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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		Х	
24-	employees? If "Yes," complete Schedule J.	23	A	
24 a	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, 20022. If "Yea" answer lines 24b			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
U	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			37
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		37	
05.	or IV, and Part V, line 1	34	X	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
50	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	Eorm	990	(2020)
054000	4 000	LOUD	530	120201

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Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 10			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
D		2.0		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		Х
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
L		7c		Х
لہ	required to file Form 8282?	10		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		
_	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	•		х
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0		
	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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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.			
а	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Χ
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
	If "Yes." complete Form 4720. Schedule O.	Ī		

Form **990** (2020)

Form 990 (2020)

Form 9	90 (2020) AUC CONSORTIUM, INC. 20-0950)177	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		37	
а	The governing body?	8a	X X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		x
Socti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	-	<u> </u>	21
Jecu	on b. Toncies (This Section B requests information about policies not required by the internal revenue	Coue	Yes	No
40-	Did the experimetion have lead charters branches or effiliated?	10a		x
	Did the organization have local chapters, branches, or affiliates?	100		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a h	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
b 12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
D	rise to conflicts?	12b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
U	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright GA ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1	(Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	rest p	oolicy,
	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 record TAMALA FORTSON PO BOX 92527 ATLANTA, GA 30314 404-978-2177	is 🕨		

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontr	actors								

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

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

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

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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	box,	unles	Pos heck ss pe	erson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)TODD GREENE	35.00									
EXECUTIVE DIRECTOR	0.				x			318,363.	0.	19,000.
(2) SAID SEWELL	35.00									
DIRECTOR, ACADEMICS, RESEARCH	0.					Х		101,897.	0.	0
(3) DR. VALERIE MONTGOMERY RICE	1.00									
TRUSTEE	0.	Х						0.	0.	0
(4) DR. MARY SCHMIDT CAMPBELL	1.00									
TRUSTEE	0.	Х						0.	0.	0
(5) DR. GEORGE T. FRENCH JR.	1.00									
CHAIR	0.	Х						0.	0.	0
(6) DR. DAVID THOMAS	1.00									
TRUSTEE	0.	X						0.	0.	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Form 990 (2020)

AUC CONSORTIUM, INC.

Form 990 (2020)							<u> </u>							age 8
	. Officers, Directors, Tru	ustees, Ke	ey En	nplo	byee	es,	and H	lig		ed Employ	yees (c	ontinue	d)	
	(A) e and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos heck ss pe d a d	erson lirect	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from d	am	(F) timated ount of other pensatio	n
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		orga and	om the anization I related nizations	
			-											
			_											
			_											
			-											
			-											
			-											
			-											
c Total from continu	ation sheets to Part VII, S	-		•••	•••	•••			420,260.		0.		19,0	0.
2 Total number of inc	and 1c) ividuals (including but not sation from the organization	limited to t	hose					► o re	420,260. eceived more than		0 . of		19,0	00.
				5									Yes	No
	ion list any former offic a? If "Yes," complete Sched											3		х
organization and	listed on line 1a, is the s related organizations groups	eater than	\$15	50,0	00?	lf	"Yes	s,"	complete Schedu	le J for				
5 Did any person lis	ted on line 1a receive or	accrue co	mpen	sati	on f	from	n any	un	related organizati	on or indivi		4	X	
for services rendered Section B. Independer	ed to the organization? <i>If "Ye</i> nt Contractors	es," comple	te Scl	hedu	ıle J	l for	such	per	son	<u></u>		5		Х
	e for your five highest com the organization. Report c													
	(A) Name and business add	Iress							(B) Description of se	ervices	С	(C) ompens	ation	
								+						
								+						
														_
	ndependent contractors (ir 00 in compensation from th				nite	d to 0		se li	isted above) who	received				

		Check if Schedule O contains a respon	se or note to ar	y line in this Part V	/111		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts S	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
ũĘ	c	Fundraising events 1c					
r A	d	Related organizations 1d					
ijai	e	Government grants (contributions) 1e	127,400.				
Sin	f	All other contributions, gifts, grants,					
erio		and similar amounts not included above 1 1	2,429,783.				
Ę	g	Noncash contributions included in					
đ	5	lines 1a-1f	6				
ရှိ ပိ	h	Total. Add lines 1a-1f		2,557,183.			
			Business Code				
9	2a	AFFILIATED INSTITUTIONAL SUPPORT	611710	1,159,480.	1,159,480.		
Program Service Revenue	b						
s n	c						
am eve	d						
Ъ <u>ъ</u>	e						
E E	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,159,480.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts).		28,047.			28,047.
	4	Income from investment of tax-exempt bond	proceeds .	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 916,189.					
e	b	Less: cost or other basis					
evenue		and sales expenses 7b 829,283.					
ev.	с	Gain or (loss) 7c 86,906.					
г. К	d	Net gain or (loss)	<u></u> ▶	86,906.			86,906.
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses	0.				
	с	Net income or (loss) from fundraising events.	<u></u> ▶	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses	0.				
	С	Net income or (loss) from gaming activities.	<u></u> ▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0.				
		Less: cost of goods sold	0.				
	C	Net income or (loss) from sales of inventory		0.			
sn			Business Code				
ue Ue	11a	REGISTRATION FEES	900099	287,750.	287,750.		
Miscellaneous Revenue	b	SPONSORSHIP INCOME	900099	2,000.	2,000.		
Sev Sev	с	REFUNDS FROM 2011 & 2016	900099	536.	536.		
Mis	d	All other revenue		21.	21.		
	е	Total. Add lines 11a-11d		290,307.			
	12	Total revenue. See instructions	🕨	4,121,923.	1,449,787.		114,953.

