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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
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS Doing Business As <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite 409 12TH STREET SW <hr/> City or town, state or country, and ZIP + 4 WASHINGTON, DC 200242188 <hr/> F Name and address of principal officer RICHARD BAILEY 409 12TH STREET SW WASHINGTON, DC 200242188	D Employer identification number 36-2217981 <hr/> E Telephone number (202) 638-5577 <hr/> G Gross receipts \$ 58,673,137 <hr/> H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ACOG.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	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 2011 (Part V, line 2a)	5	237
6	Total number of volunteers (estimate if necessary)	6	347
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	40,946
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
8	Contributions and grants (Part VIII, line 1h)	Prior Year	
9		Current Year	
10		3,804,440	3,149,119
11		22,187,594	22,065,879
12		1,536,308	4,579,063
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,952,826	492,252
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)	20,478,334	20,045,194
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 332,262		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,506,561	16,522,520
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	42,937,721	37,059,966
19	Revenue less expenses Subtract line 18 from line 12	-8,062,334	289,053
20	Total assets (Part X, line 16)	Beginning of Current Year	
21		End of Year	
22		129,528,677	132,207,608
21	Total liabilities (Part X, line 26)	54,410,063	64,071,279
22	Net assets or fund balances Subtract line 21 from line 20	75,118,614	68,136,329

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 _____ RICHARD BAILEY CHIEF FINANCIAL OFFICER Type or print name and title	2012-11-15 Date
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Paid Preparer's Use Only	Preparer's signature ▶ JOYCE M UNDERWOOD	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00022361 EIN ▶ 13-5381590 Phone no ▶ (301) 654-4900
Firm's name (or yours if self-employed), address, and ZIP + 4 BDO USA LLP 7101 WISCONSIN AVE SUITE 800 BETHESDA, MD 208144827				

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 7,146,844 including grants of \$) (Revenue \$ 6,554,897)

EDUCATION DURING 2011, THE COLLEGE SPONSORED 3 POSTGRADUATE MEDICAL EDUCATION COURSES INCURRING \$339,000 IN EXPENSES TO SUPPORT THESE CRITICAL EDUCATIONAL COURSE NEEDS IN ADDITION, THE ANNUAL CLINICAL MEETING HELD IN WASHINGTON, DC OVER A SIX-DAY PERIOD PROVIDED THE STRUCTURE FOR OVER 90 DIFFERENT COURSES, SEMINARS, AND LECTURES, WHICH WERE ATTENDED BY APPROXIMATELY 3,300 HEALTH CARE PRACTITIONERS THE ANNUAL CLINICAL MEETING REQUIRED APPROXIMATELY \$3.2 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 \$750,000 IN SUPPORTING RESIDENT EDUCATION/PROGRAMS FOR PHYSICIANS SPECIALIZING IN THE PRACTICE OF OB/GYN

4b (Code) (Expenses \$ 3,053,130 including grants of \$) (Revenue \$ 6,902,546)

MEMBER SERVICE PROGRAMMATIC EXPENDITURES THESE EXPENDITURES ENSURE THE COLLEGE ADDRESSES AND SATISFIES THE MANY DIVERGENT NEEDS OF OUR MEMBERSHIP THE 2011 EXPENSE TOTALS INCLUDE SUPPORT FOR COLLEGE-WIDE COMMUNICATION EFFORTS TO OUR MEMBERS (OUR MEMBERS HAVE ACCESS TO THE MENOPAUSE 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 \$ 4,952,281 including grants of \$ 492,252) (Revenue \$ 7,406,754)

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 2011 APPROXIMATELY 22,000 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 2011, OVER APPROXIMATELY 11,700 SUBSCRIPTIONS WERE FILLED PRACTICE SERVICE EXPENDITURES PROMOTED THE DEVELOPMENT, PROMULGATION AND DISSEMINATION OF STANDARDS OF CARE FOR WOMEN'S HEALTH THE COLLEGE SPENT OVER \$516,000 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 2011, 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

(Code) (Expenses \$ 1,266,255 including grants of \$) (Revenue \$ 1,308,196)

