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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 409 12TH STREET SW

Room/suite

City or town, state or country, and ZIP + 4
WASHINGTON, DC 200242188

D Employer identification number
36-2217981

E Telephone number
(202) 638-5577

G Gross receipts $ 64,296,463

F Name and address of principal officer
RICHARD BAILEY
409 12TH STREET SW
WASHINGTON,DC 200242188

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW ACOG ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1953

M State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
DEDICATED TO THE ADVANCEMENT OF WOMEN'S HEALTH

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	244
6	Total number of volunteers (estimate if necessary)	**6**	357
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	34,654
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,853,413	3,804,440
9	Program service revenue (Part VIII, line 2g)	35,208,233	22,187,594
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,334,426	1,536,308
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,200,175	7,347,045
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,927,395	34,875,387
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	430,000	1,952,826
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)	23,347,624	20,478,334
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶477,502		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	29,180,638	20,506,561
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	52,958,262	42,937,721
19	Revenue less expenses Subtract line 18 from line 12	-8,030,867	-8,062,334

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	118,456,505	129,528,677
21	Total liabilities (Part X, line 26)	44,002,967	54,410,063
22	Net assets or fund balances Subtract line 21 from line 20	74,453,538	75,118,614

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-11-14

RICHARD BAILEY CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JOYCE M UNDERWOOD	Preparer's signature: JOYCE M UNDERWOOD	Date	Check if self-employed ☐ / PTIN
Firm's name ▶ BDO USA LLP			Firm's EIN ▶
Firm's address ▶ 7101 WISCONSIN AVE SUITE 800 BETHESDA, MD 208144827			Phone no ▶ (301) 654-4900

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

DEDICATED TO THE ADVANCEMENT OF WOMEN'S HEALTH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 9,687,816 including grants of $ 469,000) (Revenue $ 7,078,710)

EDUCATION DURING 2010, THE COLLEGE SPONSORED 4 POSTGRADUATE MEDICAL EDUCATION COURSES INCURRING $201,000 IN EXPENSES TO SUPPORT THESE CRITICAL EDUCATIONAL COURSE NEEDS IN ADDITION, THE ANNUAL CLINICAL MEETING HELD IN SAN FRANCISCO, CA OVER A SIX-DAY PERIOD PROVIDED THE STRUCTURE FOR OVER 90 DIFFERENT COURSES, SEMINARS, AND LECTURES, WHICH WERE ATTENDED BY APPROXIMATELY 3,200 HEALTH CARE PRACTITIONERS THE ANNUAL CLINICAL MEETING REQUIRED APPROXIMATELY $3 6 MILLION IN EXPENDITURES TO ENSURE ALL FACETS OF THE CONFERENCE REMAINED SUCCESSFUL THE EDUCATION DIVISION WAS ALSO ACTIVE IN THE DEVELOPMENT OF NEW EDUCATIONAL OFFERINGS (WHETHER IN TEXT, PAMPHLET, OR CD ROM FORMAT) GEARED NOT ONLY TO THE PRACTICING PHYSICIAN BUT ALSO TO THEIR PATIENTS IN ADDITION, THE COLLEGE INCURRED OVER $700,000 IN SUPPORTING RESIDENT EDUCATION/PROGRAMS FOR PHYSICIANS SPECIALZING IN THE PRACTICE OF OB/GYN

4b (Code) (Expenses $ 8,953,038 including grants of $) (Revenue $ 6,589,557)

MEMBER SERVICE PROGRAMMATIC EXPENDITURES THESE EXPENDITURES ENVURE THE COLLEGE ADDRESSES AND SATISFIES THE MANY DIVERGENT NEEDS OF OUR MEMBERSHIP THE 2010 EXPENSE TOTALS INCLUDE SUPPORT FOR COLLEGE-WIDE COMMUNICATION EFFORTS TO OUR MEMBERS (OUR MEMBERS HAVE ACESS TO THE MENOPUASE MAGAZINE "PAUSE" AT NO CHARGE AND THE MONTHLY "NEWSLETTER"), THE RESOURCE CENTER WHICH MAINTAINS EXTENSIVE INFORMATION ON WOMEN'S HEALTH ISSUES AVAILABLE TO OUR MEMBERS AND THE GENERAL PUBLIC, AND SUPPORT FOR ELECTRONIC DISSEMINATION OF INFORMATION THROUGH THE MEMBER'S WEBSITE, AND THE EDITORIAL FUNCTIONS EXERCISED OVER THE MANY PATIENT EDUCATION LITERATURE

4c (Code) (Expenses $ 14,189,953 including grants of $ 1,483,826) (Revenue $ 7,275,694)