AUC CONSORTIUM, INC. Statement of Revenue

Form 990 (2020)

Part VIII

AUC CONSORTIUM, INC. Part IX Statement of Eurocional Expenses

Section 501(c)(3) and 501(c)(4) organizations musi Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, Bb, 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	75,000.	75,000.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	369,859.	369,859.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	867,575.	674,046.	193,529.	
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	303,671.	235,307.	68,364.	
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
0 Payroll taxes	0.			
1 Fees for services (nonemployees):				
a Management	77,104.	77,104.	100 500	
b Legal	100,509.		100,509.	
c Accounting	76,727.		76,727.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	8,548.	4,912.	3,636.	
g Other. (If line 11g amount exceeds 10% of line 25, column	000 561	22.002	1 6 0 5 0	
(A) amount, list line 11g expenses on Schedule O.)	203,761.	33,903.	169,858.	
2 Advertising and promotion	5,638.	4,684.	954.	
3 Office expenses	72,713.	62,193.	10,520.	
4 Information technology	133,494.	97,294.	36,200.	
5 Royalties	0.	00 710	10 000	
6 Occupancy	48,341.	28,712.	19,629.	
7 Travel	1,575.	8.	1,567.	
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.	25,215.	8,508.	
9 Conferences, conventions, and meetings	33,723.	20,210.	0,500.	
0 Interest	0.			
1 Payments to affiliates	20,386.	15,445.	4,941.	
2 Depreciation, depletion, and amortization	10,657.	2,906.	7,751.	
3 Insurance	10,007.	2,900.	1,151.	
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a SUBSCRIPTIONS	22,399.	18,444.	3,955.	
pROCESSING FEES	16,814.	15,352.	1,462.	
cPROFESSIONAL DUES	3,996.	2,216.	1,780.	
dBACKGROUND CHECKS	645.	108.	537.	
·	015.	100.		
e All other expenses	2,453,135.	1,742,708.	710,427.	
 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs 	_, 100, 100,	_,, 12,,00.	, _ 0 , 12 , .	
from a combined educational campaign and fundraising solicitation. Check here if if				
following SOP 98-2 (ASC 958-720)	0.1			

following SOP 98-2 (ASC 958-720)

0.

AUC CONSORTIUM, INC.

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		<u></u>
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,417,171.	1	2,872,087
2	Savings and temporary cash investments	2,383,025.	2	2,645,920
3	Pledges and grants receivable, net	0.	3	(
4	Accounts receivable, net.	161,385.	4	116,517
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	0.	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)	0.	6	
7	Notes and loans receivable, net	0.	7	
7 8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	0.	9	
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 243,952.			
b	Less: accumulated depreciation 10b 188,649.	53,908.	10c	55,30
11	Investments - publicly traded securities	0.	11	
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	31,067.	15	146,12
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,046,556.	16	5,835,95
17	Accounts payable and accrued expenses	227,404.	17	258,58
18	Grants payable	0.	18	
19	Deferred revenue.	0.	19	
20	Tax-exempt bond liabilities.	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	127,400.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	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	0.	25	
26	Total liabilities. Add lines 17 through 25	354,804.	26	258,58
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	1,696,515.	27	2,866,40
28	Net assets with donor restrictions	1,995,237.	28	2,710,95
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► 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	3,691,752.	32	5,577,36
33	Total liabilities and net assets/fund balances	4,046,556.	33	5,835,95

Form **990** (2020)

AUC CONSORTIUM, INC.

Form 9	0 (2020)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			.21,9	X
1	Total revenue (must equal Part VIII, column (A), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)	2		53,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		68,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		91,7	
5	Net unrealized gains (losses) on investments	5	2	16,8	
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	5,5	77,3	367.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove		0.5	x	
	the audit, review, or compilation of its financial statements and selection of an independent accountar		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for		20		x
	Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	•	24		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au		3b		<u> </u>

Form **990** (2020)

SCHE	ÐU	LE	Α
(Form	990	or	990-EZ)

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.