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 \$279,000 IN 2011 ANOTHER PROJECT ADDRESSED EFFORTS TO REDUCE PERINATAL TRANSMISSION OF HIV BY DEVELOPING AND BROADLY DISSEMINATING MATERIALS ON PERINATAL HIV COUNSELING, TESTING, AND TREATMENT APPROXIMATELY \$318,000 WAS SPENT IN 2011 FOR THIS PROJECT OTHER PROJECTS IN 2011 ADDRESSED IMMUNIZATION PROTOCOLS, DIABETES IN WOMEN AND WORKSHOPS TO IMPROVE THE DELIVERY OF HEALTHCARE TO INDIANS

(Code) (Expenses \$ 468,752 including grants of \$) (Revenue \$)

WOMEN'S HEALTH

(Code) (Expenses \$ 2,816,368 including grants of \$) (Revenue \$)

PRACTICE SERVICES

4d Other program services (Describe in Schedule O)

(Expenses \$ 4,551,375 including grants of \$) (Revenue \$ 1,308,196)

4e Total program service expenses \$ 19,703,630

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)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule C, Part III.</i> <input checked="" type="checkbox"/>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	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, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule F, Part II and IV.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule F, Part III and IV.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule G, Part I.</i>		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? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a-14a regarding Form 1096, W-2G, Form W-3, federal employment tax returns, unrelated business gross income, Form 990-T, foreign country reporting, prohibited tax shelter transactions, annual gross receipts, deductible contributions, sponsoring organizations, and charitable trusts.

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

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

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

Section C. Disclosure

- 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 made 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 made 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 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							3,159,564	982,588	640,159	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **41**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WOLTERS KLUWER HEALTH INC 351 WEST CAMDEN STREET BALTIMORE, MD 21201	SCIENTIFIC JOURNAL SUB	1,467,431
ARMADA ADMINISTRATORS 230 SCHILLING CIRCLE SUITE 140 HUNT VALLEY, MD 21031	INSURANCE ADMIN	867,804
KELLY & ASSOCIATES PO BOX 418926 BOSTON, MA 02241	INSURANCE ADMIN	690,089
PBD WORLDWIDE 1650 BLUEGRASS LAKES PARKWAY ALPHARETTA, GA 30004	PUBLICATION FULFILLMENT	686,315
AUDIO VISUAL MANAGEMENT GROUP 3310 MATRIX DRIVE SUITE 200 RICHARDSON, TX 75032	CONVENTION SUPPORT	643,695

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **32**

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	1,357,436				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,791,683				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶	3,149,119				
Program Service Revenue	2a	PUBLICATIONS	541800	7,406,754	7,390,496	16,258	
	b	DUES AND FEES	900099	6,877,858	6,877,858		
	c	TUITON & REGISTRATION	900099	6,473,071	6,473,071		
	d	PUBLIC SERVICES	900099	1,308,196	1,308,196		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		22,065,879			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		1,810,585		1,810,585	
	4	Income from investment of tax-exempt bond proceeds . . . ▶					
	5	Royalties ▶		7,291,315		7,291,315	
	6a		(i) Real				
			(ii) Personal				
		b	Gross rents	618,874			
		c	Less rental expenses	461,745			
	d	Net rental income or (loss) ▶		157,129		157,129	
	7a		(i) Securities				
			(ii) Other				
		b	Gross amount from sales of assets other than inventory	23,630,851			
		c	Less cost or other basis and sales expenses	20,862,373			
	d	Net gain or (loss) ▶		2,768,478		2,768,478	
	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	900099	81,826	81,826			
b	ON TARGET JOBS MKTG	541800	24,688		24,688		
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		106,514				
12	Total revenue. See Instructions ▶		37,349,019	22,131,447	40,946	12,027,507	