PUBLICATIONS, PRACTICE AND HEALTH SERVICES THE COLLEGE MAINTAINS, DEVELOPS, AND REVISES UP-TO-DATE AND COMPREHENSIVE PROFESSIONAL PUBLICATIONS GEARED TO SATISFY THE INFORMATIONAL NEEDS OF BOTH THE WOMEN'S HEALTH CARE PROFESSIONALS AND THEIR PATIENTS OVER 700 TITLES ARE MAINTAINED IN THE COLLEGE'S INVENTORY AND ARE MADE AVAILABLE TO HEALTH CARE PROFESSIONALS AND INSTITUTIONS THROUGHOUT THE WORLD DURING 2010 APPROXIMATELY 23,000 ORDERS FOR PUBLICATIONS WERE RECEIVED, PROCESSED AND SHIPPED IN 2002, THE COLLEGE INTRODUCED THE CLINICAL UPDATES IN WOMEN'S HEALTHCARE MONOGRAPH SERIES ADDRESSING TOPICS OF CURRENT INTEREST TO THE PRACTICING PHYSICIAN THIS SERIES HAS PROVEN TO BE VERY POPULAR WITH HEALTHCARE PROFESSIONALS IN 2010, OVER APPROXIMATELY 9,900 SUBSCRIPTIONS WERE FILLED PRACTICE SERVICE EXPENDITURES PROMOTED THE DEVELOPMENT, PROMULGATION AND DISSEMINATION OF STANDARDS OF CARE FOR WOMEN'S HEALTH THE COLLEGE SPENT OVER $327,000 IN SUPPORT OF COMMITTEES SUCH AS GYNECOLOGIC PRACTICE, THE OBSTETRICAL PRACTICE, ETHICS, PATIENT SAFETY, AND GENETICS THE COLLEGE ALSO CONTINUED ITS LIAISON EFFORTS WITH THE AMERICAN ACADEMY OF PEDIATRICIANS AND THE ACADEMY OF FAMILY PRACTITIONERS TO ENSURE CLINICAL CARE STANDARDS DEVELOPED FOR THE MEDICAL SPECIALTIES WERE APPROPRIATELY COORDINATED AND CONSISTENT DURING 2010, THE COLLEGE'S COMMITMENT TO ISSUES AFFECTING WOMEN'S HEALTH WAS DEMONSTRATED THROUGH THE EFFORTS ASSOCIATED WITH THE PROMOTION OF SEVERAL INITIATIVES THE COLLEGE SUPPORTED OUTREACH PROGRAMS TO UNDERSERVED WOMEN AND ADOLESCENTS, PROMOTED SMOKING CESSATION PROGRAMS, DEVELOPED INITIATIVES TO BETTER EDUCATE PROFESSIONALS ON DOMESTIC VIOLENCE ISSUES, AND UNDERTOOK INITIATIVES IN CENTRAL AND SOUTH AMERICA TO PROMOTE WOMEN'S HEALTH IN THESE UNDERSERVED AREAS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses $ 1,183,308 including grants of $) (Revenue $ 1,236,852)

4e **Total program service expenses** ▶ $ 34,014,115

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
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		No
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
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, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	394		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
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	244		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			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.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ DC , IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

WARREN LOOK
409 12TH STREET SW
WASHINGTON, DC 200242188
(202) 638-5577

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								3,000,670	1,148,383	482,725

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 38

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WOLTERS KLUWER HEALTH INC 351 WEST CAMDEN STREET BALTIMORE, MD 21201	SCI JOURNAL SUB	1,504,273
PBD WORLDWIDE FULFILLMENT SRV 1650 BLUEGRASS LAKES PKWY ALPHARENA, GA 30004	PUBLICATION FUFILLMENT	893,641
THE AUDIO VISUAL MGMT GROUP 3310 MATRIX DR STE 200 RICHARDSON, TX 75082	CONVENTION SUPPORT	709,177
SMG-SAN FRANCISCO CONVENTION CENTER 747 HOWARD STREET SAN FRANCISCO, CA 94103	CONVENTION FOOD SERVICES	507,218
MALLOY INC 5411 JACKSON ROAD ANN ARBOR, MI 48103	PRINTING SERVICES	407,740

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 10

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	1,163,358				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	2,641,082				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		3,804,440			
Program Service Revenue		Business Code				
	2a PUBLICATIONS	541800	7,282,475	7,275,694	6,781	
	b TUITON & REGISTRATION	900099	7,078,710	7,078,710		
	c DUES AND FEES	900099	6,589,557	6,589,557		
	d PUBLIC SERVICES	900099	1,236,852	1,236,852		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		22,187,594			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,532,224			1,532,224
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶		7,000,731			7,000,731
		(i) Real / (ii) Personal				
	6a Gross Rents	722,203 /				
	b Less rental expenses	425,596 /				
	c Rental income or (loss)	296,607 /				
	d Net rental income or (loss) . . . . . ▶		296,607			296,607
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	28,999,564 /				
	b Less cost or other basis and sales expenses	28,995,480 /				
	c Gain or (loss)	4,084 /				
	d Net gain or (loss) . . . . . ▶		4,084			4,084
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a OTHER INCOME	541800	49,707		27,873	21,834
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		49,707			
	12 **Total revenue.** See Instructions . . . ▶		34,875,387	22,180,813	34,654	8,855,480