OMB No. 1545-0047 20

		nt of the Treasury evenue Service	1	Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Open to Public Inspection		
Nam	e of t	he organization						Employer identifi	ication number		
AUC	C	ONSORTIUM,						20-09501			
Pa					organizations must				S		
	org	1	-		t is: (For lines 1 throug	-	-				
1	<u> </u>	1			tion of churches desc						
2	<u> </u>	1			. (Attach Schedule E	-					
3	<u> </u>	-	-		rganization described				(iii) Entor the		
4			-	-	conjunction with a hos	spital de	scribed ir	Section 170(b)(1)(A)	(III). Enter the		
5		hospital's nam	-		a college or universit		d or ope	rated by a governme	ental unit described in		
5		-	-	Complete Part II.)	a college of universit	y owne	u or ope	aled by a governme			
6					rnmental unit describe	d in sect	ion 170(h(1)(A)(y)			
7		1	-	-			-		om the general public		
-		-		(1)(A)(vi). (Compl			om a go				
8		1			b)(1)(A)(vi). (Complete	e Part II.)					
9		· · ·			ed in section 170(b)(1			l in coniunction with a	land-grant college		
				-	griculture (see instruct				• •		
		university:						•	-		
10 11		An organization receipts from support from acquired by the	activities rela gross investme organizatio	ted to its exempt f lient income and u n after June 30, 1	ore than 331/3 % of its functions, subject to c nrelated business tax 975. See section 509 usively to test for publi	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more than s section 511 tax) from Part III.)	n 331/3 % of its		
12	Х		•		•				carry out the purposes		
		of one or mor	re publicly su	pported organizat	ions described in sec	tion 509	(a)(1) or	section 509(a)(2). S	See section 509(a)(3).		
		Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.		
а		🗌 Type I. A ຣເ	be I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the		
	_	supporting c	organization.	You must complet	te Part IV, Sections A	and B.					
b		X Type II. A s	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having		
		control or m	nanagement c	of the supporting c	organization vested in	the sam	e persor	is that control or man	age the supported		
		_		-	, Sections A and C.						
С					ng organization opera				lly integrated with,		
	Г		-		ns). You must comple						
d			-		porting organization of	-					
			-		nization generally mus				a an allentiveness		
е	Г				omplete Part IV, Sect a written determinatio						
e			-		ionally integrated sup				п, туре п		
f	Fn										
q				-	orted organization(s).						
		lame of supported of		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
			-		(described on lines 1-10		ur governing	support (see	other support (see		
P	TT	ACHMENT 1			above (see instructions))	Yes	ment? No	instructions)	instructions)		
(^)											
(A)											
(B)											
(C)											
(D)											
(E)											
Tota	al										
For F	ape	rwork Reduction A	ct Notice, see th	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2020		

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Page 2

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 fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
	tion B. Total Support		1	1	1		1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
	tion C. Computation of Public Sup		•				
14	Public support percentage for 2020 (li						%
15	Public support percentage from 2019						%
16a	331/3% support test - 2020. If the or	•					
	box and stop here. The organization q						
b	331/3% support test - 2019. If the org						
47-	this box and stop here . The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets			-	-		
h	organization						
u	15 is 10% or more, and if the organiz		-				
	in Part VI how the organization meets					-	-
	organization			-			
18	Private foundation. If the organization						and see
10	instructions						
							· · · ·

Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	tion A. Public Support						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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.)						
	tion B. Total Support	() 0040	(1) 0047	() 0040	(1) 00 (0	()0000	(0 T ()
	idar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6 Gross income from interest, dividends,	<u> </u>					
IVa	payments received on securities loans,						
	rents, royalties, and income from similar						
L.		I					
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
-	acquired after June 30, 1975	<u>. </u>					
	Add lines 10a and 10b	<u> </u>					
11							
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
15	and 12.)						
14	First 5 years. If the Form 990 is for		on's first secon	d third fourth	or fifth tax ve	ar as a section	501(c)(3)
14	organization, check this box and stop here	-					
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2020 (line 8			mn (f))		15	%
16	Public support percentage from 2019 Sche					16	%
Sec	tion D. Computation of Investmen	t Income Perc	centage			· ·	
17	Investment income percentage for 2020 (li			13, column (f))		17	%
18	Investment income percentage from 2019	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the or					ore than 331/3%	, and line
	17 is not more than 331/3%, check thi	s box and stop	here. The organ	nization qualifies	as a publicly su	upported organiza	ation . ►
b	331/3% support tests - 2019. If the org	anization did not	check a box on	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check	this box and s f	top here. The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 📃
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,			
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_	11.000 6021FL 571L		V 20-7.19				PAGE 1

Yes No

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4a

4b

4c

5a

5b

5c

6

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9a

9b

9c

10a

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** 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.)

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10b Schedule A (Form 990 or 990-EZ) 2020

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		Σ
b	A family member of a person described in line 11a above?	11b		Σ
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
ecti	on B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
-	Did the second state of a discharge of the formation of a discrete state of the second state of the second state		

Did the organization operate for the benefit of any supported organization other than the supported 2 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.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	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 instruction	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.	,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions	s).
			No
2	Activities Test Answer lines 2a and 2b below		

2	Activities Test. Answer lines za and zb below.		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.	2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	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.	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.	3h	

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art V Type III Non-Functionally Integrated 509(a)(3) Supporting Org Check here if the organization satisfied the Integral Part Test as a qualify instructions. All other Type III non-functionally integrated supporting orga	/ing trust on	Nov. 20, 1970 (<i>expla</i>	
ection A - Adjusted Net Income	(A) Prior Year	(B) Current Yea (optional)	
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
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 (explain in detail in Part VI):	1e		
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			

(see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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-	lie A (Form 990 of 990-EZ) 2020				Page
	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		•
	ion D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish ex	1			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets	neuriste deteile in Deut VA		4	
	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions. Total annual distributions. Add lines 1 through 6.			6	
	Distributions to attentive supported organizations to which	the organization is read		7	
0	(provide details in Part VI). See instructions.	the organization is resp	UNSIVE	•	
9	Distributable amount for 2020 from Section C, line 6			8 9	
10	Line 8 amount divided by line 9 amount			9 10	
10			(::)	10	(:::)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u> </u>	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
a b	Applied to underdistributions of prior years Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
<u>с</u> 5	Remaining underdistributions for years prior to 2020, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
5	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
 b	Excess from 2017				
	Excess from 2018				
d					
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

е

Excess from 2020

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Schedule A (Form 990 or 990-EZ) 2020

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.)