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	492,252	492,252		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,975,226	708,591	2,266,635	
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	13,297,629	8,764,295	4,339,336	193,998
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,395,765	895,522	483,421	16,822
9	Other employee benefits	1,395,767	895,523	483,421	16,823
10	Payroll taxes	980,807	629,286	339,700	11,821
11	Fees for services (non-employees)				
a	Management				
b	Legal	122,902		122,902	
c	Accounting	118,564		118,564	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	84,979		84,979	
g	Other	2,624,690	2,506,238	118,452	
12	Advertising and promotion	75,257	63,190	12,067	
13	Office expenses	1,064,901	639,997	424,904	
14	Information technology	70,623	70,623		
15	Royalties				
16	Occupancy	374,193	129,134	245,059	
17	Travel	2,679,465	1,948,337	729,391	1,737
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,780,331	2,562,006	213,248	5,077
20	Interest	336,277		336,277	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,151,463	2,438	1,149,025	
23	Insurance	311,189		311,189	
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	PRINTING & PUBLICATION	2,833,261	2,784,190	42,736	6,335
b	DUES & SUBSCRIPTIONS	2,080,114	1,786,027	294,087	
c	HONORARIA/STIPENDS	468,854	380,298	88,556	
d	EQUIP MAINTENANCE	297,013	53,642	243,371	
e					
f	All other expenses	-951,556	-5,607,959	4,576,754	79,649
25	Total functional expenses. Add lines 1 through 24f	37,059,966	19,703,630	17,024,074	332,262
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	108,824	1	82,030
	2 Savings and temporary cash investments	1,809,318	2	1,131,874
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,664,843	4	1,652,790
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	567,513	7	550,570
	8 Inventories for sale or use	842,287	8	660,814
	9 Prepaid expenses and deferred charges	560,348	9	686,833
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	24,903,479		
	b Less accumulated depreciation	14,627,926	10c	10,275,553
	11 Investments—publicly traded securities	65,421,065	11	59,214,405
	12 Investments—other securities See Part IV, line 11	32,295,686	12	27,552,253
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	15,454,074	15	30,400,486
16 Total assets. Add lines 1 through 15 (must equal line 34)	129,528,677	16	132,207,608	
Liabilities	17 Accounts payable and accrued expenses	4,877,635	17	4,581,672
	18 Grants payable		18	
	19 Deferred revenue	3,204,573	19	2,745,839
	20 Tax-exempt bond liabilities	8,808,177	20	8,352,277
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	37,519,678	25	48,391,491
	26 Total liabilities. Add lines 17 through 25	54,410,063	26	64,071,279
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	64,115,407	27	57,970,470
	28 Temporarily restricted net assets	9,360,803	28	8,508,924
	29 Permanently restricted net assets	1,642,404	29	1,656,935
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	75,118,614	33	68,136,329	
34 Total liabilities and net assets/fund balances	129,528,677	34	132,207,608	

Part XI Reconciliation 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	37,349,019
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,059,966
3	Revenue less expenses Subtract line 2 from line 1	3	289,053
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75,118,614
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-7,271,338
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	68,136,329

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	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	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 **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?
 (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?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
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 2011 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2011. 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 <input type="checkbox"/>		
b 33 1/3% support test—2010. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,088,355	6,109,415	5,853,413	3,804,440	3,149,119	25,004,742
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	36,960,128	36,596,325	35,152,974	22,180,813	22,131,447	153,021,687
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	43,048,483	42,705,740	41,006,387	25,985,253	25,280,566	178,026,429
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)						178,026,429

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	43,048,483	42,705,740	41,006,387	25,985,253	25,280,566	178,026,429
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,004,152	10,566,283	9,503,508	9,255,158	5,132,935	44,462,036
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	10,004,152	10,566,283	9,503,508	9,255,158	5,132,935	44,462,036
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.)	82,255			21,834		104,089
13 Total support (Add lines 9, 10c, 11 and 12)	53,134,890	53,272,023	50,509,895	35,262,245	30,413,501	222,592,554
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	79.980 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	79.940 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	19.970 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	19.990 %

- 19a 33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 12, EXPLANATION OF OTHER INCOME OTHER INCOME

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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, line 35c (Proxy Tax), then

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

Name of the organization AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Employer identification number

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 on behalf of or in opposition to candidates for public office 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?
4a Was a correction made?
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)	0													
d	Other exempt purpose expenditures	36,638,710													
e	Total exempt purpose expenditures (add lines 1c and 1d)	36,638,710													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	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													
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2008	(b) 2009	(c) 2010	(d) 2011	(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	688,523	753,752	0		1,442,275
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	159,701	156,872	0		316,573

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)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? 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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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)
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

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 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?
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)?
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
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