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,947,826	1,947,826		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	5,000	5,000		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,081,186	1,096,514	1,984,672	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,487,212	9,184,440	3,982,786	319,986
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,368,480	895,148	445,412	27,920
9 Other employee benefits	1,484,775	970,874	483,587	30,314
10 Payroll taxes	1,056,681	691,543	343,600	21,538
a Fees for services (non-employees) Management				
b Legal	113,755		113,755	
c Accounting	106,485		106,485	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	242,828		242,828	
g Other	2,030,937	2,146,410	-115,473	
12 Advertising and promotion	109,053	106,780	2,273	
13 Office expenses	1,997,998	1,227,634	763,579	6,785
14 Information technology				
15 Royalties				
16 Occupancy	179,457	156,530	22,927	
17 Travel	2,809,718	1,971,908	837,794	16
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,128,183	2,933,865	176,765	17,553
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,278	7,278		
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a DISTRICT & SECT SUPPORT	3,844,544	4,367,997	-523,453	
b PRINTING & PUBLICATION	2,911,983	2,783,204	91,418	37,361
c DUES & SUBSCRIPTIONS	1,990,276	1,737,281	252,995	
d HONORARIA/STIPENDS	462,489	373,021	89,468	
e MISCELLANEOUS	355,065	1,357,148	-1,018,112	16,029
f All other expenses	216,512	53,714	162,798	
25 **Total functional expenses.** Add lines 1 through 24f	42,937,721	34,014,115	8,446,104	477,502
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		84,021	1	108,824
	2	Savings and temporary cash investments		1,793,145	2	1,809,318
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,703,917	4	1,664,843
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		565,682	7	567,513
	8	Inventories for sale or use		1,053,498	8	842,287
	9	Prepaid expenses and deferred charges		435,522	9	560,348
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 24,701,081			
	b	Less accumulated depreciation	10b 13,896,362	11,672,825	10c	10,804,719
	11	Investments—publicly traded securities		66,205,834	11	65,421,065
	12	Investments—other securities See Part IV, line 11		33,703,122	12	32,295,686
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		238,939	15	15,454,074
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		118,456,505	16	129,528,677
Liabilities	17	Accounts payable and accrued expenses		4,755,940	17	4,877,635
	18	Grants payable			18	
	19	Deferred revenue		4,272,439	19	3,204,573
	20	Tax-exempt bond liabilities		9,830,069	20	8,808,177
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		25,144,519	25	37,519,678
	26	**Total liabilities.** Add lines 17 through 25		44,002,967	26	54,410,063
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		62,513,605	27	64,115,407
	28	Temporarily restricted net assets		2,130,246	28	9,360,803
	29	Permanently restricted net assets		9,809,687	29	1,642,404
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		74,453,538	33	75,118,614
	34	Total liabilities and net assets/fund balances		118,456,505	34	129,528,677

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	34,875,387
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,937,721
3	Revenue less expenses Subtract line 2 from line 1	3	-8,062,334
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	74,453,538
5	Other changes in net assets or fund balances (explain in Schedule O)	5	8,727,410
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	75,118,614

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Employer identification number
36-2217981

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 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 IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,044,750	6,088,355	6,109,415	5,853,413	3,804,440	26,900,373
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	36,352,586	36,960,128	36,596,325	35,152,974	22,180,813	167,242,826
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	41,397,336	43,048,483	42,705,740	41,006,387	25,985,253	194,143,199
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						194,143,199

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	41,397,336	43,048,483	42,705,740	41,006,387	25,985,253	194,143,199
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,209,715	10,004,152	10,566,283	9,503,508	9,255,158	48,538,816
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9,209,715	10,004,152	10,566,283	9,503,508	9,255,158	48,538,816
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	80,871	82,255			21,834	184,960
13 **Total support** (Add lines 9, 10c, 11 and 12)	50,687,922	53,134,890	53,272,023	50,509,895	35,262,245	242,866,975

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	79 940 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	81 480 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	19 990 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	18 420 %