				ATTACHMENT	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
CLARK ATLANTA UNIVERSITY	58-1825259	2	Х	0.	0.
MOREHOUSE COLLEGE	58-0566205	2	Х	0.	0.
NORTHOUGH COMOCI OF MEDICINE	F0 1420072	2	v	0	0
MOREHOUSE SCHOOL OF MEDICINE	58-1438873	2	х	0.	0.
SPELMAN COLLEGE	58-0566243	2	х	0.	0.
		_			
TOTAL AMOUNT OF SUPPORT				0.	0.

Schedule B (Form 990, 990-EZ.

or 990-PF)	
Department of the Treasury	
Internal Revenue Service	

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

20-0950177

AUC CONSORTIUM, INC.

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (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

X 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 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)						
Name of organization	AUC	CONSORTIUM,	INC.			

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	N/A	\$1,562,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	<u>N/A</u>	\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$249,994.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$110,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$100,673.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	<u>N/A</u>	\$ 49,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							
Name of organization	AUC	CONSORTIUM,	INC.				

(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
7	N/A	\$26,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
8	N/A	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
9	N/A	\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
10	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
11	<u>N/A</u>	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
12	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)							
Name of organization	AUC	CONSORTIUM,	INC.				

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>13</u> <u>N/A</u>		\$127,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization AUC CONSORTIUM, INC.

Employer identification number 20-0950177

(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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)				
Name of organization	AUC CONSORTIUM,	INC.	Employer identification number	
			20-0950177	

Part III	Exclusively religious, charitable, etc.	, contributions to o	rganizations desc	ribed in section 501(c)(7), (8), or								
	(10) that total more than \$1,000 for											
	the following line entry. For organizati	ions completing Par	t III, enter the total	of exclusively religious, charitable, etc.,								
	contributions of \$1,000 or less for th											
	Use duplicate copies of Part III if addit	ional space is neede	ed.									
(a) No. from				(d) Decemin (ing. of how with in hold								
Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held								
		· · · - ·	e									
		(e) Transfer of gift										
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee								
(a) No. from												
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held								
	(e) Transfer of gift											
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee									
				•								
(a) No. from												
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held								
	/ /											
	(e) Transfer of gift											
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee								
(a) No.		(-)	-1	(d) Decemin (ing. of how with in hold								
`from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held								
		· · · · · · · · · · · · · · · · · · ·										
		(e) Transf	er of gift									
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee								

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

	artment of the Treasury nal Revenue Service	► Go to www.irs.gov	► Attach to Form 990. /Form990 for instructions and the latest info	ormation.	Open to Public Inspection
	e of the organization	· · · · ·		Employer identific	ation number
AUC	C CONSORTIUM,	INC.		20-09501	77
Pa	art I Organiza	tions Maintaining Donor Adv	ised Funds or Other Similar Funds	or Accounts.	
			"Yes" on Form 990, Part IV, line 6.		
	•		(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at e	end of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		at end of year			
5		-	advisors in writing that the assets he	ld in donor advised	
Ŭ	-		e organization's exclusive legal control?		Yes No
6	-		and donor advisors in writing that grant		
•	-	-	fit of the donor or donor advisor, or for		
	-				Yes No
Pa		ation Easements.			
10			"Yes" on Form 990, Part IV, line 7.		
1			e organization (check all that apply).		
		on of land for public use (for example		on of a historically im	portant land area
		of natural habitat		on of a certified histo	
		on of open space			
2			eld a qualified conservation contribution	in the form of a cor	servation
-		last day of the tax year.			End of the Tax Year
а				2a	
b			s		
c	-	-	historic structure included in (a)		
d			c) acquired after 7/25/06, and not on a	20	
u				2d	
3		-	nsferred, released, extinguished, or ter		anization during the
3	tax year ►	ivation easements moulled, tra	insterred, released, extinguistied, or ter	initiated by the org	anization during the
4		where property subject to conse	ervation easement is located		
5			garding the periodic monitoring, inspe	action bandling of	
5	-		sements it holds?	-	
6			ecting, handling of violations, and enforcing		
0		nours devoted to monitoring, insp	ecting, narioling of violations, and emotion	ng conservation easen	nents during the year
7	Amount of expense		ting, handling of violations, and enforcing	n conservation easen	ants during the year
'		ses incurred in monitoring, inspec	and enforcing	g conservation easen	Tento during the year
8	►\$ Does each conser	vation easement reported on line	2(d) above satisfy the requirements of se	ction 170(b)(4)(B)(i)	
0		•			Yes No
9	In Part XIII descr	ibe how the organization reports	conservation easements in its revenue a	and avnansa statama	
9		č 1	of the footnote to the organization's final		
		counting for conservation easeme			
Pa			s of Art, Historical Treasures, or Oth	her Similar Assets	
			"Yes" on Form 990, Part IV, line 8.		-
1a		v	ASB ASC 958, not to report in its reve	nue statement and	halance sheet works
Ia	of art. historical	treasures, or other similar asse	ts held for public exhibition, education	n. or research in fu	urtherance of public
	service, provide in	Part XIII the text of the footnote	to its financial statements that describes	s these items.	
b			ASB ASC 958, to report in its revenue		
			Id for public exhibition, education, or re	esearch in furtheran	ce of public service
	•	ving amounts relating to these iter		► ↑	
~					
2	•		rt, historical treasures, or other simila	ii assets for financi	ai gain, provide the
~	•	• •	ASB ASC 958 relating to these items:		
а	ivesenne incinnen	on i onn sso, rait vill, line i		🚩 🕽	