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

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	3,145,311	2,591,448	2,268,158	2,724,879	
b Contributions	105,833	377,968	93,329	156,477	
c Investment earnings or losses	-84,667	223,717	299,572	-555,315	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	37,924	47,822	69,611	57,883	
g End of year balance	3,128,553	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 ▶ 72.950 %
- c** Term endowment ▶ 27.050 %

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		15,858,573	8,376,900	7,481,673
c Leasehold improvements		5,383,185	3,608,123	1,775,062
d Equipment		3,326,721	2,642,903	683,818
e Other		335,000		335,000
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				10,275,553

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	37,349,019
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	37,059,966
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	289,053
4	Net unrealized gains (losses) on investments	4	-7,271,338
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	206,672
9	Total adjustments (net) Add lines 4 - 8	9	-7,064,666
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-6,775,613

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	45,763,364
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-7,271,338
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	15,308,917
e	Add lines 2a through 2d	2e	8,037,579
3	Subtract line 2e from line 1	3	37,725,785
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	84,979
b	Other (Describe in Part XIV)	4b	-461,745
c	Add lines 4a and 4b	4c	-376,766
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	37,349,019

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

1	Total expenses and losses per audited financial statements	1	52,538,978
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	15,633,733
e	Add lines 2a through 2d	2e	15,633,733
3	Subtract line 2e from line 1	3	36,905,245
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	84,979
b	Other (Describe in Part XIV)	4b	69,742
c	Add lines 4a and 4b	4c	154,721
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	37,059,966

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 136,930 MISC ADJUSTMENT 69,742 TOTAL TO SCHEDULE D, PART XI, LINE 8 206,672
PART XII, LINE 2D - OTHER ADJUSTMENTS		AFFILIATE INCOME IN CONSOLIDATED FINANCIALS 15,308,917
PART XII, LINE 4B - OTHER ADJUSTMENTS		RENTAL EXPENSE -461,745
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 461,745 AFFILIATE EXPENSES IN CONSOLIDATED FINANCIALS, NET OF ELIMINATIONS 15,171,988
PART XIII, LINE 4B - OTHER ADJUSTMENTS		AFFILIATE ADJUSTMENT 69,742

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 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

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

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
UCSF - REGENTS OF THE UNIVERSITY OF CALIFORNIA CONTROLLERS OFFICE - BOX 0897 SAN FRANCISCO, CA 941430897	94-6036493	501(C)(3)	144,000				RESEARCH AWARD - REPRODUCTIVE SCIENTIST DEVELOPMENT PROGRAM
MARCH OF DIMES 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	13-1846366	501(C)(3)	30,000				SUPPORT/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
SOCIETY FOR MATERNAL-FETAL MEDICINE 409 12TH STREET SW WASHINGTON, DC 20024 2125	74-2052541	501(C)(3)	12,500				WORKSHOP SUPPORT
UNIVERSITY OF NEBRASKA 987835 NEBRASKA MEDICAL CENTER OMAHA, NE 68198 7835	47-0033117	501(C)(3)	26,000				RESEARCH ON CONTRACEPTIVE COUNSELING

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
EASTERN VA MEDICAL SCHOOL 358 MOWBRAY ARCH PO BOX 1980 NORFOLK, VA 235011980	54- 6055378	501(C)(3)	16,000				RESEARCH AWARD
BOSTON UNIVERSITY OBSTETRICS & GYNECOLOGY85 EAST CONCORD STREET BOSTON, MA 02218	04- 2103547	501(C)(3)	16,000				RESEARCH ON ADOLESCENT HEALTH

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
LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE1124 WEST CARSON STREET TORRANCE, CA 90502	95-2138184	501(C)(3)	26,000				RESEARCH AWARD
OREGON HEALTH AND SCIENCE UNIVERSITY3181 SW SAM JACKSON PARK ROAD PORTLAND, OR 97239	23-7083114	501(C)(3)	26,000				RESEARCH ON LONG TERM CONTRACEPTION

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
WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE CB 1147 ST LOUIS, MO 63130	20-5658480	501(C)(3)	5,500				RESEARCH IN ULTRASOUND
UNIVERSITY OF IOWA 305 PLAZA CENTRE ONE IOWA CITY, IA 522421316	42-6004813	501(C)(3)	16,000				RESEARCH ON IMMUNIZATION