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 36-2217981

Name: AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GERALD F JOSEPH JR MD IMMED PAST PRES, BOARD MEMBER	8 00	X		X				72,400	1,000	0
RICHARD N WALDMAN MD PRESIDENT, BOARD MEMBER	16 00	X		X				146,633	0	0
J CRAIG STRAFFORD MD VP, BOARD MEMBER	2 00	X		X				6,000	0	0
JAMES T BREEDEN MD VP, BOARD MEMBER	2 00	X		X				12,000	2,400	0
KEVIN C KILEY MD TREASURER, BOARD MEMBER	7 00	X		X				23,000	0	0
JAMES N MARTIN JR MD PRES ELECT, BOARD MEMBER	12 00	X		X				77,367	2,000	0
RAMON A SUAREZ MD ASSIST SEC, BOARD MEMBER	2 00	X		X				6,000	0	0
MARK S DEFRANCESCO MD SECRETARY, BOARD MEMBER	7 00	X						18,360	0	0
RONALD T BURKMAN JR MD BOARD MEMBER	2 00	X						5,130	0	0
SCOTT D HAYWORTH BOARD MEMBER	2 00	X						5,917	28,800	0
OWEN C MONTGOMAERY MD BOARD MEMBER	2 00	X						15,500	22,400	0
ALFRED H MOFFETT JR MD BOARD MEMBER	2 00	X						18,000	28,800	0
ROBERT P LORENZ BOARD MEMBER	2 00	X						19,200	28,800	0
THOMAS M GELLHAUS MD BOARD MEMBER	2 00	X						17,100	24,000	0
TED L ANDERSON MD BOARD MEMBER	2 00	X						16,000	31,800	0
JEANNE A CONRY MD PHD BOARD MEMBER	2 00	X						0	0	0
JOHN C JENNINGS MD BOARD MEMBER	2 00	X						15,000	24,000	0
TARANEH SHIRAZIAN MD BOARD MEMBER	2 00	X						7,350	0	0
CYNTHIA A BRINCAT MD BOARD MEMBER	2 00	X						12,150	0	0
DANE M SHIPP MD BOARD MEMBER	2 00	X						6,000	0	0
SUSAN C DEL PESCO BOARD MEMBER	2 00	X						17,000	0	0
MAY HSIEH BLANCHARD MD BOARD MEMBER	2 00	X						17,000	0	0
WILLIAM J HOSKINS BOARD MEMBER	2 00	X						18,000	750	0
BRUCE R CARR MD BOARD MEMBER	2 00	X						6,000	0	0
SARAH J KILPATRICK MD BOARD MEMBER	2 00	X						18,000	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES A MACER MD ASSIST SEC, BOARD MEMBER	2 00	X						0	0	0
RICHARD W HENDERSON MD BOARD MEMBER	2 00	X						3,000	9,600	0
THOMAS F ARNOLD MD BOARD MEMBER	2 00	X						3,000	9,800	0
JERRY JOSHUA KOPELMAN MD BOARD MEMBER	2 00	X						19,100	28,800	0
THOMAS G GAYLORD CAPT MC USN BOARD MEMBER	11 00	X						0	3,250	0
LISA M HOLLIER MD BOARD MEMBER	2 00	X						0	5,000	0
AMY YOUNG SHUMAKER BOARD MEMBER	2 00	X						3,000	7,400	0
LEAH A KAUFMAN MD BOARD MEMBER	2 00	X						12,000	0	0
LARRY C GILSTRAP III MD BOARD MEMBER	2 00	X						17,000	0	0
MARCELLE I CEDARS MD BOARD MEMBER	2 00	X						12,000	0	0
RALPH HALE EXECUTIVE VP	32 00			X				428,361	107,090	46,839
RICHARD BAILEY CHIEF FINANCIAL OFFICER	32 00			X				249,513	62,378	57,943
PENNY RUTLEDGE VP-GEN COUNSEL	32 00				X			250,240	62,560	46,700
ELSA BROWN VP-ADMINISTRATION	32 00				X			224,639	56,160	61,297
ALBERT STRUNK VP-FELLOWSHIP SERVICES	8 00				X			77,555	310,224	58,228
STERLING WILLIAMS VP-EDUCATION	40 00				X			386,579	0	59,428
HAL LAWRENCE VP-PRACTICE ACTIVIES	36 00				X			368,351	40,928	61,728
WARREN LOOK CONTROLLER, FINANCE	32 00				X			176,052	44,013	31,116
LUELLA KLEIN VP-WOMENS HEALTH	40 00				X			195,173	0	19,517
LUCIA DIVENERE SEN DIR-GOVT RELATIONS	0 00					X		0	206,430	39,929

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,183,308 including grants of $) (Revenue $ 1,236,852)

RESEARCH DURING 2010, THE COLLEGE PROVIDED THE ADMINISTRATIVE OVERSIGHT AND GUIDANCE TO FEDERALLY FUNDED AND FOUNDATION SUPPORTED GRANTS AND CONTRACTS PROMOTING RESEARCH FOR WOMEN'S HEALTH THE COLLEGE HAS ASSUMED A LEADING ROLE IN MANY RESEARCH PROJECTS AND STUDIES DIRECTLY IMPACTING WOMEN'S HEALTH THE NATIONAL INFANT MORTALITY REVIEW PROJECT, WHICH PROVIDES A NATIONAL SYSTEM OF COMMUNITY-BASED FETAL AND INFANT MORTALITY REVIEW ACTIVITIES, NOW SERVES AS A RESOURCE CENTER FOR OVER 200 PROJECTS IN 40 STATES COLLEGE EXPENDITURES APPROXIMATED $274,000 IN 2010 ANOTHER PROJECT ADDRESSED EFFORTS TO REDUCE PERINATAL TRANSMISSION OF HIV BY DEVELOPING AND BROADLY DISSEMINATING MATERIALS ON PERINATAL HIV COUNSELING, TESTING, AND TREATMENT APPROXIMATELY $290,000 WAS SPENT IN 2010 FOR THIS PROJECT OTHER PROJECTS IN 2010 ADDRESSED IMMUNIZATION PROTOCOLS, DIABETES IN WOMEN AND WORKSHOPS TO IMPROVE THE DELIVERY OF HEALTHCARE TO INDIANS