▶ \$

AUC CONSORTIUM, INC.

_	dule D (Form 990) 2020							0/1	0: :/ 4	1 ()			2 age
	rt III Organizations Maintaining Colle											<u> </u>	
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and o	other r	ecord	s, checl	k any o	f the	followi	ing that mak	e signi	ficant u	se o	f its
а	Public exhibition		d		Loan o	or excha	ange	progran	n				
b	Scholarly research		е		Other								
с	Preservation for future generations												
4	Provide a description of the organization's	collections	and e	exolai	n how t	thev fur	ther	the oro	anization's e	exempt	nurnose	in	Part
•	XIII.	conconorio	ana	onpiai		iney rui				Mompt	purpoor	,	i art
5	During the year, did the organization solicit	or receive d	onatio	ns of	art hist	orical tr	easur	es or c	ther similar				
5	assets to be sold to raise funds rather than t										Yes		No
Po	rt IV Escrow and Custodial Arrangen			is pai		Jiyaniza	ations	s collec		••	163		
Га	Complete if the organization ans		e" on	Form		Part IV	ling		norted an a	moun	t on Foi	m	
	990, Part X, line 21.												
1a	Is the organization an agent, trustee, cust				-					not _	_		-
	included on Form 990, Part X?									L	Yes		No
b	If "Yes," explain the arrangement in Part XI	II and comp	lete th	ne follo	owing tab	ole:							
									Ar	mount			
С	Beginning balance						1c						
d	Additions during the year					1	1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an amount on							stodial a	account liabili	tv?	Yes		No
	If "Yes," explain the arrangement in Part XI									-			
	rt V Endowment Funds.								•	<u></u>	<u> </u>	-	<u></u>
ı a	Complete if the organization and	wered "Ye	s" on	Form	990 F	Part IV	line	10					
	· · · ·	irrent year) Prior		(c) Two			(d) Three years	back	(e) Four y	oare l	
		250,000.	(~		,000.			000.	250,				000.
1a				250	,000.		230,		250,		2	50,	
b	Contributions												
С	Net investment earnings, gains,												
	and losses									—			
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance	250,000.		250	,000.		250,	000.	250,	000.	2	50,	000.
2	Provide the estimated percentage of the cu	irrent year e		lance	(line 1g,	column	i (a)) ł	held as:					
а	Board designated or quasi-endowment ►_		_%										
b	Permanent endowment \blacktriangleright 100.0000 %												
С	Term endowment ▶%												
	The percentages on lines 2a, 2b, and 2c sh	ould equal 1	00%.										
3a	Are there endowment funds not in the poss	ession of th	e orga	anizat	ion that	are held	d and	ladmin	istered for the	;	_		
	organization by:										Y	es	No
	(i) Unrelated organizations										3a(i)		Х
	(ii) Related organizations										3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organi	izations listed	d as re	quired	d on Sch	edule R	?				3b		
4	Describe in Part XIII the intended uses of the	ne organizat	tion's e	endow	ment fui	nds.							
Ра	rf VI Land, Buildings, and Equipment												
	Complete if the organization and			1									<u> </u>
	Description of property	(a) Cost or (invest		ISIS	(b) Cost ((0	or other ba ther)	asis		umulated eciation	(d)	Book valu	ie	
1a	Land	,	.,			,							
b	Buildings												
c	Leasehold improvements					64,75	55.	(54,755.				
d	Equipment.				1	42,45			94,577.		4	7,8	375.
	Other					36,74			29,317.				128.
	L Add lines 1a through 1e. (Column (d) mus		1 990	Part)	Colum				•				303.

Schedule D (Form 990) 2020

JSA 0E1269 1.000

Schedule D (F	orm 990) 2020			Page 3
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 valuat Cost or end-of-year mark	
(1) Financia	al derivatives			
.,	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	"Ves" on Form 990	Part IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	n (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.
	· •	cription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h) must source Form 000. Don't V. sol. (D) li	ma 15 \		
	umn (b) must equal Form 990, Part X, col. (B) liu Other Liabilities.	ne 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X	Complete if the organization answered	"Yes" on Form 990	Part IV line 11e or 11f See For	m 990 Part X
	line 25.			n 550, i art <i>x</i> ,
1.		ion of liability		(b) Book value
	al income taxes			(1) 20011 10100
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Colun	n (b) must equal Form 990, Part X, col. (B) line 25.)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