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
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 191046205	23-1352685	501(C)(3)	26,000				RESEARCH ON WOMEN'S HEALTH POLICY
UNIVERSITY OF OKLAHOMA PO BOX 26901 SCB 223 OKLAHOMA CITY, OK 731260901	73-0977266	501(C)(3)	5,500				RESEARCH ON ULTRASOUND

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
NATIONAL INSTITUTE OF HEALTH 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858155	501(C)(3)	26,000				RESEARCH ON CERVICAL CANCER PREVENTION
THE TRUSTEES OF INDIANA UNIVERSITY PO BOX 66057 INDIANAPOLIS, IN 462666057	35-6001673	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
AMERICAN GERIATRIC SOCIETY INC40 FULTON STREET 18TH FLOOR NEW YORK, NY 10038	13-1950856		12,500				GRANT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Employer identification number

36-2217981

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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
 - Travel for companions
 - Tax idemnification and gross-up payments
 - Discretionary spending account
 - Housing allowance or residence for personal use
 - Payments for business use of personal residence
 - Health or social club dues or initiation fees
 - 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 or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- 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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) 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?
 - b** Any related organization?
- 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?
 - b** Any related organization?
- 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

8 Were any amounts reported in Form 990, Part VII, paid or accrued 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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) JAMES N MARTIN JR MD	(i)	154,433	0	0	0	0	154,433	0
	(ii)	0	0	0	0	0	0	0
(2) RALPH HALE	(i)	394,862	112,000	19,764	32,800	13,193	572,619	0
	(ii)	98,716	28,000	4,941	8,200	3,298	143,155	0
(3) RICHARD BAILEY	(i)	206,449	22,000	3,395	32,800	34,926	299,570	0
	(ii)	51,612	5,500	849	8,200	8,731	74,892	0
(4) PENNY RUTLEDGE	(i)	223,744	22,000	2,940	32,800	23,456	304,940	0
	(ii)	55,936	5,500	735	8,200	5,864	76,235	0
(5) ELSA BROWN	(i)	194,346	16,000	2,078	32,800	39,626	284,850	0
	(ii)	48,587	4,000	519	8,200	9,906	71,212	0
(6) ALBERT STRUNK	(i)	70,773	4,000	1,788	8,200	8,106	92,867	0
	(ii)	283,094	16,000	7,151	32,800	32,425	371,470	0
(7) STERLING WILLIAMS	(i)	347,267	20,000	7,851	41,000	47,131	463,249	0
	(ii)	0	0	0	0	0	0	0
(8) HAL LAWRENCE	(i)	370,703	65,925	18,959	36,900	32,879	525,366	0
	(ii)	41,189	7,325	2,107	4,100	3,653	58,374	0
(9) WARREN LOOK	(i)	171,094	9,600	0	19,600	7,578	207,872	0
	(ii)	42,773	2,400	0	4,900	1,895	51,968	0
(10) GERALD F JOSEPH MD	(i)	170,731	24,750	0	30,781	19,612	245,874	0
	(ii)	18,970	2,750	0	3,420	2,179	27,319	0

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 2011 FOR COLLEGE AND CONGRESS COMBINED WERE: RICHARD BAILEY - 16,500; ELSA BROWN - 16,500; ALBERT STRUNK - 16,500; *RALPH HALE - NONE; PENNY RUTLEDGE - 16,500; STERLING WILLIAMS - 16,500; HAL LAWRENCE - 16,500; GERALD JOSEPH - 11,054. *(DR. HALE WAS PAID AS COMPENSATION \$24,705 UPON TERMINATION. THIS AMOUNT WAS THE 2011 CALCULATED 457 PLAN LIABILITY OWED TO HIM.)