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS	36-2217981

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0	
c Total lobbying expenditures (add lines 1a and 1b)	0	
d Other exempt purpose expenditures	42,937,721	
e Total exempt purpose expenditures (add lines 1c and 1d)	42,937,721	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	669,345	688,523	753,752	0	2,111,620
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	161,869	159,701	156,872	0	478,442

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

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Employer identification number
36-2217981

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	2,591,448	2,268,158	2,724,879		
b Contributions	377,968	93,329	156,477		
c Investment earnings or losses	223,717	299,572	-555,315		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	47,822	69,611	57,883		
g End of year balance	3,145,311	2,591,448	2,268,158		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 69 680 %
- c Term endowment ▶ 30 320 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		16,443,381	7,980,436	8,462,945
c Leasehold improvements		4,881,865	3,427,013	1,454,852
d Equipment		1,120,810	833,275	287,535
e Other		2,255,025	1,655,638	599,387
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				10,804,719

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) PRIVATE EQUITY	2,822,122	F
(B) REAL ESTATE	2,043,463	F
(C) MANAGED COMMODITIES	3,570,494	F
(D) COMMON TRUST FUNDS & HEDGE FUNDS	23,859,607	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	32,295,686	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED FINANCING COSTS	211,236
(2) DUE TO CONGRESS	15,242,838
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	15,454,074

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
INSURANCE PROGRAM LIABILITY	14,707,210
DUE FROM CONGRESS	22,812,468
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	37,519,678

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,875,387
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	42,937,721
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-8,062,334
4	Net unrealized gains (losses) on investments	4	8,727,410
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	6,376,057
9	Total adjustments (net) Add lines 4 - 8	9	15,103,467
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,041,133

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

1	Total revenue, gains, and other support per audited financial statements			1	59,283,265
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	8,727,410		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	15,497,700		
e	Add lines **2a** through **2d**			2e	24,225,110
3	Subtract line **2e** from line **1**			3	35,058,155
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	242,828		
b	Other (Describe in Part XIV)	4b	-425,596		
c	Add lines **4a** and **4b**			4c	-182,768
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	34,875,387

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	52,242,132
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	9,547,368		
e	Add lines **2a** through **2d**			2e	9,547,368
3	Subtract line **2e** from line **1**			3	42,694,764
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	242,828		
b	Other (Describe in Part XIV)	4b	129		
c	Add lines **4a** and **4b**			4c	242,957
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	42,937,721

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE COLLEGE USES ENDOWMENTS TO FUND PROJECTS, PROGRAMS, AND ACTIVITIES THAT MAY NOT OTHERWISE BE SUPPORTED THROUGH THE CURRENT OPERATIONS FOR EXAMPLE, THE COLLEGE'S ENDOWMENTS CURRENTLY SUPPORT SCIENTIFIC LECTURES BY LEADING CLINICIANS/RESEARCHERS AND EDUCATIONAL SESSIONS WHERE MEDICAL RESIDENTS PRESENT CHALLENGING CLINICAL CASES TO AN EXPERT PANEL AT THE ANNUAL CLINICAL MEETING IN ADDITION, ANOTHER ENDOWMENT PROMOTES INTERNATIONAL COOPERATION AMONG OB/GYN IN THE FIELDS OF RESEARCH, EDUCATION, AND DELIVERY OF MEDICAL CARE
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COLLEGE ADOPTED THE PROVISIONS OF ASC 740-10 UNCERTAIN TAX POSITIONS (PREVIOUSLY KNOWN AS FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES) ON JANUARY 1, 2007 MANAGEMENT BELIEVES IT HAS NO MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY OR PENALTIES AND INTEREST FOR UNRECOGNIZED TAX BENEFITS
PART XI, LINE 8 - OTHER ADJUSTMENTS		AFFILIATE NET INCOME 6,376,187 MISC ADJUSTMENT -130
PART XII, LINE 2D - OTHER ADJUSTMENTS		AFFILIATE INCOME IN CONSOLIDATED FINANCIALS 15,497,700
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSE -425,596
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 425,596 AFFILIATE EXPENSES IN CONSOLIDATED FINANCIALS, NET OF ELIMINATIONS 9,121,772
PART XIII, LINE 4B - OTHER ADJUSTMENTS		ROUNDING -1 MISC ADJUSTMENT 130