AUC CONSORTIUM, INC

Schedu	le D (Form 990) 2020		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	'n.	
1	Total revenue, gains, and other support per audited financial statements	1	4,330,202.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	216,827.
3	Subtract line 2e from line 1	3	4,113,375.
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		
a b	Other (Describe in Part XIII.)	1	
c c	Add lines 4a and 4b	4c	8,548.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)		4,121,923.
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,444,587.
2	Amounts included on line 1 but not on Form 990. Part IX, line 25:		
- a	Donated services and use of facilities		
	Prior year adjustments	-	
b	Other losses.	-	
C	Other (Describe in Part XIII.)	-	
d	Add lines 2a through 2d	2e	
e	-	3	2,444,587.
3	Subtract line 2e from line 1	J	_,,
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	investment expenses not included on Form 350, Part Vin, inte 75	÷	
b		4c	8,548.
C F	Add lines 4a and 4b		2,453,135.
5 Part	Supplemental Information.	Э	2,100,100.
rari			

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 4

THE ENDOWMENT FUNDS SHOWN ARE CONSIDERED PERMANENTLY RESTRICTED. THE CONSORTIUM DOES NOT INTEND TO USE THE FUNDS.

PART X, LINE 2

THE CONSORTIUM IS RECOGNIZED AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE "CODE") AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. MANAGEMENT EVALUATES ANY UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS OR LIABILITIES THAT MAY EXIST.

MANAGEMENT DOES NOT BELIEVE THAT ANY MATERIAL UNCERTAIN TAX POSITIONS OR UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST FOR THE YEARS ENDED JUNE 30, 2021 AND 2020.

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	itions,		OMB No. 1545-0047			
(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
	Complete if the o	-			, line 21 or 22.		Open to Public			
Department of the Treasury	► Go		ttach to Form 990 / <i>Form990</i> for the I				Inspection			
Internal Revenue Service Name of the organization	▶ 30	to www.iis.gov			l.	Employer identificat				
AUC CONSORTIUM, INC.						20-09501				
Part I General Information on G	rants and Assistanc	<u>م</u>				20 09901				
			arante or accieta	noo the grantage	l oligibility for the grapt	a or accistance, and				
 Does the organization maintain record the selection criteria used to award 			-	-			X Yes No			
2 Describe in Part IV the organization	-									
		5	•				(
Part II Grants and Other Assista		-					es" on Form 990,			
Part IV, line 21, for any red	cipient that received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.	1			
1 (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) CLARK ATLANTA UNIVERSITY										
223 JAMES P BRAWLEY DR SW ATLANTA, (GA 30314 58-1825259	501(C)(3)	37,500.				SEE PART IV			
(2) MOREHOUSE SCHOOL OF MEDICINE										
720 WESTVIEW DRIVE SW ATLANTA, GA 30	0310 58-1438873	501(C)(3)	37,500.				SEE PART IV			
(3)										
_(4)										
_(5)										
_(6)										
(¬)										
_(7)										
(8)										
_(6)										
(9)										
_(0)										
(10)										
<u></u>										
(11)										
(12)										
 Enter total number of section 501(c Enter total number of other organiz 		•				•••••	<u> </u>			

Schedule I (Form 990) (2020)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS TO STUDENTS	50.	369,859.			
3					
1					
5					
3					
,					

SCHEDULE I, PART I

THE AUCC RELIES ON ANNUAL GIFTS FROM SUPPORTING CORPORATIONS AND DONORS TO FUND ITS SCHOLARSHIP PROGRAM. THERE ARE GRANT AGREEMENTS THAT ARE EXECUTED OUTLINING THE USE OF EACH GRANT (PURPOSE, AMOUNT AND TIMELINES AND BUDGETS (IF APPLICABLE). THE DIRECTOR, ACADEMICS, RESEARCH & STUDENT SUCCESS AND THE DUAL DEGREE ENGINEERING AND CAREER SERVICES MANAGER REVIEWS EACH GRANT AND ENSURES THAT THEY FOLLOW THE REQUESTS OF EACH DONOR BEFORE ANY REQUESTS ARE MADE OR FUNDS ARE DISTRIBUTED. THE DIRECTOR AND MANGER COMPLETES ACCOUNTING FORMS OR SUBMITS INVOICES FOR APPROVAL TO THE ACCOUNTING DEPARTMENT BEFORE ANY FUNDS ARE DISTRIBUTED.

20-09

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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.

THE DIRECTOR ALSO REVIEWS FINANCIALS FOR THE DEPARTMENT THAT INCLUDES

REPORTS ON THE USE OF GRANT FUNDS.

SCHEDULE I, PART II

CLARK ATLANTA UNIVERSITY

PROVOST'S SUMMER VIRTUAL DATA SCIENCE TRAINING, RESEARCH & EDUCATION

INITIATIVE.

MOREHOUSE SCHOOL OF MEDICINE

BRIDGES TO BIOTECHNOLOGY & BIO ENTREPRENEURSHIP SUMMER RESEARCH PROGRAM.

Schedule I (Form 990) (2020)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
i					
,					
art IV Supplemental Information. Provide information.	de the information re	quired in Part I,	line 2, Part III, o	column (b); and any o	ther additional

SCHEDULE I, PART III

SCHOLARSHIPS

STUDENTS RECEIVED A TOTAL OF \$369,859 IN ACADEMIC AND NEEDS BASED

SCHOLARSHIPS AND AWARDS.