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

2011

**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 - AA OGF, RECEIVED COMPENSATION AS AN INDEPENDENT FINANCIAL/INVESTMENT CONSULTANT REGARDING ENDOWMENT RESERVES AND INVESTMENT STRATEGY
	FORM 990, PART VI, SECTION A, LINE 6	YES, THE COLLEGE IS A MEMBERSHIP ORGANIZATION
	FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS ELECT THE GOVERNING BODY
	FORM 990, PART VI, SECTION A, LINE 7B	IN 2008 THE MEMBERS APPROVED THE BY LAWS
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 FILING AND ASSOCIATED DISCLOSURES ARE DISCUSSED AT THE COMMITTEE ON COMPENSATION AND AVAILABLE TO THE EXECUTIVE BOARD PRIOR TO SUBMISSION
	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.
	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.
	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.
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 2 0 RICHARD N WALDMAN, MD 1 0 J CRAIG STRAFFORD, MD 3 0 JAMES T BREEDEN, MD 2 0 KEVIN C KILEY, MD 4 0 JAMES N MARTIN, JR, MD 2 0 MARK S DEFRANCESCO, MD 9 0 RONALD T BURKMAN, JR, MD 9 0 SCOTT D HAYWORTH 9 0 ALFRED H MOFFETT, JR, MD 9 0 ROBERT P LORENZ 1 0 THOMAS M GELLHAUS, MD 9 0 TED L ANDERSON, MD 9 0 JEANNE A CONRY, MD, PHD 1 0 JOHN C JENNINGS, MD 1 0 CYNTHIA A BRINCAT, MD 1 0 SUSAN C DEL PESCO 1 0 MAY HSIEH BLANCHARD, MD 1 0 WILLIAM J HOSKINS 1 0 SARAH J KILPATRICK, MD 10 0 RALPH HALE 10 0 PENNY RUTLEDGE 10 0 RICHARD BAILEY 40 0 ALBERT STRUNK 10 0 HAL LAWRENCE 8 0 WARREN LOOK 50 0 LUCIA DIVENERE 1 0 JAMES A MACER, MD 9 0 RICHARD W HENDERSON, MD 9 0 THOMAS F ARNOLD, MD 9 0 JERRY JOSHUA KOPELMAN, MD 9 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 9 0 THOMAS G GAYLORD, CAPT, MC, USN 9 0 EVA CHALAS, MD 9 0 DONALD K BRYAN, MD 9 0 SUSAN M LEMAGIE 9 0 PHILIP J DIAMOND, MD 1 0 RAVI P GADA, MD 1 0 LUKE NEWTON 1 0 REBECCA G ROGERS, MD 1 0 DANIEL L CLARKE-PEARSON, MD 5 0 GERALD F JOSEPH, MD
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -7,271,338
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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

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 ORGANIZATION	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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
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	D	30,318,206	FMV
(2) AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS	E	33,309,931	FMV
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

Additional Data

Software ID:

Software Version:

EIN: 36-2217981

Name: AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses \$ 1,266,255 including grants of \$) (Revenue \$ 1,308,196)

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 \$279,000 IN 2011 ANOTHER PROJECT ADDRESSED EFFORTS TO REDUCE PERINATAL TRANSMISSION OF HIV BY DEVELOPING AND BROADLY DISSEMINATING MATERIALS ON PERINATAL HIV COUNSELING, TESTING, AND TREATMENT APPROXIMATELY \$318,000 WAS SPENT IN 2011 FOR THIS PROJECT OTHER PROJECTS IN 2011 ADDRESSED IMMUNIZATION PROTOCOLS, DIABETES IN WOMEN AND WORKSHOPS TO IMPROVE THE DELIVERY OF HEALTHCARE TO INDIANS

(Code) (Expenses \$ 468,752 including grants of \$) (Revenue \$)

WOMEN'S HEALTH

(Code) (Expenses \$ 2,816,368 including grants of \$) (Revenue \$)