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Employer identification number
36-2217981

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
SOUTH AMERICA			PROGRAM	PAYMENTS TO THE ARGENTINE LEARNING CENTER SUPPORT THE FOLLOWING GOALS PERFORMED UNDER DR ORTIZ'S CONTRACT A) OVERSEE THE ARGENTINE LEARNING CENTER INCLUDING HIRING, SUPERVISING, AND PAYING STAFF THAT WORK AT THE CENTER B) SUPPORT THE COLLEGE SECTION ACTIVITIES IN ARGENTINA C) SUPERVISE ANNUAL OB-GYN RESIDENT EXAMINATION IN ARGENTINA D) PROVIDE PERIODIC UPDATES TO THE COLLEGE ABOUT THE ARGENTINE LEARNING CENTER E) TRANSLATE SELECTED COLLEGE DOCUMENTS, UPON REQUEST F) DEVELOP CONTINUING MEDICAL EDUCATION PROGRAMS FOR THE ARGENTINE LEARNING CENTER G) OVERSEE THE COLLEGE BUENOS AIRES PROVINCE HEALTH DEPARTMENT AGREEMENT H) DEVELOP PROGRAM FOR CERTIFICATION OF ARGENTINE RESIDENCY- TRAINED OB-GYNS I) PERFORM OTHER DUTIES, AS REQUESTED TO CARRY OUT THE COLLEGE'S MISSION IN ARGENTINA J) BE RESPONSIBLE FOR LEASING AND PAYING ALL FEES ASSOCIATED WITH THE LEASE FOR THELEARNING CENTER K) COMMIT A MINIMUM OF 16 HOURS PER WEEK, 40 WEEKS PER YEAR TO THE COLLEGE'S BUSINESS	53,914
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM	OUTREACH TRANSLATION, MEETING PREPARATION AND DOCUMENTATION SERVICES FOR OUTREACH PROGRAMS IN CENTRAL AND SOUTH AMERICA	19,650
3a Sub-total		0			73,564
b Total from continuation sheets to Part I		0			0
c **Totals** (add lines 3a and 3b)		0			73,564

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

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

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

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 INTERNATIONAL SCHOLARSHIP PROVIDED TO THE INTERNATIONAL FEDERATION OF GYNECOLOGY & OBSTETRICS IN LONDAON, ENGLAND TO BE USED FOR SCHOLARSHIPS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Employer identification number
36-2217981

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 14

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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
(1) OB/GYN ISSUE OF THE YEAR AWARD	1	5,000			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG) MAKE AWARDS AND GRANTS TO INDIVIDUALS AND INSTITUTIONS TO ENCOURAGE AND RECOGNIZE RESEARCH AND CLINICAL ACCOMPLISHMENTS IN OBSTETRICS & GYNECOLOGY ALL AWARDS AND GRANTS ARE MADE UPON THE BASIS OF WRITTEN APPLICATION OR PEER NOMINATION A SELECTION COMMITTEE REVIEWS AND SELECTS FROM THE APPLICATIONS AND NOMINATIONS ACOG'S ELECTED PRESIDENT APPOINTS THIS SELECTIONS COMMITTEE EACH YEAR AND REPORTS THE NOMINEES TO THE ACOG'S EXECUTIVE BOARD