SCHEDULE J		Compen	sation Information	0	MB No.	1545-0	047	
(Forn	n 990)		ctors, Trustees, Key Employees, and Highest npensated Employees		୭ ៣2 በ			
Complete if the or		Complete if the organization	on answered "Yes" on Form 990, Part IV, line 2	3.				
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.		pen te	ectio		
	of the organization			Employer identification				
AUC	CONSORTIU	M, INC.		20-0950177				
Part	Question	s Regarding Compensation						
		<u> </u>				Yes	No	
1a			wided any of the following to or for a pers					
	990, Part VII,	Section A, line 1a. Complete Part III to p	provide any relevant information regarding	these items.				
	First-cla	ss or charter travel	Housing allowance or residence for	personal use				
		or companions	Payments for business use of persor					
		emnification and gross-up payments	Health or social club dues or initiation					
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)				
b	or reimburse	ment or provision of all of the ex	e organization follow a written policy re penses described above? If "No," com	plete Part III to				
	explain		· · · · · · · · · · · · · · · · · · · ·		1b			
2	-		to reimbursing or allowing expenses D/Executive Director, regarding the items					
				checked on line	2			
2					2			
3			on used to establish the compensation of t at apply. Do not check any boxes for metho					
			e CEO/Executive Director, but explain in Pa					
		sation committee	Written employment contract					
	· ·	dent compensation consultant	X Compensation survey or study					
	· · ·	00 of other organizations	X Approval by the board or compensa	tion committee				
4	During the ye	ar, did any person listed on Form 990,	Part VII, Section A, line 1a, with respect to	the filing				
		or a related organization:						
			ayment?		4a		X	
b			tal nonqualified retirement plan?		4b		X X	
С			ed compensation arrangement?		4c			
	If Yes to an	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each it	em in Part III.				
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	ganizations must complete lines 5-9					
5	•		on A, line 1a, did the organization pa	v or accrue any				
Ŭ		n contingent on the revenues of:		y of aborate any				
а		5			5a		Х	
					5b		X	
	If "Yes" on lin	e 5a or 5b, describe in Part III.						
6			on A, line 1a, did the organization pa	y or accrue any				
	compensation	n contingent on the net earnings of:						
а					6a		X	
b	-	-			6b		X	
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7			n A, line 1a, did the organization prov		_		37	
-			escribe in Part III		7		X	
8			paid or accrued pursuant to a contract the					
			Regulations section 53.4958-4(a)(3)? If				x	
9			ow the rebuttable presumption proced		8			
3			low the rebutable presumption proced		9			
For Pa		ction Act Notice, see the Instructions for Fo			ule J (Fo	orm 990	0) 2020	

Schedule J (Form 990) 2020

Page 2

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
TODD GREENE	(i)	318,363.	0.	0.	19,000.	0.	337,363.	0
1EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	. 0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

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Schedule J (Form 990) 2020

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.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Internal Revenue Service Name of the organization AUC CONSORTIUM, INC.

FORM 990 PART VI, SECTION B, LINE 11B

REVIEW OF FORM 990

THE CONSORTIUM PRESENTS ITS FORM 990 TO ITS COUNCIL OF PRESIDENTS FOR THE REVIEW WHEN THE FORM IS READY. DEPENDING ON WHEN THE COUNCIL MEETS AND THE DUE DATE OF THE FORM, THE FORM 990 IS EITHER MODIFIED BEFORE IT IS FILED, OR AN AMENDMENT IS FILED FOR ANY CHANGES REQUIRED BY THE COUNCIL REVIEW.

FORM 990 PART VI, SECTION B, LINE 12C CONFLICTS OF INTEREST

THE BOARD OF TRUSTEES IS REQUIRED TO DISCLOSE AT THE NEXT CONVENING MEETING ANY CONFLICTS OF INTEREST. ANY MEMBER OF THE BOARD OF TRUSTEES WITH A CONFLICT OF INTEREST ON A MATTER REQUIRING A VOTE MUST ABSTAIN FROM VOTING. THE CONSORTIUM BOARD OF TRUSTEES IS RESPONSIBLE FOR ADHERING TO THE POLICY.

FORM 990 PART VI, SECTION B, LINE 15A COMPENSATION REVIEW COMPENSATION IS REVIEWED PERIODICALLY BY AN INDEPENDENT HUMAN RESOURCES MANAGEMENT COMPANY. RECOMMENDATIONS ARE PROVIDED TO THE BOARD OF TRUSTEES.

FORM 990 PART VI, SECTION B, LINE 15B COMPENSATION REVIEW COMPENSATION IS REVIEWED PERIODICALLY BY AN INDEPENDENT HUMAN RESOURCES MANAGEMENT COMPANY. RECOMMENDATIONS ARE PROVIDED TO THE EXECUTIVE DIRECTOR.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ATLANTA UNIVERSITY CENTER CONSORTIUM, INC. SEEKS TO PROMOTE COLLABORATION AND INVOLVEMENT AMONG THE ATLANTA UNIVERSITY CENTER CAMPUSES, AND OTHER STAKEHOLDERS, TO ADVANCE THE ACADEMIC MISSION OF ITS INSTITUTIONS, WHILE ALSO ENHANCING THE QUALITY OF LIFE WITHIN THE NEIGHBORING WESTSIDE COMMUNITY. THE CONSORTIUM STRIVES TO LEVERAGE THE RESOURCES OF THE COMMUNITY, AND OF MEMBER INSTITUTIONS, TO MAXIMIZE OPPORTUNITIES FOR CITIZENS TO LIVE, LEARN, WORK, PLAY AND THRIVE.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

THE ATLANTA UNIVERSITY CENTER CONSORTIUM CAREER PLANNING AND PLACEMENT SERVICE (AUCC CPPS) OPERATES UNDER THE UMBRELLA OF THE OFFICE OF ACADEMIC AND CAREER SERVICES (OACS). THE AUCC CPPS IS COMMITTED TO PROVIDING THE STUDENT BODY OF THE MEMBER INSTITUTIONS (CLARK ATLANTA UNIVERSITY, MOREHOUSE COLLEGE, AND SPELMAN COLLEGE) WITH ACCESS TO RESOURCES TO FACILITATE EXPERIENTIAL LEARNING SUCH AS INTERNSHIPS, CO-OPERATIVE, RESEARCH OPPORTUNITIES, AS WELL AS ACCESS TO PERMANENT CAREER OPPORTUNITIES. THE AUCC CPPS COORDINATES ON-CAMPUS RECRUITING WHICH INCLUDES, BUT IS NOT LIMITED TO CAREER PLANNING EVENTS FOR THOSE OUTSIDE ENTITIES WHO

V 20-7.19

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ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
AUC CONSORTIUM, INC.	20-0950177

ATTACHMENT 2 (CONT'D)

ARE INTERESTED IN RECRUITING FROM MORE THAN ONE OF OUR MEMBER

INSTITUTIONS.

			ATTACHMENT 3	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	<u> </u>			
DESCRIPTION	GRANTS		EXPENSES	REVENUE
CIVIC		0.	165,995.	929,855.
TOTALS		0.	165,995.	929,855.

OMB No. 1545-0047

Open to Public

Inspection

ZU

2

Employer identification number

20-0950177

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

Part I

AUC CONSORTIUM, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
						Yes	No
(1) CLARK ATLANTA UNIVERSITY 58-182525	9						
223 JAMES P. BRAWLEY DR SW ATLANTA, GA 30314	EDUCATION	GA	501(C)(3)	2	N/A		Х
(2) MOREHOUSE COLLEGE 58-056620	5						
830 WESTVIEW DR SW ATLANTA, GA 30314	EDUCATION	GA	501(C)(3)	2	N/A		Х
(3) MOREHOUSE SCHOOL OF MEDICINE 58-143887	3						
720 WESTVIEW DR SW ATLANTA, GA 30310	EDUCATION	GA	501(C)(3)	2	N/A		Х
(4) SPELMAN COLLEGE 58-056624	3						
350 SPELMAN LANE SW, BOX 927 ATLANTA, GA 30314	EDUCATION	GA	501(C)(3)	2	N/A		Х
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

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

	u			· · ·	, ,				1			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets		h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			Yes	No		Yes	No	
(1)												
(2)	_											
(3)	-											
(4)												
(5)	-											
(6)												
(7)	-											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(i) Sectior 512(b)(1 controlle entity? Yes No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Schedule R (Form 990) 2020

JSA

20-0950177

Schedule R (Form 990) 2020

Part	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 [During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	ted in Parts II-IV?				
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Sift, grant, or capital contribution to related organization(s)				1b		X
	Sift, grant, or capital contribution from related organization(s).				1c		X
	oans or loan guarantees to or for related organization(s)				1d		X X
e l	oans or loan guarantees by related organization(s)				1e		
f[Dividends from related organization(s)				1f		Х
	Cale of assets to related organization(s)				1g		X
h F	Purchase of assets from related organization(s)				1h		X
	Exchange of assets with related organization(s).				1i		X
jl	ease of facilities, equipment, or other assets to related organization(s).				1j		<u>X</u>
k l	ease of facilities, equipment, or other assets from related organization(s)				1k	х	
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
	haring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
o 3	Sharing of paid employees with related organization(s)				10		X
-	Reimbursement paid to related organization(s) for expenses				1p		
q F	Reimbursement paid by related organization(s) for expenses		••••••		1q		X
							Х
	Other transfer of cash or property to related organization(s)				1r 1s		X
2	Other transfer of cash or property from related organization(s).	this line including cove	red relationships and transa	ction three	-		
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction	Amount involved	Method o amour	of dete		g
		type (a-s)		amour		iveu	
(1)	CLARK ATLANTA UNIVERSITY	ĸ	37,200.				
<u>()</u>			577200.				
(2)							
(2)							
(3)							
(4)							
(5)							
(6)			Sch	edule R (F	orm 9	990)	2020
JSA				(1		,	

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Schedule R (Form 990) 2020

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	Disprop alloc	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	, ,	Yes	No			
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
10)															
11)															
12)															
13)															
14)															
15)															
16)												<u> </u>	<u> </u>		

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

 Part VII
 Supplemental Information

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