PRACTICE SERVICES

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

(A) Name and Title	(B) Average hours per week	(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 MEM	8 00	X		X				6,000	0	0
RICHARD N WALDMAN MD IMMED PAST PRES/PRES ,BOARD MEM	8 00	X		X				84,967	1,250	0
JAMES T BREEDEN MD PRES ELECT/VP, BOARD MEMBER	12 00	X		X				41,000	0	0
KEVIN C KILEY MD TREASURER, BOARD MEMBER	7 00	X		X				24,000	0	0
JAMES N MARTIN JR MD PRES ELECT/PRES , BOARD MEMBER	16 00	X		X				154,433	0	0
MARK S DEFRANCESCO MD SECRETARY, BOARD MEMBER	7 00	X						26,700	0	0
RONALD T BURKMAN JR MD BOARD MEMBER	2 00	X						0	0	0
SCOTT D HAYWORTH BOARD MEMBER	2 00	X						1,110	21,600	0
ALFRED H MOFFETT JR MD BOARD MEMBER	2 00	X						18,000	28,800	0
ROBERT P LORENZ BOARD MEMBER	2 00	X						16,800	21,040	0
THOMAS M GELLHAUS MD ASSIST SEC, BOARD MEMBER	2 00	X		X				2,000	0	0
TED L ANDERSON MD BOARD MEMBER	2 00	X						19,952	31,300	0
JEANNE A CONRY MD PHD BOARD MEMBER	2 00	X						0	0	0
JOHN C JENNINGS MD VICE PRESIDENT, BOARD MEMBER	2 00	X						12,000	0	0
CYNTHIA A BRINCAT MD PHD BOARD MEMBER	2 00	X						6,000	0	0
SUSAN C DEL PESCO BOARD MEMBER	2 00	X						18,000	0	0
MAY HSIEH BLANCHARD MD BOARD MEMBER	2 00	X						18,921	750	0
WILLIAM J HOSKINS MD BOARD MEMBER	2 00	X						6,000	0	0
SARAH J KILPATRICK MD BOARD MEMBER	2 00	X						18,000	0	0
JAMES A MACER MD ASSIST SEC, BOARD MEMBER	2 00	X		X				0	0	0
RICHARD W HENDERSON MD BOARD MEMBER	2 00	X						18,000	28,800	0
THOMAS F ARNOLD MD BOARD MEMBER	2 00	X						20,100	28,800	0
JERRY JOSHUA KOPELMAN MD BOARD MEMBER	2 00	X						17,400	26,400	0
THOMAS G GAYLORD CAPT MCUSN BOARD MEMBER	2 00	X						0	0	0
LISA M HOLLIER MD BOARD MEMBER	2 00	X						13,500	25,434	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			
AMY YOUNG SHUMAKER MD BOARD MEMBER	2 00	X						5,500	7,200	0
LEAH A KAUFMAN MD BOARD MEMBER	2 00	X						18,000	0	0
LARRY C GILSTRAP III MD BOARD MEMBER	2 00	X						18,000	0	0
MARCELLE I CEDARS MD BOARD MEMBER	2 00	X						18,000	0	0
EVA CHALAS MD BOARD MEMBER	2 00	X						3,000	7,400	0
DONALD K BRYAN MD BOARD MEMBER	2 00	X						3,000	10,360	0
SUSAN M LEMAGIE BOARD MEMBER	2 00	X						4,500	7,400	0
PHILIP J DIAMOND MD BOARD MEMBER	2 00	X						7,000	7,400	0
RAVI P GADA MD BOARD MEMBER	2 00	X						13,000	0	0
LUKE NEWTON BOARD MEMBER	2 00	X						0	0	0
REBECCA G ROGERS MD BOARD MEMBER	2 00	X						11,662	0	0
DANIEL L CLARKE-PEARSON MD BOARD MEMBER	2 00	X						12,000	0	0
RALPH HALE EXECUTIVE VP	40 00			X				526,626	131,657	57,491
RICHARD BAILEY CHIEF FINANCIAL OFFICER	40 00			X				231,844	57,961	84,657
PENNY RUTLEDGE VP-GEN COUNSEL	40 00				X			248,684	62,171	70,320
ELSA BROWN VP-ADMINISTRATION	40 00				X			212,424	53,106	90,532
ALBERT STRUNK VP-FELLOWSHIP ACTIVITIES	10 00				X			76,561	306,245	81,531
STERLING WILLIAMS VP-EDUCATION	50 00				X			375,118	0	88,131
HAL LAWRENCE EXECUTIVE VP	40 00				X			455,587	50,621	77,532
WARREN LOOK CONTROLLER, FINANCE	32 00				X			180,694	45,173	33,973
GERALD F JOSEPH MD VICE PRESIDENT - PRACTICE	45 00				X			195,481	21,720	55,992