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-2217981
Name: AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY300 TENLEY CIRCLE CHAPEL HILL,NC 27514	56-0532129	501(C)(3)	16,000				OB/GYN FELLOWSHIP AWARD
OHIO STATE UNIVERSITY RESEARCH1960 KENNY ROAD COLUMBUS,OH 43210	31-6025986	501(C)(3)	26,000				RESEARCH AWARD
BRIGHAMS & WOMEN'S HOSPITAL75 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(C)(3)	26,000				RESEARCH AWARD
UNIVERSITY OF CALIFORNIA CONTROLLER'S OFFICE BOX 0897 SAN FRANCISCO,CA 941430897	94-6036493	501(C)(3)	140,000				RESEARCH AWARD, REPRODUCTIVE SCIENCE DEVELOPMENT, PREVENTION OF CERVICAL CANCER
SAVE THE CHILDREN54 WILTON ROAD WESTPORT,CT 06881	06-0726487	501(C)(3)	10,000				DONATION
REGENTS OF THE UNIVERSITY OF COLORADOFITZSIMONS BUILDING 500 AURORA,CO 800450508	84-6049811	501(C)(3)	10,000				MEETING SUPPORT
WASHINGTON UNIVERSITY 700 ROSEDALE AVENUE ST LOUIS,MO 631121408	43-0653611	501(C)(3)	42,000				RESEARCH AWARD
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL104 AIRPORT DRIVE CB 1220 CHAPEL HILL,NC 275991220	56-6001393	501(C)(3)	16,000				RESEARCH AWARD
WASHINGTON HOSPITAL CENTER CORPORATION 110 IRVING STREET NW WASHINGTON,DC 20010	52-1272129	501(C)(3)	10,000				RESEARCH AWARD
WAYNE STATE UNIVERSITY3750 WOODWARD AVENUE SUITE 200 DETROIT,MI 48201	38-3555142	501(C)(3)	15,000				RESEARCH AWARD
MEDICAL UNIVERSITY OF SOUTH CAROLINA96 JONATHAN LUCAS STREET CSB 634 CHARLESTON,SC 29425	57-6028985	501(C)(3)	25,000				RESEARCH AWARD
LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE1124 WEST CARSON STREET TORRANCE,CA 90502	95-2138184	501(C)(3)	10,000				RESEARCH AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOUISIANA STATE UNIV HEALTH SCIENCE CENTER 1615 POYDRAS STREET SUITE 1400 NEW ORLEANS,LA 70112	72-1304948	501(C)(3)	16,000				RESEARCH AWARD
SOCIETY OF GYNECOLOGIC ONCOLOGISTS230 WEST MONROE SUITE 710 CHICAGO,IL 60606	23-7067756	501(C)(3)	65,000				FELLOWSHIP AWARD
THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS409 12TH STREET SW WASHINGTON,DC 20024	90-0489809	501(C)(6)	55,000				GIBBONS SUPPORT
THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS409 12TH STREET SW WASHINGTON,DC 20024	90-0489809	501(C)(6)	1,428,826				EDUCATION GRANT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Employer identification number
36-2217981

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RALPH HALE	(i)	371,585	51,200	5,576	32,800	4,671	465,832	0
	(ii)	92,896	12,800	1,394	8,200	1,168	116,458	0
(2) RICHARD BAILEY	(i)	221,513	28,000	0	30,986	15,369	295,868	0
	(ii)	55,378	7,000	0	7,746	3,842	73,966	0
(3) PENNY RUTLEDGE	(i)	234,240	16,000	0	31,600	5,760	287,600	0
	(ii)	58,560	4,000	0	7,900	1,440	71,900	0
(4) ELSA BROWN	(i)	208,639	16,000	0	30,455	18,582	273,676	0
	(ii)	52,160	4,000	0	7,614	4,646	68,420	0
(5) ALBERT STRUNK	(i)	73,152	4,000	403	8,200	3,446	89,201	0
	(ii)	292,610	16,000	1,614	32,800	13,782	356,806	0
(6) STERLING WILLIAMS	(i)	364,562	20,000	2,017	41,000	18,428	446,007	0
	(ii)	0	0	0	0	0	0	0
(7) HAL LAWRENCE	(i)	326,036	40,500	1,815	36,900	18,655	423,906	0
	(ii)	36,226	4,500	202	4,100	2,073	47,101	0
(8) WARREN LOOK	(i)	166,452	9,600	0	17,846	7,046	200,944	0
	(ii)	41,613	2,400	0	4,462	1,762	50,237	0
(9) LUELLA KLEIN	(i)	185,173	10,000	0	19,517	0	214,690	0
	(ii)	0	0	0	0	0	0	0
(10) LUCIA DIVENERE	(i)	0	0	0	0	0	0	0
	(ii)	200,830	5,600	0	21,060	18,869	246,359	0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	NATIONAL OFFICERS AND THE EXECUTIVE VICE PRESIDENT, WHO ARE REPRESENTING THE COLLEGE ON OFFICIAL BUSINESS, MAY USE BUSINESS CLASS AIRFARE (OR FIRST CLASS IF BUSINESS CLASS IS NOT AVAILABLE ON THAT FLIGHT) PROVIDED THAT THE TRIP IS OUTSIDE THE GEOGRAPHICAL CONFINES OF THE COLLEGE, EXCEPT FOR HAWAII AND ALASKA, AND IS A TRIP OF FOUR HOURS OR MORE IN EXCEPTIONAL CIRCUMSTANCES, THE EXECUTIVE VICE PRESIDENT CAN AUTHORIZE FIRST OR BUSINESS CLASS WITH PRIOR NOTIFICATION AND JUSTIFIED EXPLANATION
	PART I, LINE 4B	THE EXECUTIVE VICE PRESIDENT AND VICE PRESIDENTS PARTICIPATE IN A 457B DEFERRED COMPENSATION PLAN THROUGH THE COLLEGE THE AMOUNTS CONTRIBUTED IN 2010 FOR COLLEGE AND CONGRESS COMBINED WERE RICHARD BAILEY - 14,232 ELSA BROWN - 13,569 ALBERT STRUNK - 16,500 RALPH HALE - 16,500 PENNY RUTLEDGE - 15,000 STERLING WILLIAMS - 16,500 HAL LAWRENCE - 16,500

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Employer identification number
36-2217981

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		RICHARD BAILEY - AAOGF, RECEIVED COMPENSATION AS AN INDEPENDENT FINANCIAL/INVESTMENT CONSULTANT REGARDING ENDOWMENT RESERVES AND INVESTMENT STRATEGY

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Employer identification number
36-2217981

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

(a) Name, address, and EIN 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ACOG LANDHOLDING CORPORATION 409 12TH STREET SW WASHINGTON, DC 200242188 52-1639668	TITLE HOLDING CORPORATION FOR EXEMPT ORGANIZAITON	DC	501(C)(2)	N/A	N/A		No
(2) AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS 409 12TH STREET SW WASHINGTON, DC 200242188 90-0489809	ADVANCING WOMEN'S HEALTH	DC	501(C)(6)	N/A	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS	B	1,483,826	FMV
(2) AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS	D	15,242,838	FMV
(3) AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS	E	22,812,468	FMV
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		YES, ACOG IS A MEMBERSHIP ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE MEMBERS ELECT THE GOVERNING BODY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		IN 2008 THE MEMBERS APPROVED THE BYLAWS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 FILING AND ASSOCIATED DISCLOSURES ARE DISCUSSED AT THE COMMITTEE ON COMPENSATION AND PROVIDED TO THE EXECUTIVE BOARD PRIOR TO SUBMISSION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, THE COLLEGE OBTAINS THE REQUISITE DISCLOSURES OF CONFLICTS OF INTEREST FROM ALL EXECUTIVE BOARD MEMBERS, OFFICERS, COMMITTEE MEMBERS, TASK FORCE MEMBERS, AND KEY EMPLOYEES MANAGEMENT ENSURES THESE INDIVIDUALS FULLY COMPLY WITH THE POLICY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COLLEGE HAS ESTABLISHED AN INDEPENDENT COMPENSATION COMMITTEE TO REVIEW, ASSESS, AND ESTABLISH COMPENSATION POLICIES FOR ALL OFFICERS, DISQUALIFIED PERSONS, AND STAFF THE COMMITTEE RELIES ON INDEPENDENT COMPENSATION CONSULTANTS, LEGAL, AND TAX PROFESSIONALS IN ITS DELIBERATIONS THE COMMITTEE'S DECISIONS ARE FINAL AND NOT SUBJECT TO REVIEW BY ANY OTHER COMMITTEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNANCE DOCUMENTS ARE AVAILABLE ON THE COLLEGE'S WEBSITE THE CONFLICT OF INTEREST POLICY AND THE COLLEGE'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATION	FORM 990, PART VII, LINE 1A, COLUMN B	AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS HOURS NAME 2 0 GERALD F JOSEPH, JR , MD 4 0 RICHARD N WALDMAN, MD 1 0 J CRAIG STRAFFORD, MD 1 0 JAMES T BREEDEN, MD 2 0 KEVIN C KILEY, MD 3 0 JAMES N MARTIN, JR, MD 1 0 RAMON A SUAREZ, MD 2 0 MARK S DEFRANCESCO, MD 1 0 RONALD T BURKMAN, JR, MD 9 0 SCOTT D HAYWORTH 9 0 OWEN C MONTGOMAERY, MD 9 0 ALFRED H MOFFETT, JR, MD 9 0 ROBERT P LORENZ 9 0 THOMAS M GELLHAUS, MD 9 0 TED L ANDERSON, MD 9 0 JEANNE A CONRY, MD, PHD 9 0 JOHN C JENNINGS, MD 1 0 TARANEH SHIRAZIAN, MD 1 0 CYNTHIA A BRINCAT, MD 1 0 DANE M SHIPP, MD 1 0 SUSAN C DEL PESCO 1 0 MAY HSIEH BLANCHARD, MD 1 0 WILLIAM J HOSKINS 1 0 BRUCE R CARR, MD 1 0 SARAH J KILPATRICK, MD 8 0 RALPH HALE 8 0 PENNY RUTLEDGE 8 0 RICHARD BAILEY 8 0 ELSA BROWN 32 0 ALBERT STRUNK 0 1 STERLING WILLIAMS 4 0 HAL LAWRENCE 8 0 WARREN LOOK 0 1 LUELLA KLEIN 40 0 LUCIA DIVENERE 1 0 JAMES A MACER, MD 1 0 RICHARD W HENDERSON, MD 1 0 THOMAS F ARNOLD, MD 9 0 JERRY JOSHUA KOPELMAN, MD 1 0 LISA M HOLLIER, MD 9 0 AMY YOUNG SHUMAKER 1 0 LEAH A KAUFMAN, MD 1 0 LARRY C GILSTRAP, III, MD 1 0 MARCELLE I CEDARS, MD

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 8,727,410

Identifier	Return Reference	Explanation
OVERSIGHT OF AUDIT	FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS